Milton Keynes University Hospital NHS Foundation Trust

# COUNCIL OF GOVERNORS

## Council of Governors' meeting to be held at 10:00 on 26 November 2020 via Microsoft Teams in line with social distancing requirements

| Time | Item | | Report | Lead |
|---|---|---|---|---|
| **10:00** | **1** | **Chair's Welcome and Announcements** | | Chairman |
| | **1.1** | **Apologies**<br>To receive apologies for absence | Verbal | Chairman |
| | **1.2** | **Declarations of Interest**<br>Governors are requested to declare any interests they have in items on the agenda. | Verbal | Chairman |
| | **1.3** | **Minutes and Matters Arising** | | Chairman |
| | | (a) Minutes of the Council of Governors meeting held on 15 July 2020 | Approve<br>Pg 3 | Chairman |
| | | (b) Action Log | Receive<br>Pg 12 | Trust Secretary |
| | **2** | **(a) Chairman's Report**<br>**(b) Chief Executive's Report** | Verbal | Chairman<br>Chief Executive |
| | **PRESENTATION, INFORMATION and APPROVAL ITEMS** | | | |
| | **3.1** | **Covid update** | Verbal | Director of Corporate Affairs |
| | **3.2** | **Patient portal functionality** | Presentation | Director of Corporate Affairs |
| | **3.3** | **Trust membership report** | Receive<br>Pg 13 | Director of Corporate Affairs |
| | **ASSURANCE (SUMMARY) REPORTS FROM COMMITTEES** | | | |
| | **4.1** | **Finance and Investment Committee meeting – 1 September 2020** | Receive<br>Pg 21 | Chairman of the Committee |
| | **4.2** | **Charitable Funds Committee meeting – 5 October 2020** | Receive<br>Pg 23 | Chairman of the Committee |
| | **4.3** | **Quality and Clinical Risk Committee meeting – 21 September 2020** | Receive<br>Pg 25 | Chairman of the Committee |
| | **4.4** | **Audit Committee meeting – 21 September 2020** | Receive<br>Pg 28 | Chairman of the Committee |

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| | **4.5** | **Workforce and Development Assurance Committee meeting –**<br><br>**15 October 2020** | Receive<br>Pg 30 | Chairman of the Committee |
| | **GOVERNORS UPDATE** | | | |
| | **5.1** | **Healthwatch Milton Keynes** | Receive<br>Pg 33 | CEO Healthwatch Milton Keynes |
| | **5.2** | **Lead Governor's Report**<br><br>• **Governor activity in Quarter 2** | Pg 36 | Lead Governor |
| | **PERFORMANCE** | | | |
| | **6.1** | **Integrated Performance Report Month 6** | Receive<br>Pg 38 | Chief Executive |
| | **6.2** | **Finance Report Month 6** | Receive<br>Pg 51 | Interim Director of Finance |
| | **GOVERNANCE** | | | |
| | **7.1** | **Nominations Committee Terms of Reference review** | Pg 60 | Trust Secretary |
| | **7.2** | **Motions and Questions from Council of Governors** | Receive | Chairman |
| | **7.3** | **Any other Business** | | Chairman |
| | **7.4** | **Date and time of next meeting**<br><br>19 January 2021 | Note | Chairman |
| | **7.5** | **Resolution to Exclude the Press and Public** | | |
| | | The Council will consider a motion:<br><br>"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"<br>Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960 | | |

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

Milton Keynes University Hospital NHS Foundation Trust

# 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 16.00 on Wednesday, 15 July 2020, via Microsoft Teams in line with social distancing requirements**

**Present:**

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| Simon Lloyd | - | Chairman |

**Public Constituency Members:**

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| Amanda Anderson | | |
| Alan Hastings | - | Lead Governor |
| Alan Hancock | | |
| Brian Lintern | | |
| Clare Hill | | |
| William Butler | | |
| Akin Soetan | | |
| Lucinda Mobaraki | | |

**Appointed Members:**

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| Maxine Taffetani | - | Healthwatch Milton Keynes |
| Andrew Buckley | - | MK Business Leaders |

**Staff Constituency Members:**

Michaela Tait

**Executive Directors**

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| Ian Reckless | - | Medical Director |
| Mike Keech | - | Finance Director |
| Danielle Petch | - | Director of Workforce |
| John Blakesley | - | Deputy CEO |

**Non-Executive Directors**

Helen Smart
Heidi Travis
Nicky McLeod
Andrew Blakeman

**Also, in Attendance**

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| Julia Price (minutes) | - | Interim Assistant Trust Secretary |
| Julie Goodman | - | Trust Lead for Complaints and PALS |

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| **1.** | **WELCOME & ANNOUNCEMENTS** |
| | The Chairman extended a warm welcome to everyone present at the meeting |
| **1.1** | **APOLOGIES** |

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| | The following apologies for absence were received.<br><br>David Barber, Public Constituency Member<br>Robert Johnson-Taylor, Public Constituency Member<br>Ann Thomas, Public Constituency Member<br>Raju Kuzhively, Public Constituency Member<br>Niran Seriki, Public Constituency Member<br>Andrew Buckley, MK Business Leader<br>Andy Reilly, Milton Keynes Council<br>Haider Husain, Non-Executive Director<br>Emma Livesley, Director of Operations<br>Nicky Burns-Muir, Chief Nurse and Director of Patient Care<br>Joe Harrison, Chief Executive Officer<br>Alison Marlow, Interim Trust Secretary |
| **1.2** | **DECLARATIONS OF INTEREST** |
| | There were no new declarations of interest received and no interests received in relation to any other open items on the agenda. |
| **1.3** | **MINUTES** |
| **(a)** | **Minutes from the Council of Governors meeting held on 12 February 2020**<br>The draft minutes from the meeting on 12 February were adjusted prior to today's meeting to incorporate amendments in relation to inaccuracies with regard to attributed comments made by Alan Hastings and Alan Hancock. The revised set of minutes is available from the Trust Secretary on request.<br><br>The Chairman noted that the Council of Governors meeting on 14 April had been cancelled due to the pandemic. |
| **(b)** | **MATTERS ARISING / ACTION LOG** |
| | **Action Log**<br>The two outstanding actions were reviewed and closed. |
| **2** | **CHAIRMAN AND CHIEF EXECUTIVE REPORTS** |
| **(a)** | **Chairman's Report** |
| | The Chairman advised the Committee that the new Chair of the Integrated Care System (ICS), Dr Rima Makarem, has now taken up her post and is working hard to re-energise the system, recognising the two Integrated Care Partnerships of Milton Keynes and separately, Luton and Bedford.<br><br>Simon reported that he had recently attended a regional chairs meeting where the main focus had been the pandemic, throughout which the majority of the region and indeed the Hospital, have performed very well.<br><br>Simon reported that he had received a communication from Amanda Pritchard, Chief Operating Officer for NHS Improvement, which focused on restarting services. Particular reference was made therein to governance, confirming that virtual board and governor meetings will continue for the foreseeable future in place of face to face meetings. The means of delivery for the Annual Members Meeting scheduled for September is being considered and the Council will be kept informed.<br><br>**Resolved: The Chairman's report was received and noted.** |

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| **(b)** | **Chief Executive's Report** |
| | In the absence of the Chief Executive, John Blakesley advised that the two main areas that had been requested for presentation are covered later in the agenda. These relate to an update on the pandemic (Item 3.1) and the restarting of services (Item 6.1 - Performance Report.<br><br>**Resolved: The Chairman's report was received and noted on this basis.** |
| **3.1** | **Covid-19 Report** |
| | Ian Reckless provided a summary of the hospital's response to the Covid-19 pandemic and began by commenting on the length of time the hospital had been dealing with the situation which began with the Hospital's involvement in looking after the quarantined repatriated guests from Wuhan accommodated in a hotel in Kent's Hill in late January / early February. The hospital has been fortunate in the degree to which it has been affected compared to other Trusts in the surrounding region and beyond. Over the last 5-6 weeks, things have become much more settled. The worst period occurred at the end of March / beginning of April but there was very good collaboration between the hospital, Council, CNWL, families and patients. Ian referenced CNWL in particular who were able to increase their provision of care. This resulted in a fair number of vacant adult beds which was an unusual situation for the hospital to be in. However, the hospital's ITU ward was a particular pressure point with double the normal number of patients requiring ventilation and all with Covid. This was hugely challenging for the ITU Team. Ian explained that from a doctor perspective, anaesthetists possess the transferable skills required and were able to assist but it was more challenging for nurses. However, the response from other areas in the hospital to help out was extremely good, particularly from the Emergency Department and Ward 1. Nursing teams from different areas worked very well together in ITU. Ian made reference to the effective team working, as demonstrated through the Ross Kemp documentary. He warned that there could be further peaks at any point in the future.<br><br>In the Trust there were 600 positive tests over the whole period, around 450 of these were for patients while the rest were for staff. Of those who tested positive, 117 subsequently died. Ian explained that the swab is not 100% accurate and a further 15-20 people who died did not have a positive swab but did display symptoms of Covid and it was strongly suspected they had had the illness. In context, nationally there were 45,000 deaths and around 130 of these occurred in this hospital.<br><br>The hospital was asked to test as many staff as possible in a given week in April/May and of these 3% had Covid at that time. Ian stated that if this exercise was repeated today the number would be much lower. The hospital also participated in a study on antibody testing and of 2,500 staff tested, 19% were shown to have previously been exposed to Covid.<br><br>There have been two patients who have tested positive in the hospital over the last two weeks. Close monitoring of the situation both here and in the community is being maintained in association with Public Health and Milton Keynes Council to ensure that, should an outbreak occur, it can be pinpointed quickly bearing in mind our proximity to Bedford, an area more adversely affected by the pandemic. Attention is focused on organising a safe environment should there be another spike and this includes putting social distancing measures in place to enable the recommencement of some routine services. Screening programmes have restarted and this is one of the first hospitals in the area to manage this, currently operating at 40-50% efficiency but expected to increase to 70% by the end of the summer. There are currently 90 patients who have waited over a year or more for treatment and this is clearly not a satisfactory position. |

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| | Alan Hastings thanked the Medical Director for his report. He asked that the information provided in this report is published to reassure the public that it is safe to attend appointments at the hospital. He would like to share the information with his PPG. Ian agreed that this should be possible and he reiterated the close working relationships developed with community partners throughout the pandemic and added that he has been speaking to large groups of GPs on a weekly basis who would also be happy to convey the messages in this report to the public.<br><br>Alan Hancock asked if there were any recorded problems with reinstating outpatient services, for example, in Endoscopy. Ian explained that Endoscopy is a particular area of concern due to the aerosol generating procedures that are undertaken which can infect people within the vicinity. Therefore, there is a major focus on protective equipment and cleaning between cases. Essentially this results in the service, nationally, operating at 50% efficiency. Patients are being offered CT instead where possible. There is recognition that patients are more anxious about attending the hospital at the moment, but Ian said that it is probably safer now than it has ever been. Patients treated under general anaesthetic are asked to self-isolate for a two-week period before coming in and to also undergo testing.<br><br>Alan Hastings asked what the likely impact of changes to the contracts for private hospitals are likely to be for the hospital. Ian explained that the Government's procurement of private hospitals has been very effective and in Milton Keynes the hospital has been working very closely with the Saxon Clinic and Blakelands to use their facilities where possible but both of these providers are quite small scale and cannot provide intensive care for high risk patients. They are therefore limited in the procedures they can do. For these reasons, they have had a marginal impact on the hospital's waiting lists.<br><br>Alan Hastings also asked if there were any changes in procedures or protocols caused by Covid that the hospital would like to retain. Ian responded that the use of technology to improve services is the most obvious change across the whole of the NHS and it is hoped that an appropriate level of outpatient appointments will continue to be delivered virtually. Another positive change is that over the years, clinicians have become much more specialised but, due to the pandemic, have had to revert to more general practice. In addition, nurses who experienced working in intensive care will take those skills back to their wards with confidence.<br><br>**Resolved: The Covid-19 Report was received and noted.** |
| **3.2** | **BAME update** |
| | Danielle Petch reported that there has been a number of data requests over the last few weeks for information relating to staff, particularly in relation to ethnicity and testing positive for Covid. These are being worked through. The hospital aims to publish permitted information on the website. From an HR perspective, around 1600 out of 4700 staff have a BAME background and at 34%, this is representative of the community the hospital serves. However, it is recognised that more work is required for the staff base to represent other groups.<br><br>During the pandemic thorough risk assessments were undertaken, adhering to guidance from NHS Employers. These take into account medical conditions, ethnicity, areas of work and age. They are carried out by managers and where people are found to be in clinically vulnerable categories or are themselves extremely vulnerable, the assessments are reviewed by a panel to assess what actions can be taken. These may include moving to a lower risk area or making reasonable adjustments. To date 1000 assessments have been reviewed by panel who meet on a daily basis. All staff received an assessment form with |

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| | their latest payslip asking them to complete it if desired or signing to say they did not. In this way the hospital is assured that all staff have been taken into account.<br><br>The Chief Executive and Danielle have actively engaged with the BAME community within the hospital and have held a series of listening events which were well received and helped identify anxieties and issues. Most recently, a Leadership Inclusion Council is being established. Each chair from the many staff networks, e.g. BAME, Disability, LGBQT, Women's and the newly formed Faith network, will be invited to sit on the Council which will be chaired by Simon Lloyd with the CEO and Danielle also attending. The Council will consider board papers and will have the opportunity to feedback and engage with the organisation at a high level.<br><br>Staff who have been shielding will be coming back to work at the end of this month and it is recognised that they will need plenty of support and reassurance. This is being put in place.<br><br>Lucinda Mobaraki highlighted the case of a pregnant member of staff who feels vulnerable and stressed because there is insufficient office space for social distancing. Danielle advised that up to 28 weeks, pregnant staff can remain in the workplace in non-patient facing areas, move temporarily to other roles, or can work from home. She advised that this particular staff member should complete an assessment and discuss her options with her line manager. All NHS staff should be wearing masks unless their workplace has been assessed and designated a Covid-free area.<br><br>Akin Soetan asked what provision there is to protect people from bullying and harassment. Danielle responded that the Trust has taken a strong stance that people should in no way be bullied or harassed and should feel free to be themselves at work. There is a fair and just culture and mediation is the first route before formal processes are implemented. Issues can be raised informally with managers, through the staff networks, peer-to-peer colleagues or the Freedom To Speak Up Guardians. Akin asked if the bullying and harassment policy could be published on the website and Danielle agreed to look into this although it is not normal practice for the Trust to publish policies.<br><br>**Resolved: The PALS presentation was received and noted.** |
| **3.3** | **Digital update** |
| | John Blakesley reported that there are now many people using the MyCare patient portal and good feedback has been received so far. It will soon be possible for patients to access their letters from the hospital as well. This will save the hospital around £1 per letter which can be reinvested elsewhere. Concern was raised over appointment letters advising patients to attend face to face, followed by advice on the day, that their appointment will be held virtually instead. John Blakesley apologised for this and said that there are around 5,000 different letter templates in the system and the huge task of redrafting them is underway. He said that the problem is slowly resolving.<br><br>William Butler asked what the timescales are to facilitate patients making adjustments to the dates and times of their appointments, cancelling appointments and receiving reports. John explained that those facilities exist for some services but not all. William advised that the website for the portal, lists 'see your test results' as an option and it was explained that this option is not yet available and there is no definitive timescale set. It was agreed that the website should reflect this.<br><br>John advised that the problems with the availability of renal results is one that Oxford University Hospitals needs to resolve. It was pointed out that Oxford's stance is that Milton Keynes are not uploading the results. |

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| | **Resolved: The Digital update was received and noted.** |
| **3.4** | **Patient Advice and Liaison Service (PALS) Presentation** |
| | Julie Goodman gave a presentation on the PALS and Complaints Service. The Complaints Service is based in Oak House and is open from 9-5pm Monday to Friday and PALS is open to the public from 9:30 to 4pm in Main Reception. The service is patient led. Julie explained that a complaint is an expression of dissatisfaction received formally or informally, written or verbal. The difference between PALS and the Complaints Service is PALS aim to resolve issues happening in real time and is quite informal whereas the Complaints Service is more formal. Julie spoke about the value of complaints in helping the organisation learn from past mistakes and how they often contain good ideas on how it can improve.<br><br>Helen Smart highlighted the recent publication of the Cumberlege report, First Do No Harm, and she wondered whether the organisation can do anything further around patient voice. Julie advised that her Department works closely with the Patient Experience Team and ensures that all complaints are triangulated, with learning shared widely across the Trust. She reported that when face to face meetings are allowed, there are plans to hold events with the public to find out how they feel about the service and how it can be improved. Helen Smart suggested looking into the patient story programme from NHSI. Michaela Tait (Patient Experience Manager) advised that she is looking into digital story telling which is about capturing the essence of a patient story in 3 minutes. Michaela expanded on the opportunities for Patient Experience, PALS and Complaints to take forward following a discussion this week at the women's network, led by Kate Jarman (Director of Corporate Affairs) on the Cumberlege report.<br><br>Maxine Taffetani commented on the high presence PALS have maintained throughout Covid in the main reception area of the hospital and she asked how the service coped and how the backlog is being managed. Julie responded that advice nationally was to pause all complaints from April to 1 July. All complainants awaiting a response were contacted to advise them of this, and staff unable to work clinically were asked where possible to complete investigations and responses. This measure cleared the backlog and the system was restarted in June. The number of complaints received has reduced by 25%. PALS continued to operate but without seeing people face to face. A relatives' information line was established and PALS was also involved with delivering laminated letters to loved ones on the wards.<br><br>In response to a question on how to put forward suggestions for improvements, Julie advised doing this through the hospital website.<br><br>Simon Lloyd thanked Julie Goodman for her presentation and the excellent work taking place in the Complaints and PALS department<br><br>**Resolved: The PALS presentation was received and noted.** |
| **3.5** | **Estates Development Presentation** |
| | John Blakesley gave a presentation and update on proposals to meet growing demand within Milton Keynes. With 2,900 new homes being built in MK, the population is estimated to be 500,000 by 2030. Inpatient growth has risen by 30% since 2011. The Trust's maternity unit was already at capacity; and with seven new schools opened in MK the number of children in the town had increased by a third in seven years. Surgery has been criticised in the past over its facilities. Plans include a pathway unit, imaging centre, women's and children's hospital, surgical block, radiotherapy services, a third multi-storey |

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| | care park, office accommodation and primary care hubs as part of MKPlace facilities. The outline business case is being drafted and a project team is close to being appointed, funded through £1.1m seed funding. Changes to designs will be required to take account of the challenges of Covid. Notwithstanding, there is a high degree of confidence that the finance will be made available for the projects to proceed.<br><br>Alan Hastings asked whether Governors or patient representatives will be involved in the designs and John confirmed that they, commissioners and Healthwatch would be involved.<br><br>**Resolved: The Estates Development Presentation was received and noted.** |
| **4.1** | **Summary Report – Finance & Investment Committee, 1 June 2020** |
| | Heidi Travis, Chair of the Finance & Investment Committee, took the opportunity to thank the Finance Team for their input to the meeting and preparing the papers given the pressure the Hospital was under at this time particularly as Mike Keech was leading on PPE.<br><br>**Resolved: The Summary Report from Finance and Investment Committee was noted** |
| **4.2** | **Summary Report – Charitable Funds Committee, 10 June 2020** |
| | Heidi Travis, Chair of the Charitable Funds Committee, took the opportunity to acknowledge and thank the Fundraising Team who had played a significant part in the hospital's response to Covid, transforming the way they worked.<br><br>**Resolved: The Summary Report from Charitable Funds Committee was noted** |
| **4.3** | **Summary Report - Quality & Clinical Risk Committee, 22 June 2020** |
| | Helen Smart, Chair of the Quality & Clinical Risk Committee, advised the Council that a seminar is scheduled to take place before the next committee meeting to look in more detail at the Patient Experience Quarter 4 Report to gain further assurance.<br><br>Brian Lintern highlighted the Trust's worsening SHMI (Summary Hospital-level Mortality Indicator) position and this was reviewed under Item 6.1 (Performance Report)<br><br>**Resolved: The Summary Report from Quality & Clinical Risk Committee was noted** |
| **4.4** | **Summary Report – Audit Committee, 22 June 2020** |
| | **Resolved: The Summary Report from Audit Committee was noted** |
| **4.5** | **Summary Report - Workforce & Development Assurance Committee, 4 May 2020** |
| | Simon Lloyd explained that John Clapham, Non-Executive Director, had recently stood down from the Board upon retirement from the University of Buckingham. As a result, a replacement is being sought. In the meantime, Haider Husain and John Lisle have joined the Charitable Funds Committee and Helen Smart has joined the Workforce & Development Assurance Committee.<br><br>**Resolved: The Summary Report from Workforce & Development Assurance Committee was noted** |
| **5.1** | **Healthwatch Milton Keynes** |
| | (a) <u>Annual Report</u> |

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| | Maxine Taffetani advised that there will be no Annual General Meeting this year to showcase the work undertaken in year. The report provides evidence of what has been achieved. Simon Lloyd commented on this staggering volume of work. Maxine highlighted the Enter and View Visit to Maternity which was something they had wanted to do for some time. Follow up visits to children and family centres were made to ask how people felt about their experiences some weeks later. Feedback was really positive particularly with regard to ward staff. Other comments were around partners not having much room, ward temperature, and how crowded the wards were. It was acknowledged that the latter is likely to change in view of the impact of Covid.<br><br>(b) Covid-19 Survey Report<br>Maxine Taffetani explained that it was felt to be very important for people to have the opportunity to express their views during lockdown with regard to the changes to services. The surveys were sent fortnightly and she commented on the fact that the majority of respondents were women, mostly over 65 and generally non-BAME. The report is designed to aid the hospital in the provision of better support for people in the event of a second phase. Simon Lloyd thanked Maxine for a very informative report.<br><br>**Resolved: The Healthwatch Annual Report and Covid-19 Survey Report were noted and received** |
| **5.2** | **Lead Governor's Report**<br>Alan Hastings reported that he had been unable to attend the last meeting of lead governors.<br><br>He has been reviewing various new and revised leaflets at the Trust for Patient Experience.<br><br>He thanked the Trust and all the staff for their efforts during this difficult period and he also thanked those present today for answering concerns and making things clearer.<br><br>On behalf of the Committee, Alan wished Maxine all the best as she goes on maternity leave in September. The Deputy CEO of Healthwatch, Tracy Keech, will be attending the meetings during this period.<br><br>**Resolved: The Chairman's report was received and noted.** |
| **6.1** | **Integrated Performance Report Month 2** |
| | With regard to SHMI, referred to under Item 4.3 above, Ian Reckless explained that this is calculated around the number of people expected to die within Milton Keynes. He believes the reasons for the worsening performance are architectural and associated with coding depth. In explanation, he advised that it had been discovered that over time, the hospital's ability to submit comorbidities to the system worsened since the eCARE system was implemented. In addition, specific outpatient episodes of care were submitted uncoded due to some technical complexities. Ian is reassured however by the fact that HSMR (hospital standardised mortality ratio) has remained stable in recent months. In addition, every single death in hospital is examined by a doctor which has added another level of assurance. It is hoped that SHMI will improve but it should be recognised that it will lag for several months.<br><br>Brian Lintern asked if the poor performance on ward discharges related to any particular department and whether there was any correlation between this indicator and those under Section 4. In response, Ian Reckless said that there is a lot more work that could be done around TTOs (to take out). He advised however that the figures for Month 12 and Month 1 |

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| | (March and April 2020) are skewed by the impact of Covid. Brian Lintern suggested that this is made explicit in the narrative.<br><br>**Resolved: The Integrated Performance Report for Month 2 was received and noted.** |
| **6.2** | **Finance Report Month 2** |
| | Mike Keech explained that where there is normally one table in the report, on this occasion there are two. As a result of Covid and in order to ensure trusts have sufficient cash flow at all times the national team have varied the finance regime for providers and commissioners. Where the hospital was paid by results for some work and had a block arrangement with local commissioners, this financial year it is being paid a fixed amount directly from NHSE. Costs from Month 12 have been rolled forward into the current financial year and a national top up has been provided. The income position is therefore largely fixed. In Month 2 the Trust received £3.1m with a top up of £700k to cover additional costs as a result of Covid such as sickness and lower levels of efficiency. Every trust is being paid a sum to hit breakeven position at least until the end of July. Mike agreed to provide the Governors with a more detailed paper.<br>**Action: Mike Keech**<br><br>**Resolved: The Finance Report Month 2 was received and noted.** |
| **7.1** | **Motions and Questions from Council of Governors** |
| | There were no motions or questions. |
| **7.2** | **Any other Business**<br>There was a request for the slides from both presentations to be circulated. |
| **7.3** | **Date and Time of Next Meeting**<br><br>**Informal Formal Governors:** 16 September 2020, 10:00 – 11:30, location tbc<br><br>**Annual Members Meeting:** 22 September 2020, 16:00 – 18:00, location tbc |
| **7.4** | **Resolution to exclude the Press and Public**<br>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. |

# Council of Governors

**Updated 09/11/2020**

## Action Log

| Action Item | Mtg date | Agenda item | | Action | Owner | Due date | Status | Comments/Update |
|---|---|---|---|---|---|---|---|---|
| 03 | 15/07/20 | 6.2 | Finance report M2 | A more detailed paper on the finance regime in place during the pandemic to be presented to the next meeting | Director of Finance | 26/11/20 | Open | |
| 01 | 12/02/20 | 2b | Chairman's Report | A working party to be established to review the constitution and potential meeting dates to be circulated | Trust Secretary | 16/09/20 | Closed | |
| 02 | 12/02/20 | 6.1 | Integrated Performance Report Month 9 | Month 9 Performance Dashboard to be circulated | Trust Secretary | 21/02/20 | Closed | |

| Council of Governors | | |
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| **Date of Meeting** | 26 November 2020 | |
| **Agenda item** | 3.5 | |
| **Document Title** | Reinvigorating the Trust's membership | |
| **Lead Director** | Kate Jarman, Director of Corporate Affairs | |
| **Report Author** | Julia Price, Acting Assistant Trust Secretary | |
| **Purpose** | For Information | |
| | For Discussion | YES |
| | For Agreement (prior to decision elsewhere) | |
| | For Decision | |
| **Input requested from meeting** | The Council of Governors is asked to support the proposals within the report. | |
| **Comments / Questions from Lead Director** | The report was shared with Governors at an informal meeting of the Council on 14 October 2020 and a sub-group of the Council has been established to develop the strategy and action plan. Progress will be monitored through formal Council of Governor meetings. | |

**Reinvigorating the Trust's Membership**

**September 2020**

## Executive summary

This report puts forward proposals in mitigation of the decline in Trust membership numbers. These are designed to:

- Raise the profile of the membership and the governors within the organization
- Improve engagement between the organization, its members and governors
- Increase the membership

It is hoped that the measures referred to within this report, once implemented, will help to demonstrate the Trust's commitment as a responsive, caring organization, sensitive to the opinions, views and concerns of its service users.

## Background

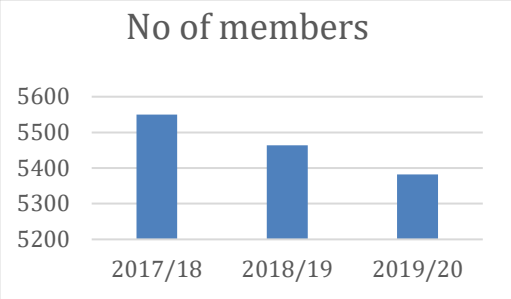
In 2019/20, there were 5382 public members of the hospital. This represents 2% of the total population of Milton Keynes (269,000 : ONS, 2020).

"NHS foundation trusts have a duty to engage with local communities and encourage local people to become members of the organisation and to ensure that the membership base is representative of the communities they serve and meet the eligibility criteria. There should be sufficient members to mount credible election processes."

(Department of Health, 2005).

Public membership numbers at MKUHFT are decreasing year on year. However, there is no minimum or maximum requirement on the number of people who can register as members.

| Year | 2017/18 | 2018/19 | 2019/20 |
|---|---|---|---|
| No of members | 5550 | 5464 | 5382 |




**Possible reasons for reduction in numbers**

Numbers tend to decline naturally due to the overall demographic of the membership. Staff shortages and changes to personnel within the Trust Secretariat have led to a loss of focus on building, maintaining and communicating with the membership. Regular communication with members has tailed off since June 2018. The covid pandemic, ongoing since March 2020, has made it impossible for the governors and Trust Secretariat to maintain a public physical presence due to lockdown.

**The current situation**

The Trust's Constitution states that 'members may attend and participate at members meetings, vote in elections to, and stand for election to, the Council of Governors, and take such other part in the affairs of the Foundation Trust as is provided in this constitution'.

At the present time, there appears little incentive for the local community to want to become members with the only tangible benefit on offer being the opportunity to register for Health Service Discounts.

There are few means by which members can become actively involved in the future of how care and services are delivered at the hospital other than to put themselves forward for election to the council of governors.

The last newsletter was circulated to members in June 2018 and these were generally produced annually.

One of the key responsibilities of the council of governors and board is to keep in touch with the opinion of members (Health Service Governance Handbook, 2019). There is strong evidence of governors' assistance to constituents in accessing services or resolving issues on an individual basis. However, when governors were recently invited to share their

experiences of communicating and engaging on a more general level with their constituents, the responses indicated serious concerns over the lack of opportunities for engagement, discussion and feedback (Appendix 1). At the moment, due to GDPR limitations, only the names of governors appear on the Trust's website with very limited information available at Main Reception or elsewhere to enable the public to contact them.

Via the Trust website, the public are invited to complete an online form to become a member which is then submitted to the Trust Secretariat but no forms have been received so far this year by that office.

Although some members of the public are actively involved in various focus and other hospital groups, for example, patient experience and volunteers, it would appear that very few belong to the Trust membership.

**Proposals**

**1. Raising the profile of Trust Membership and Council of Governors**

- To review the governors' section of the website and establish appropriate means for the public to contact their governor
- To seek to provide MKUH email addresses to the governors, and include these details on the website, to enable the public to make direct contact
- Internally, to provide more information on the background and purpose of the governors and the membership through an awareness campaign in order that members/governors may be considered for inclusion when conducting surveys, establishing patient groups and holding consultation exercises
- To make greater use of social media, directing the public to the members and governors website pages

**2. Increasing governor involvement**

- To involve the governors more effectively in decision making and planning by establishing sub-groups of the council, in association with a non-executive director. The aim of each sub-group will be to focus on improving patient experience within key areas of the hospital such as reviewing plans for new builds and services from the perspective of service users. It is anticipated that this increased involvement will result in opportunities to reinvigorate the annual members' newsletters by showcasing some positive impacts delivered by the governors on behalf of the members. This tangible

evidence should play a significant part in encouraging more people to join the membership. It will also demonstrate the Trust's willingness to engage with and respond to its service users.

- To hold governor / non-executive director engagement sessions with board sub-committee chairs.

- To arrange NHS Provider training for new and existing governors. An in-house virtual training session for new and existing governors would cost £1725+VAT. City based individual training sessions are £199+VAT. Four new governors were elected to the council in April 2020 and are awaiting training (on hold, due to the pandemic). This brings the total number of governors to 20.

**3. Increasing the Membership**

- To increase the frequency of newsletters to aid engagement. To mitigate the slow decline in size and content of local newspapers it is proposed that two newsletters per year are circulated to the membership, given the scale and number of proposed developments at the hospital over the next five years.

- To encourage members to feedback their views and comments. Each article in the newsletter to have a prominently placed request for feedback to encourage dialogue with members with both phone and email options to accommodate this:

  "A customer who makes demands and suggestions can be of great benefit to a business and new ideas from customers may be a valuable source of information that drives innovation."

  (Open University, 2005).

- Sourcing opportunities for members and governors to participate in activities at the hospital, for example the patient engagement group, volunteer ambassadors for the charity in the community and hospital volunteers.

**Conclusion**

If approved, these proposals will be incorporated within an action plan with an anticipated overall completion date of October 2022.

Greater engagement with the local population with a view to encouraging feedback and active involvement would contribute to the hospital's ambition to become an Outstanding Trust.

**Recommendations**

The Trust is asked to support these proposals.

**References**

Department of Health, 2005, 'A Short Guide to NHS Foundation Trusts' https://www.wwl.nhs.uk/Library/Foundation_Trust/Foundation_Trust_Guide.pdf Accessed 05/08/2020

The Health Service Governance Handbook, 3rd Edition, 2019, ICSA.

Milton Keynes University Hospital, 2017, Constitution

Open University, 2005 'Management Innovation' article based on extracts from OU courses B820, B700, B822, B823 and B830 https://www.open.edu/openlearn/money-management/management/technology-management/managing-innovation Accessed 04/08/2020

**APPENDIX 1**

## Governor Communications with members and the public

On the 26th August 2020, the governors were asked to share information in relation to the means by which they keep in touch with their constituents. Their responses are summarised below.

There was general concern over the lack of opportunities available to reach out to the community.

**Problems:**

Few formal/informal opportunities to gain access into the community
General public apathy
Covid-19
Lack of internal awareness and probably external too
GDPR and the provision of governor contact details

**Suggestions:**

- Providing governors with Trust email addresses – executive directors have approved this measure.
- A wider community membership strategy developed with execs with an action plan for governors to complete
- Greater use of social media
- Formal governors' platform
- Update the website (change Trust to Hospital) and membership form (add a note above the ethnicity section)
- Presentation pack for use at external meetings with facts and figures for sharing with the public

Agenda item 4.1
Council of Governors 26/11/20

**Meeting of the Finance and Investment Committee held on 1 September 2020**

**REPORT TO THE BOARD OF DIRECTORS**

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**Matters approved by the Committee:**

- The post-covid recovery plan
- The third iteration of the capital plan was approved subject to the provision of regular updates to Board.

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

- Partnership with Sensyne Health PLC

**Matters considered at the meeting:**

1. Performance dashboard Month 4 (July 2020)

The Committee considered the rising number of patients waiting over 52 weeks, operational pressures expected over winter and the prospect of a second wave of covid. The Committee was reassured by the improving A&E performance, the receding prospect of elective orthopaedic cancellations during December and January and the robust plans in place to contain a second covid surge.

2. Board Assurance Framework

The Committee discussed the BAF and agreed that the risks were a good reflection of the previous meeting's discussion. Further amendments following discussions at this meeting were proposed.

3. Finance Report Month 4

An increase to the top-up amount from NHSE/I to enable the Trust to break even was reported. Increases to pay costs due to backfill for sickness, additional hours worked and technical adjustments for unused annual leave were noted. Activity levels are increasing although they remain below prior covid levels. Funding for the second half of 2020/21 remains unclear. Divisions are focusing on the efficient and productive delivery of recovery plans and the challenge of maintaining a balance between finance and patient experience and safety is not underestimated.

4. Agency update

There were very low levels of agency usage in Month 4 especially within nursing where the establishment is being effectively deployed across open bedded areas. The difficulties in sustaining these low levels of spend throughout winter was acknowledged. Campaigns to fill hard to recruit posts continue.

5. Summary of draft plan submission for Months 7-12

Confidence in the organisation's ability to recover sufficiently from the pandemic in the second half of the year was drawn from completion of refurbishment projects which is freeing up capacity following the opening of the Cancer Centre, potential support from the private sector in addressing limitations around endoscopy diagnostics, and a lessening of public anxiety over coming on site. In addition, inpatient areas have been specifically allocated to deal with a second spike of covid. Of concern is the unknown number of referrals held in the community which will add to the backlog. In addition, centrally, an increase to the cost-base for additional activity to clear the backlog has not been recognised. Further clarity on the guidance issued is expected. The biggest risk to recovery was considered to be unpredictable activity levels and disruption to the elective programme should a second surge occur.

6. Updated capital plans

The Committee was informed that the organisation has capital of £33.6m available to achieve the proposed schemes. In view of the tight timescales involved the Committee was asked to approve the proposed programme in advance of Management Board on this occasion. Various projects were highlighted as follows:

**Nuance** - a digital dictation system which is expected to transform how clinicians work in outpatients
**Network** – the IT system will benefit from enhanced capacity and upgrade. It was noted that it makes sense to do this ahead of the infrastructure development
**Pathology platform** – PathLAKE, mostly grant-funded with savings expected to offset residual costs, converts pathology slides into digital slides,
**Site office courtyard** – to be redeveloped to office accommodation to increase the footprint of the site office and histopathology
**New office area** – to bring the two empty floors above Cardiology into service. This area requires a lift and all services in order to become fit for purpose. This space will facilitate decants from other areas with no operational impacts
**South site infrastructure** – similar to the north site infrastructure work for the cancer centre, this will involve demolition works for the pathway unit development. This is being undertaken now so as not to impact on the total cost of the pathway unit.
**Roofing repairs** – these are urgently required and offer opportunities to make use of the flat roof space to save energy. The Trust currently spends £2m on electricity and is looking to reduce this whilst promoting the green agenda.

Assurance was provided that benefits from these schemes will be monitored and reviewed.

In view of the scale of the programme it is likely the Board may be asked to approve cases outside of meetings and it was acknowledged that governance processes will need to be agreed.

7. Partnership with Sensyne Health PLC

It was explained that anonymised patient data would be supplied to Sensyne Health PLC who would use artificial intelligence to determine meaningful outputs for sharing with pharmaceutical companies as part of a research arrangement to support patient care. In return, MKUH would receive £2.5m equity in the company plus an annual grant of £250k to support IT infrastructure and royalty payments on a sliding scale. The partnership would be non-exclusive. The Committee supported the proposal on the basis that more clarity is provided on mitigations for GDPR requirements.

Agenda item 4.2
Council of Governors 26/11/2020

**Meeting of the Charitable Funds Committee held on 5 October 2020**

**REPORT TO THE BOARD OF DIRECTORS**

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**Matters approved by the Committee:**

The Charity Annual Report and Accounts were approved subject to one amendment

The Staff Hub, Pastoral Support Worker and Cancer Centre gardens business cases were approved.

The Terms of Reference were reviewed and approved subject to minor amendments.

**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

The fundraising team continue to work closely with charity partners and the STP with regard to funding bids to NHS Charities Together. The Committee acknowledged the list of future projects shifting away from large capital projects to different ways to support the hospital. The Committee recognised the impact of covid on the charity strategy which will now require discussion on governance and the spend policy.

Charity funds finance updates

To date this year, £272k has been raised, of which £120k has been donated and £117k has been received from grants. The forecast for 2020/21 is £475k. Expenditure is £148k of which £73k was for patient welfare and £62k for staff welfare, staff costs and admin.

Charity annual report and accounts

The accounts have been audited. Detail will be sought on how trustees are represented by other NHS charities.

Business cases funded through the Charity

Business cases for the staff hub, a pastoral support worker and landscaping of the Cancer Centre garden were all approved.

Charity strategy update

The Committee considered

- the financial health of the charity going forward given the impact of covid within the charitable sector and how this should be managed;
- the influence of the capital programme on charity appeal decisions and the impact of this on the charity; and
- the charity form and whether to incorporate with the League of Friends and/or Arts for Health

The pros and cons of pursuing charity appeals and the expectation of outcomes from localised activity will be discussed at the next meeting.

Sustainability of the support arrangement for Arts for Health was queried and execs were asked to consider whether they are satisfied with the return on the sum of money paid on an annual basis.

The Committee agreed that closer collaboration rather than a merger with the League of Friends would be more beneficial at the current time.

Board Assurance Framework

The BAF is under review and was not available for the meeting.

Charitable Funds Committee Terms of Reference review

The Terms of Reference were reviewed and approved with minor amendments.

Any other business

Formal approval of a combined order for iPads for hospital departments will be sought at the next meeting.

Agenda item 4.3
Council of Governors 26/11/2020

**Meeting of the Quality & Clinical Risk Committee held on 21 September 2020**

**REPORT TO THE BOARD OF DIRECTORS**

---

**Matters approved by the Committee:**

The Committee Terms of Reference were approved

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

The Committee Terms of Reference were referred to the Board for final approval.

**Summary of matters considered at the meeting:**

Quarterly highlight report

Discussion on the following topics took place.

- Plans for the management of long-waiting patients and the negative impact of these on patients' experience
- The investigation into the death of a patient in theatre (subject to SIRI and Coronial review
- The successful trial of an in-house e-booking solution to allow hospital visits
- Bed capacity in the event of a second surge of covid, arrangements to manage the demand for PPE and management of demands placed on staff during peaks and troughs of the pandemic

Quality dashboard

There were no lapses in care with regard to the incidence of MSSA but there was shared learning. Cross-working in MK Place continues to work well for discharging patients although funding issues can cause delays. There is good capacity in care homes in Milton Keynes at the moment. Figures relating to Falls and Ward moves at night will be reviewed for accuracy.

Quarterly Trust Wide progress report

Good processes in relation to learning around serious incidents was noted. The rising serious incidence in respect of patients whose care has been impacted by delays in treatment due to covid measures was noted. This is expected to worsen due to volume and capacity issues.

Mortality report

The lack of evidence of learning with regard to medical examiner processes in place for 18 months was highlighted. This is a common theme in other trusts. However, since 100% of all hospital deaths are reviewed by medical examiner, there is less concern over the increasing rate of SHMI. This increase is attributed to the implementation of eCARE, coding depth and a lack of clarity on categorising activity for outpatient/inpatient admissions. An

external company is assisting the organisation to understand the issues. Outcomes will be provided at the next meeting.

Patient Experience Improvement Plan

The patient experience strategy incorporates focus areas of communication, discharge, cleanliness, dining, engagement and learning. Various suggestions were put forward to aid public engagement to deliver the strategy. Further discussion on public engagement is planned for October's Board.

Clinical Quality updates / draft minutes

Minutes from the last Patient Safety Board meeting, Clinical Effectiveness and Audit Board meeting and quarterly maternity CNST meeting were noted.

Cumberlege Review

The importance of the report in the context of considering health inequalities and access to healthcare services for all was acknowledged along with the link between the report and the patient experience strategy. The challenges of the next few years in relation to delayed diagnoses and impacts of covid on non-covid patients were highlighted. It was agreed that a proposal for a local response that feeds into the wider health system would be drafted and shared with the Committee.

NHS Blood & Transplant letter

The Trust receives this letter on an annual basis. The organisation's aim is to ensure organ donation discussions with relevant patients and relatives becomes normal practice. The new clinical lead for organ donation is focusing on specialist nurses and intensivists holding these discussions in a private area.

ICU staffing – exchange of letters

Correspondence between the organisation and the region was reported in respect of the number of vacancies in the establishment for ICU. A verbal update will be provided in 3 months' time.

Nursing Directorate Risk Summit – Process and worked example for assurance

A quality review process had been put in place following concerns over Ward 19, a relatively new and complex ward looking after frail elderly, diabetic and fractured neck of femur patients. The concerns related to incidence of pressure ulcers, falls and the care of a learning disability patient. The summit is designed as an engagement process with ward staff who help to develop an action plan. The ward remains under scrutiny but significant improvements have been made and are being embedded. It was confirmed that the ongoing work incorporates other areas such as allied health professionals and doctors.

Patient Safety Specialists

A place-based resource across MK Place on a job share basis has been put forward to meet the requirement for all provider trusts and CCGs to incorporate patient safety specialists into their strategy.

Quality Improvement update

The QI strategy is being refreshed bringing together different programmes of work, developing a training strategy and updating the toolkit. An external provider will deliver training on appreciative inquiry (AI). The strategy will be shared at the next meeting.

Quality Governance update

The Risk & Compliance Board has been disbanded and replaced by an integrated compliance board and individual divisional meetings to ensure issues are addressed as they occur. In addition, the Clinical Audit and Effectiveness Board will become an Improvement Board, reviewing themes identified at other forums.

CQC update

The outstanding actions on the CQC compliance plan have been deferred due to covid but will be picked up again when appropriate. The model of engagement with trusts is changing and more information on incidents, complaints and issues is being requested. The organisation's new relationship manager is very supportive in her approach and there are no concerns over the issues raised with the organisation.

Infection prevention and control arrangements and summary record

The positivity within the report was noted.

Antimicrobial Stewardship annual report

The report showcases the effective working between the team of pharmacists and microbiologist with clinical teams. A place-based pharmacy is being considered.

Quality and clinical risks on the Board Assurance Framework

The new format of the BAF was noted as well as the new risk relating to management of risk during periods of sustained or rapid change. It was requested that the BAF is discussed at the start of Board and reviewed again for any changes at the end of the meeting.

Significant risk register

The organisation is moving towards a corporate risk register. The Committee was satisfied that there is nothing on the significant risk register that should be on the BAF.

Terms of Reference Review

The Terms of Reference were approved subject to minor amendment.

Any other business

- There had been no requirement for the Ethics Committee to meet
- Means to accommodate NED visits (physical and virtual) are being explored

Agenda item 4.4
Council of Governors 26/11/2020

**Meeting of the Audit Committee held on 21 September 2020**

**REPORT TO THE BOARD OF DIRECTORS**

---

**Matters approved by the Committee:**

The Committee **approved** the changes to the Standing Financial Instructions

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

The Committee **approved** the Security and Protection Toolkit and action plan 2019/20 for Board
The Committee **approved** the Audit Committee Terms of Reference for Board

**Matters considered at the meeting:**

Board Assurance Framework

The new BAF format was welcomed.

Corporate Risk Register proposal

Suggestions for improvements to the proposal were put forward following which it was agreed that a revised pack would be circulated and a risk seminar arranged.

Significant Risk Register (SRR)

The Committee reviewed the SRR and recommended that more time was spent on data quality.

External Audit

The Audit Plan and a presentation on new requirements around value for money will be shared at the next meeting.

Internal Audit

The Committee was assured by the completed Estates review which raised no significant issues. There were no areas of management neglect to highlight from the update in respect of outstanding internal audit actions.

Data Quality Update

The Committee was assured by the evident improvements in data quality.

Counter Fraud

Counter fraud reviews into overseas visitors and, separately, into ambulance service providers were complete. A national increase in the theft of drugsy was highlighted and the

clear plans in place for monitoring this at MKUH were noted. Sickness absence fraud will be reviewed. Awareness continues to be raised with consultants over conflicts of interest.

Financial Controller Report

The report was noted.

Standing Financial Instructions

The Committee supported the SFIs.

Audit Committee Terms of Reference

The Terms of Reference were reviewed and approved subject to minor amendment.

Any other business

The effectiveness of committees will be assessed.

Agenda item 4.5
Council of Governors 26/11/2020

**Meeting of the Workforce and Development Assurance held on 15 October 2020**
**REPORT TO THE BOARD OF DIRECTORS**

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**Matters approved by the Committee:**

The Terms of Reference were reviewed and 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:**

Staff story

The Staffside Chair attended the meeting. She has worked at the hospital for 15 years, becoming a Union Representative 9 years ago and the Staffside Secretary 5 years ago before taking over as Staffside Chair, combining both roles. The improved relationship between Management and Staffside was acknowledged. The current employee relations caseload, put on hold during the pandemic, has since increased and it was felt that this was in part due to the impacts of the pandemic on staff. While acknowledging this, the Committee was pleased to note that issues are being raised, heard and responded to.

Equality, Diversity and Inclusion

The WRES and WDES report will be published on the website when completed. Equality, diversity and inclusion remains at the top of the workforce agenda. The Committee was assured by measures to address rising incidence of bullying and harassment. It was noted that the Board is one post below the target for representation set out by NHSE/I's Model Employer Strategy.

Objectives update

All objectives are on track to complete by the end of the financial year.

NHS People Plan, Workforce Strategy and Plan update

#TeamMKUH features prominently in the first third of the NHS People Plan in respect of engagement, benefits and support for staff along with the national Flex NHS scheme, spearheaded by Kate Jarman, Director of Corporate Affairs. Outputs from the five

workstreams will be measured against results from next year's staff survey. Task and finish groups have been established to deliver the Workforce Strategy which now aligns to the NHS People Plan. All actions are expected to conclude by the end of the financial year. Timelines will be added to all actions. New and emergent roles will be introduced over the next 3-5 years for staff and will enhance career prospects, improving retention.

HR Systems and Compliance Report

Three hard to recruit posts have been filled. 71% of the hospital now uses e-roster, a shift management tool which continues to be rolled out. All staff can now access their mandatory training records, contracts and payslips through an online portal, ESR, and feedback has been very positive. SafeCare, an online system designed to to effectively manage and deploy the nursing establishment across the hospital, continues to be rolled out. The use and effectiveness of these online systems are monitored at the HR Systems Programme Board. Time to hire is decreasing and is being closely monitored to improve this further. The Committee congratulated the department on the amount of work undertaken and progress to date.

Workforce information quarterly report

The Committee acknowledged the impact of covid on sickness absence which had almost doubled from previous years for the same period. This was the second highest reason reported for absence. The highest category of Stress/anxiety/ depression/psychiatric illnesses was discussed further under the Staff Health & Wellbeing report. Reporting of Unknown sickness has reduced by over 50% and changes to the reporting mechanism will ensure this continues to fall. There were 4 RIDDOR incidents relating to fit-tester staff who, at the time, were not required to don the highest level of PPE. In all cases, staff have recovered and returned to work. Staff have been actively encouraged to take time off over the summer ahead of a second spike. The Committee was assured by measures in place to support staff displaying changed behaviours as a result of the impacts of the pandemic.

Staff Health & Wellbeing (SHWB) Report

It was reported that calls to covid phone lines, in operation since the start of the pandemic, have increased recently in line with the national picture. Of 1800 staff swabbed, 7% were found to be covid positive. Support is in place for staff manning the phone lines. The risk assessments panel sits 3 times a week and over 1000 assessments have been reviewed to date. The conversion rate for antibody testing in June was 19% suggesting many more people than previously thought have had the infection nationally but were non-symptomatic. NHSE guidance advises clinical staff using PPE are not classified as contacts with regard to Test and Trace. Test result turnaround times are between 24 and 36 hrs from Oxford but longer from the Lighthouse Laboratory which is not within the hospital's control.

Uptake for flu vaccinations is consistent with previous years.

Organisational Development and Talent Management

Feedback from staff on the protect and reflect campaign for flu vaccinations and completion of the staff survey has been positive. The campaign is running in and out of hours. Phase 3 of the staff benefits and rewards programme continues to develop. The Culture and Leadership Programme is being developed in collaboration with an external company and the Inclusion and Leadership Council are keen to adopt this. The Agile Working Policy is being developed from the stance that people are expected to work from home or offsite.

Education update

Mandatory training is now undertaken solely through e-learning. Medical students are being re-integrated into the organisation following the interruption of their academic studies. A new careers section will be added to the Trust website

Workforce Board Assurance Framework risks

The BAF is under review at present and an updated BAF will be shared with Board and Committee members as soon as it is ready.

Workforce Risk Register

Three risks were highlighted as having been updated or awaiting updates.

Workforce Board Review

Workforce Board is generally supportive of all activities and stronger relationships with the wider workforce are being developed.

Any Other Business

The Committee expressed thanks to the Workforce Department for their hard work.

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

## Date of Meeting: Thursday 26 November 2020

## Healthwatch Milton Keynes Activity

We have begun a series of online public events under the banner #SpeakOutToHelpOut. The first in this series was 'Flu – How was it for you?' and we spoke to a number of people about any barriers or issues they had related to accessing the flu jab this year. We chose the topic because of the amount of feedback we were getting around people not being able to get their jabs – by the time we ran the event, the next shipment had arrived, we had spent a lot of time and energy explaining the prioritisation of various cohorts and generally 'firefighting' comments made by a variety of conspiracy theorists. We can happily report that, apart from the odd individual issue, the flu vax is being taken up with very few issues around supply etc.

The two events will be held on the December 8th (evening) and December 10th (day), and January 19th (evening) and January 21st (day). The December event will be looking at communication as this is the topic we get the most feedback about – no matter what the service. The January event will be for families with loved ones in care/ residential homes to look at how things have gone for them with new guidance around visiting.

BBC Look East asked to speak to us about the Government announcing new funding for MKUH and the development of the women's and Children's hospital. We were able to share the general feeling of the population of Milton Keynes that this is a much needed and much welcomed addition to the Health provision in the Borough.

We are also in discussion with the BLMK CCG around their submission to NHSE/I for the creation of the One BLMK CCG which has now been authorised, subject to various actions being undertaken. We have, of course, asked what the actions are and whether the recommendations we made when asked to endorse the submission (which we have not yet seen), are part of the action plan they need to undertake.

The four Local Healthwatch across BLMK have come together to work collaboratively with the BLMK CCG to ensure that the strategic commissioning decisions made at scale do not inadvertently create the dreaded 'post code lottery' or have adverse effects on local services.

# Patient Feedback

We received some lovely feedback about the Hospital during the last quarter, and also a fairly common issue around Maternity visiting. Our Service Coordinator is having regular conversations with the Maternity Team through the Local Maternity Service meetings and the Maternity Voice Partnership. These groups are all working together to make sure families have a good experience throughout the maternity journey.

**I visited my GP (Bedfordshire) last month with concerns re breast changes. An instant referral was made for an appointment at the 'One stop breast surgery/clinic' at MKUH. I was very impressed that they were able to see me within 7 days. The staff, whilst busy, were efficient and extremely caring and good humoured (probably the only situation where your face has to be covered but breasts have to be out!) I was seen by two separate consultants in order to provide a second opinion and given clear advice as well as time to ask questions. It was a good experience, the right people in the right job and a very quick turnaround.**

Child, 9 years old, was unwell with fever, sore throat and red rash on face and body for 5 days. Was seen by MKHH paediatric consultant who advised a covid-19 test, this was performed and returned with a negative result within 24 hrs. This is how testing should be done, fast and efficiently if we are to control this virus. Great job NHS. Child was prescribed antibiotics and is now slowly recovering.

**Dear all,**

**I am emailing you as a concerned father and husband.**

**My wife is due to have an elective C-section XX November at XXX. Currently my understanding is that she will have to go through almost all of her time in hospital without me being able to support at her side. I believe my access will be:**

**- To be with my wife during the operation**

**- To be with my wife for 90 minutes per day (those 90 minutes prescribed by the hospital rather than when they are most useful for my wife and newly born child)**

**We are very blessed to already have a lovely XX month old child. XX months ago my wife had an emergency C-section, I was able to be by her side both before, during and after the operation until she was discharged. I can say, form first hand experience, that being there was a huge comfort for both my wife and son. Recovering from major surgery (lets remember that is what a C-section, planned or emergency is) while trying to care for a newborn baby is challenging enough when the partner is allowed to support the new Mum, the fact that many many new Mums have had to go through this experience alone is, to be completely honest, disgraceful. I fully understand that Covid is a global pandemic and things need to change, but there are trials at football matches, people can go to the pub together, schools are open, but I cannot be by my wife's side as she goes through a highly traumatic experience, both emotionally and physically.**

**I urge and insist that this be changed, the partners be allowed to accompany the Mum in hospital in the build up to the birth and also that partners be allowed to support Mum and the newborn after birth.**

**If I need to write to other people who are able to change this please let me know who that is. I am happy to discuss in more detail, please call me on XXXXXXX to do so.**

**I look forward to hearing the actions that will take place to rectify this appalling situation.**

**Report of Governor Activities for CoG Meeting 26-11-20**
This Report will be limited as we have all been severely restricted in our activities.
I received reports from Lucinda Mobaraki, Brian Lintern and Alan Hancock, for which many thanks.
The following are extracts from their reports.

**Lucinda**
Lucinda has passed on concerns to the Board about the activities of the Urology Dept. that have been raised by some of her Constituents.
Lucinda is a COVID-19 Champion for Milton Keynes (Council) and has been helping to disseminate the importance of continuing with hand washing, etc. and reassuring the community that COVID-19 isn't a conspiracy theory, or the Government's attempt to curtail our civil liberties. She has been using the unfortunate death of a 35 years old relative as an example that COVID doesn't just kill the sick or the very old. She has been recommending that people watch "Surviving the Virus: My bother & Me" on BBC iPlayer to get an idea of the long term damage the virus can have.
She is using social media to promote the recruitment of volunteer dining companions at the Hospital. She is also sending messages on a daily basis to remind a couple of chronic patients, who have been discharged, to go for a walk in the fresh air and has taken one for his first walk in her lunchbreak.
She has been reminding young people that a little respect for one's body goes a long way.
Well done Lucinda. Much appreciated.

**Alan Hancock**
Alan has been shielding for many months now and only been into the Hospital for blood tests, so has little activity to report. He has had regular meetings with Healthwatch, The Patients Association, BLMK, the East of England Clinical Senate, the Renal Association and similar bodies, where he always tries to represent the Hospital's interests. He also keeps an eye on his local surgery and follows its activities, especially now that it is part of The Bridge Primary Care Network.
Whilst he does not meet any local hospital members in person, he feeds concerns raised with him into the Healthwatch network.
Thanks Alan.

**Brian Lintern**
Brian feels that his contribution has been somewhat limited due to the inability to develop a profile in his community as a Governor representing his area. Unfortunately, his Patient Participation Group at his Surgery has at present effectively collapsed due to the general age of the membership. *[Good news Brian, I believe it will be starting up again following a ZOOM meeting that I attended last week. Alan*]
His 'Governor' representations have been based to a large extent on personal observations and listening to friends comments, but always felt that his community does not take note adequately of the potentials. He has fed concerns back to the Hospital as comments, as they were not 'complaints' to be formally recorded, but observations 'within house', as part of teamwork and not to be recorded as formal issues with associated paperwork. *[A very useful comment Brian, which all of us should note – Alan]*
He hopes that, as Public Governors, we can develop a community awareness of the opportunity to work with our Hospital. He makes the point that we are not the Patients 'Trade Union' and we need to avoid being seen as a complaints procedure where formal responses and actions are required.
Some important comments thanks Brian.

**Alan Hastings**
I have had a busy time with the various hats that I wear. The Hospital activities include:
I am involved with the Hospital's Patient Food Group, which included tasting meal samples for various starter, main and dessert courses from seven different suppliers. Wow! The last few courses were hard to swallow, but we managed. The food was very good and I hope the Patients enjoy them. The menus will include a wide range of meals. Most impressive.
We went through the process of trying to appoint a new Chair, but unfortunately were unsuccessful as the Appointments Committee came to the unanimous agreement that none of the candidates were suitable. The process involved our recruitment company, Gatenby Sanderson, obtaining CVs from 14 candidates, from which the Committee selected a short list for detailed interviews by GS. The Committee then selected three candidates, plus a reserve, for face-to-face interviews. Each candidate then separately met with two groups, one of Governors and the other of Executives and Non Executives and then by the Committee. We all then came together and discussed each candidate, finally making a decision.
I attended a TEAMS meeting of the Lead Governors Network, which covers LGs from Foundation Trusts located in the East of England (from Kings Lynn to the Thames and from Kettering to the East Coast). We

discuss many subjects associated with the activities of our FTs. Whilst our roles are the same, there are some differences in the way our CoGs operate.
We had our Annual Members Meeting in September (on my birthday) on line. As it was our first use of this method, whilst it went reasonably well, we did have a few IT problems, from which we have learned. It was recorded, so I hope Governors were able to watch it on the website.
With encouragement from Julia, we have resurrected the Membership Engagement Group. From our first meeting on TEAMS we had a series of actions, which we are working through.
Finally, over the weekend of 14/15 November the Appointments Committee read the CVs of 14 new candidates for the role of Chair. At a meeting of the Committee on 16 November the number was reduced to seven, which will now be interviewed in detail by Gatenby Sanderson. The candidates will then go through the same process as previously. Hopefully one will be suitable. If so, the Committee will make a recommendation to the Governors giving details of the candidate. In accordance with the Constitution, the CoG Members have the final approval of the Chair, so you will all be formally requested to decide if you approve the appointment of the candidate recommended by the Appointments Committee. This will need to be carried out on line.
Keep well everyone.
Regards
Alan

Alan Hastings
Lead Governor and Chair of Appointments Committee MKUHFT

Milton Keynes University Hospital NHS Foundation Trust

| Meeting title | Council of Governors | Date: 26 November 2020 |
|---|---|---|
| Report title: | Performance Report indicators for 2020/21 (Month 6) | Agenda item: 6.1 |
| Lead director<br><br>Report author | Name: John Blakesley<br><br>Name: Hitesh Patel | Title: Deputy Chief Executive<br><br>Title: Associate Director of Performance and Information |
| FoI status: | Disclosable | |

| Report summary | Sets out the Trust's performance against key performance indicators at the end of May 2020 | | | |
|---|---|---|---|---|
| Purpose *(tick one box only)* | Information [x] | Approval [ ] | To note [x] | Decision [ ] |
| Recommendation | | | | |

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

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

# Trust Performance Summary: M06 (September 2020)

## 1.0 Summary

This report summarises performance at the end of September 2020 for key performance indicators and provides an update on recovery actions to 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 < 6weeks | **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%** |

Restoration and the recovery of services following the first surge of the pandemic continues across the Divisions. The impact of COVID-19 and the subsequent contraction and closure of some services during April to June has had a significant impact on the delivery and performance of certain key NHS targets from the summer and continues into September 2020. To ensure this is reflected, the monthly trajectory of ED 4 hour and RTT 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

September 2020 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% | 97.5% | 96.0% | ✓ | ▼ | ✓ | |
| 4.2 | RTT Incomplete Pathways <18 weeks | 79.0% | 67.0% | | 53.0% | ✗ | ▲ | | |
| 4.9 | 62 day standard (Quarterly) | 85.5% | 85.5% | | 74.4% | ✗ | ▼ | | |

In September 2020, ED performance of 96.0% has continued to be above the 95% national standard and the 90.0% NHS Improvement trajectory. The Trust has met the 95% national target for the first two quarters of the financial year 2020/21. Activity levels have been lower than anticipated.

When comparing the Trust's ED performance in September 2020, MKUH was better than the national overall performance of 87.3%. (see Appendix for details). MKUH continues to compare favourably across the Peer Group comparator, having now outperformed its peers for a consecutive three months.

The Trust's RTT Incomplete Pathways <18 weeks performance has been majorly compromised in the events of COVID and reported 53.0% against a national target of 92% at the end of September 2020. The closure of all non-urgent elective operating and outpatient services for the period of the COVID surge, is reflects in the increased number of long waiting patients

Whilst the overall RTT performance has improved from the position at the end of August 2020, reduction in GP referrals into the hospital during this time will inevitably report a future deterioration in performance in the next few months before an improvement.

The Trust has put in place recovery plans across all services, which will support further improvement in RTT performance and a reduction in the cancellation of non-urgent 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 Q1 2020/21, the Trust's provisional 62-day standard performance (from receipt of an urgent GP referral for suspected cancer to first treatment) was 74.4% against a national target of 85%.

The provisional performance of the percentage of patients who started treatment within 31 days of a decision to treat was 94.7% 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 86.4% against a national target of 93%.

## 3.0 Urgent and Emergency Care

In September 2020 three out of six measured key performance indicators showed an improvement in their performance in urgent and emergency care:

| 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% | 0.04% | ✓ | ▲ | ✓ | |
| 3.2 | Ward Discharges by Midday | 27% | 27% | 20.4% | 18.5% | ✗ | ▼ | ✗ | |
| 3.4 | 30 day readmissions | | | 9.1% | 8.8% | | ▲ | | |
| 3.6.2 | Number of Super Stranded Patients (LOS>=21 Days) | 53 | 53 | | 42 | ✓ | ▼ | | |
| 3.9 | Ambulance Handovers >30 mins (%) | 5% | 5% | 2.5% | 2.4% | ✓ | ▲ | ✓ | |
| 4.1 | ED 4 hour target (includes UCS) | 90.0% | 90.0% | 97.5% | 96.0% | ✓ | ▼ | ✓ | |

### Cancelled Operations on the Day

In September 2020, due to equipment failure, one operation was cancelled on the day for non-clinical reasons.

### Readmissions

The Trust's 30-day emergency readmission rate was 8.8% in September 2020 (the readmission rate in September 2020 may include patients that were readmitted with Covid-19). This was an improvement on the August 2020 readmission rate of 9.4%.

### Delayed Transfers of Care (DTOC)

The number of DTOC patients reported at midnight on the last Thursday of September 2020 was 11, two patients in Surgery and nine patients in Medicine. This was a decrease compared to August 2020.

### 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 42. This was an increase compared to previous months and likely to have been directly influenced by the recent circumstances in the hospital as a result of Covid-19 as community partners also restored their services and where less able to focus specifically on discharge as had been the

case. All efforts to maintain safe and timely discharge and reduce the LOS before we enter Winter period and a potential second COVID surge are being actioned .

### Ambulance Handovers

In September 2020, the percentage of ambulance handovers to the Emergency Department taking more than 30 minutes was 2.4%. This was an improvement in performance when compared to the previous two months.

## 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% | 68.3% | 79.3% | ✓ | ▼ | ✓ |  |
| 3.5 | Follow Up Ratio | 1.50 | 1.50 | 1.85 | 1.59 | ✗ | ▲ | ✗ |  |
| 4.2 | RTT Incomplete Pathways <18 weeks | 79.0% | 67.0% | | 53.0% | ✗ | ▲ | |  |

### Overnight Bed Occupancy

Overnight bed occupancy was 79.3% in September 2020. This was an increase when compared to the August 2020 overnight bed occupancy of 71.6%.

### Follow up Ratio

The Trust follow up ratio in September 2020 was 1.59. This was an improvement in performance when compared to the previous months of financial year 2020/21.

### RTT Incomplete Pathways

The Trust's RTT Incomplete Pathways <18 weeks at the end of September 2020 was 53.0% which was an improvement on the August 2020 value of 49.0%. At the end of September 2020, the number of patients waiting more than 52 weeks without being treated was 393. These patients were in Surgery (364 patients), Women and Children (26 patients) and Medicine (three 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 less than 1% of patients waiting six weeks or more for their diagnostic test at the end of September 2020, with a performance of 79.3%. Whilst lower than the national standard the Trust continues to recover more quickly than neighbouring organisations.

## 5.0 Patient Safety

### Infection Control

In September 2020 there were two cases of E. coli reported in Surgery (Ward 23). There were no reported cases of MSSA, MRSA or Clostridium difficile (C. diff).

ENDS

## Appendix 1: ED Performance - Peer Group Comparison

The following Trusts have been historically viewed as peers of MKUH for the purpose of Dr Foster:

- Barnsley Hospital NHS Foundation Trust
- Bedford Hospital NHS Trust
- Buckinghamshire Healthcare NHS Trust
- Homerton University Hospital NHS Foundation Trust
- Kettering General Hospital NHS Foundation Trust
- Luton and Dunstable University 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 was part of the peer group, but since its merger with Derby Hospitals NHS Foundation Trust, Burton Hospitals NHS Foundation Trust has 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. Two of those are part of the MKUH peer group (Kettering General Hospital NHS Foundation Trust and Luton and Dunstable University Hospital NHS Foundation Trust) and therefore data is not available on the NHS England statistics web site (https://www.england.nhs.uk/statistics/).

**July to September 2020 ED Performance Ranking**

| MKUH Peer Group Comparison - ED Performance | Jul-20 | Aug-20 | Sep-20 |
|---|---|---|---|
| Milton Keynes University Hospital NHS Foundation Trust | 97.6% | 97.6% | 96.0% |
| Homerton University Hospital NHS Foundation Trust | 94.8% | 93.1% | 93.8% |
| Southport And Ormskirk Hospital NHS Trust | 93.3% | 89.0% | 90.2% |
| The Hillingdon Hospitals NHS Foundation Trust | 92.7% | 89.6% | 87.2% |
| North Middlesex University Hospital NHS Trust | 91.7% | 87.0% | 86.9% |
| The Princess Alexandra Hospital NHS Trust | 88.3% | 85.8% | 83.9% |
| Buckinghamshire Healthcare NHS Trust | 85.0% | 84.1% | 83.8% |
| Oxford University Hospitals NHS Foundation Trust | 91.2% | 87.3% | 83.1% |
| Mid Cheshire Hospitals NHS Foundation Trust | 92.6% | 86.6% | 82.5% |
| Barnsley Hospital NHS Foundation Trust | 88.7% | 86.0% | 81.4% |
| The Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust | 84.6% | 87.1% | 79.3% |
| Northampton General Hospital NHS Trust | 93.8% | 87.9% | 76.3% |
| Bedford Hospital NHS Trust | n/a | n/a | n/a |
| Kettering General Hospital NHS Foundation Trust | n/a | n/a | n/a |
| Luton And Dunstable University Hospital NHS Foundation Trust | n/a | n/a | n/a |

*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 | | 97.4 | ✓ | ▲ | | |
| 1.2 | Mortality - (SHMI) | 100 | 100 | | 116.5 | ✗ | ▲ | | |
| 1.3 | Never Events | 0 | 0 | 0 | 0 | ✓ | ▬ | ✓ | |
| 1.4 | Clostridium Difficile | 15 | <8 | 1 | 0 | ✓ | ▬ | ✓ | |
| 1.5 | MRSA bacteraemia (avoidable) | 0 | 0 | 0 | 0 | ✓ | ▬ | ✓ | |
| 1.6 | Falls with harm (per 1,000 bed days) | 0.12 | 0.12 | 0.21 | 0.21 | ✗ | ▼ | ✗ | |
| 1.7 | Midwife : Birth Ratio | 28 | 28 | 27 | 26 | ✓ | ▲ | ✓ | |
| 1.8 | Incident Rate (per 1,000 bed days) | 40 | 40 | 75.26 | 75.95 | ✓ | ▲ | ✓ | |
| 1.9 | Duty of Candour Breaches (Quarterly) | 0 | 0 | 0 | 0 | ✓ | ▬ | ✓ | |
| 1.10 | E-Coli | 20 | <10 | 8 | 2 | ✓ | ▼ | | |
| 1.11 | MSSA | 8 | <4 | 7 | 0 | ✓ | ▲ | ✓ | |
| 1.12 | VTE Assessment | 95% | 95% | 98.0% | 97.5% | ✓ | ▲ | ✓ | |

| 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% | 91.9% | 88.6% | ✗ | ▼ | ✓ | |
| 2.4 | Cancelled Ops - On Day | 1.0% | 1.0% | 0.10% | 0.04% | ✓ | ▲ | ✓ | |
| 2.5 | Over 75s Ward Moves at Night | 2,000 | 1,000 | 345 | 72 | ✓ | ▼ | ✓ | |
| 2.6 | Mixed Sex Breaches | 0 | 0 | 0 | 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% | 68.3% | 79.3% | ✓ | ▼ | ✓ | |
| 3.2 | Ward Discharges by Midday | 27% | 27% | 20.4% | 18.5% | ✗ | ▼ | ✗ | |
| 3.3 | Weekend Discharges | 70% | 70% | 65.0% | 60.2% | ✗ | ▼ | ✗ | |
| 3.4 | 30 day readmissions | | | 9.1% | 8.8% | | ▲ | | |
| 3.5 | Follow Up Ratio | 1.50 | 1.50 | 1.85 | 1.59 | ✗ | ▲ | ✗ | |
| 3.6.1 | Number of Stranded Patients (LOS>=7 Days) | 198 | 198 | | 149 | ✓ | ▼ | | |
| 3.6.2 | Number of Super Stranded Patients (LOS>=21 Days) | 53 | 53 | | 42 | ✓ | ▼ | | |
| 3.7 | Delayed Transfers of Care | 25 | 25 | | 11 | ✓ | ▲ | | |
| 3.8 | Discharges from PDU (%) | 15% | 15% | 9.0% | 8.1% | ✗ | ▲ | ✗ | |
| 3.9 | Ambulance Handovers >30 mins (%) | 5% | 5% | 2.5% | 2.4% | ✓ | ▲ | ✓ | |

| 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% | 97.5% | 96.0% | ✓ | ▼ | ✓ | |
| 4.2 | RTT Incomplete Pathways <18 weeks | 79.0% | 67.0% | | 53.0% | ✗ | ▲ | | |
| 4.4 | RTT Total Open Pathways | 18,878 | 21,310 | | 23,610 | ✗ | ▲ | | |
| 4.5 | RTT Patients waiting over 52 weeks | | 0 | | 393 | ✗ | ▼ | | |
| 4.6 | Diagnostic Waits <6 weeks | 99% | 99% | | 79.3% | ✗ | ▼ | | |
| 4.7 | All 2 week wait all cancers (Quarterly) ✎ | 93.0% | 93.0% | | 86.4% | ✗ | ▼ | | |
| 4.8 | 31 days Diagnosis to Treatment (Quarterly) ✎ | 96.2% | 96.2% | | 94.7% | ✗ | ▼ | | |
| 4.9 | 62 day standard (Quarterly) ✎ | 85.5% | 85.5% | | 74.4% | ✗ | ▼ | | |

| 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 | | 21,411 | 3,979 | Not Available | ▼ | Not Available | |
| 5.2 | A&E Attendances | | | 35,650 | 6,958 | | ▼ | | |
| 5.3 | Elective Spells (PBR) | | | 6,043 | 1,594 | | ▼ | | |
| 5.4 | Non-Elective Spells (PBR) | | | 11,133 | 2,124 | | ▼ | | |
| 5.5 | OP Attendances / Procs (Total) | | | 127,150 | 26,301 | | ▼ | | |
| 5.6 | Outpatient DNA Rate | | | 5.1% | 6.9% | | ▲ | | |

| 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 | | 140,609 | 23,071 | Not Available | ▼ | Not Available | |
| 7.2 | Pay £'000 | | | (93,727) | (15,355) | | ▲ | | |
| 7.3 | Non-pay £'000 | | | (39,105) | (6,659) | | ▼ | | |
| 7.4 | Non-operating costs £'000 | | | (8,172) | (1,124) | | ▲ | | |
| 7.5 | I&E Total £'000 | | | (395) | (67) | | ▼ | | |
| 7.6 | Cash Balance £'000 | | | | 49,456 | | ▲ | | |
| 7.7 | Savings Delivered £'000 | | | 0 | 0 | | ▬ | | |
| 7.8 | Capital Expenditure £'000 | | | 3,515 | 454 | | ▼ | | |

| 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% | | 10.6% | ✗ | ▼ | | |
| 8.2 | Agency Expenditure % | 4.1% | 4.1% | 2.7% | 2.4% | ✓ | ▬ | ✓ | |
| 8.3 | Staff Sickness % - Days Lost (Rolling 12 months) ✎ | 4% | 4% | | 4.5% | ✗ | ▼ | | |
| 8.3b | Staff Sickness % - Days Lost (Monthly - Including Covid-19) ✎ | 4% | 4% | 4.4% | 3.6% | ✓ | ▼ | ✗ | |
| 8.3c | Staff Sickness % - Days Lost (Monthly - Excluding Covid-19) ✎ | 4% | 4% | 3.9% | 3.4% | ✓ | ▼ | ✓ | |
| 8.4 | Appraisals | 90% | 90% | | 92.0% | ✓ | ▬ | | |
| 8.5 | Statutory Mandatory training | 90% | 90% | | 95.0% | ✓ | ▬ | | |
| 8.6 | Substantive Staff Turnover | 10% | 10% | | 8.8% | ✓ | ▲ | | |

| 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 | | 35 | ✗ | ▬ | | |
| O.2 | Rebooked cancelled OPs - 28 day rule | 95% | 95% | 76.5% | NULL | ✓ | ▬ | ✗ | |
| O.4 | Overdue Datix Incidents >1 month | 0 | 0 | | 8 | ✗ | ▲ | | |
| O.5 | Serious Incidents | 45 | <23 | 40 | 8 | ✗ | ▼ | ✗ | |
| O.8 | Completed Job Plans (Consultants) | 90% | 90% | | 86% | ✗ | ▼ | | |

**Key: Monthly/Quarterly Change**

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

**YTD Position**

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

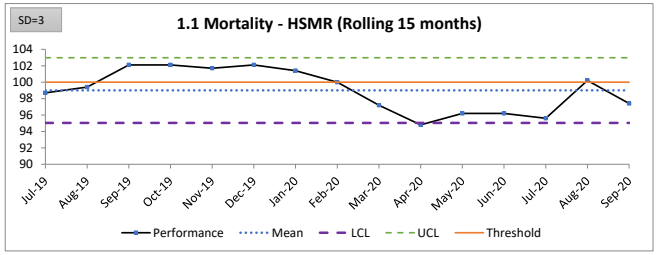
**Data Quality Assurance Definitions**

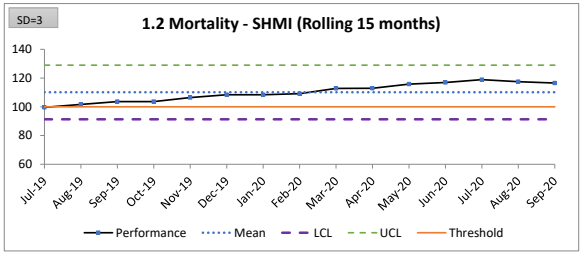
| Rating | Data Quality Assurance |
|---|---|
| Green | Satisfactory and independently audited (indicator represents an accurate reflection of performance) |
| Amber | Acceptable levels of assurance but minor areas for improvement identified and potentially independently audited * /No Independent Assurance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

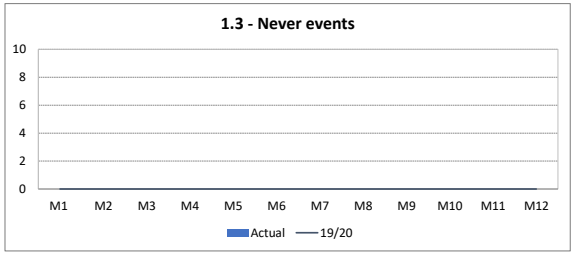
* Independently Audited – refers to an independent audit undertaken by either the Internal Auditor, External Auditors or the Data Quality Audit team.

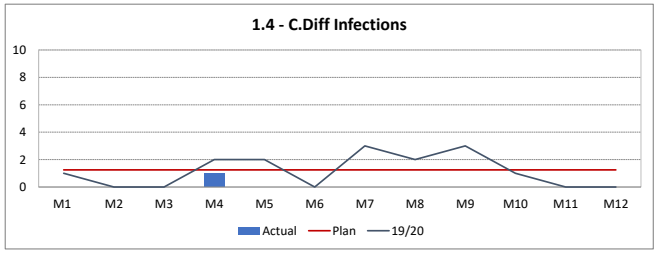


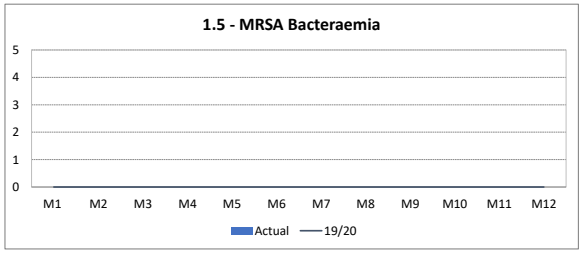
Date Produced: 12/10/2020

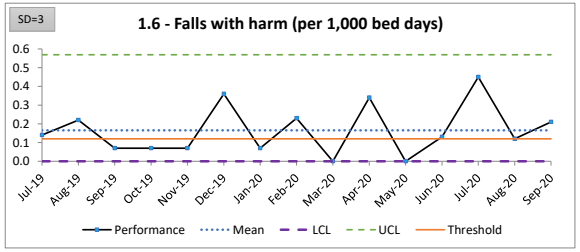


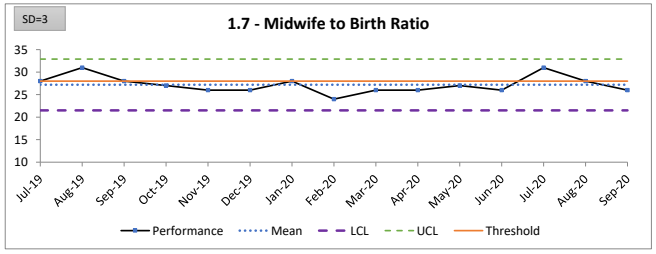



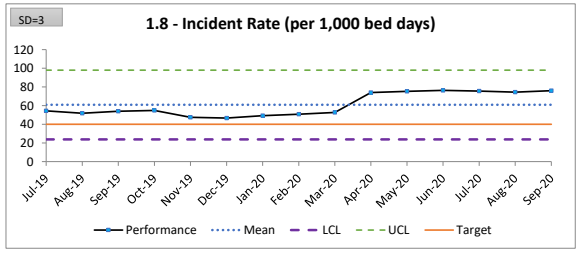



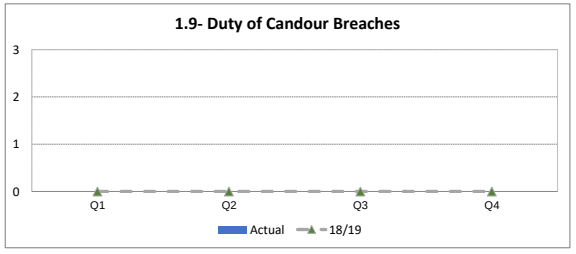



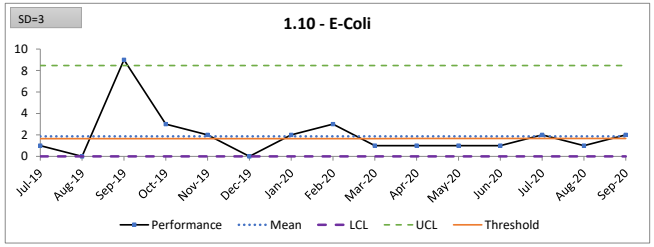



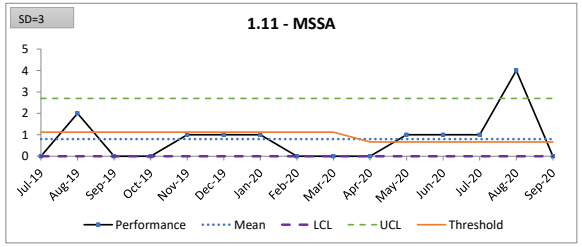



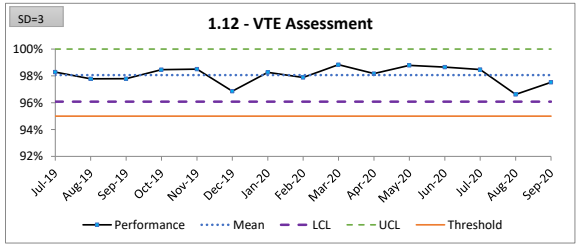

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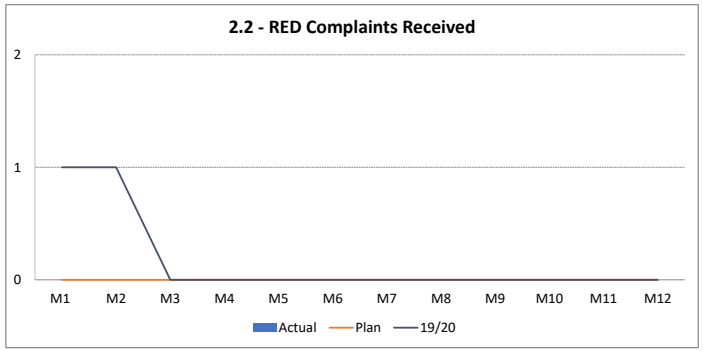
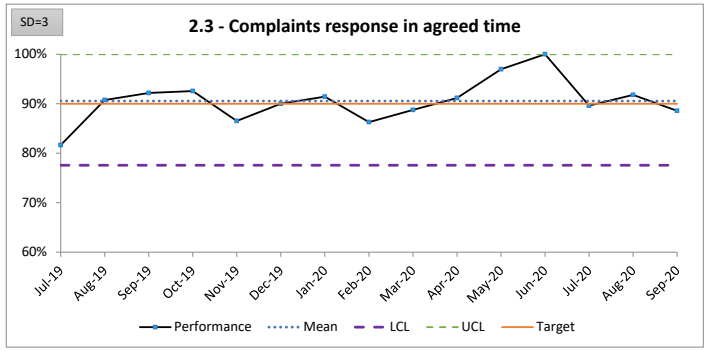
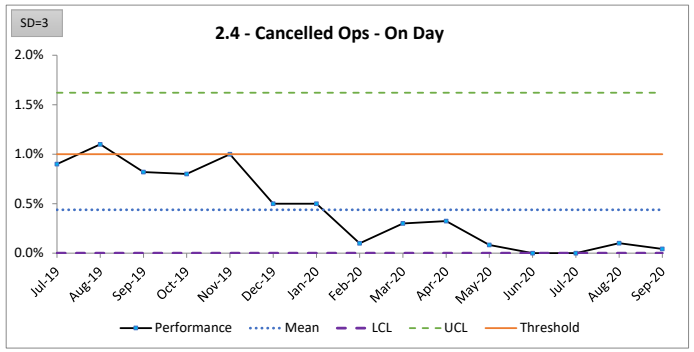
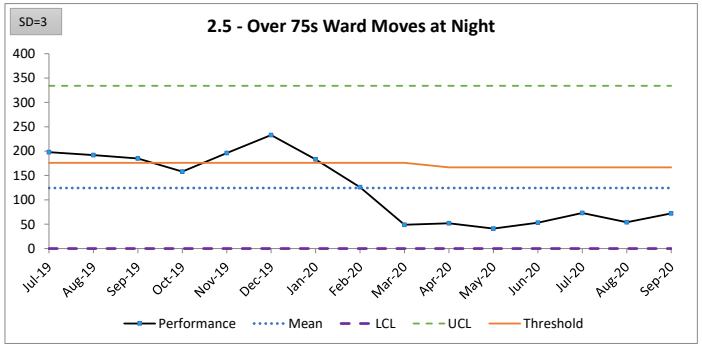
# OBJECTIVE 2 - PATIENT EXPERIENCE

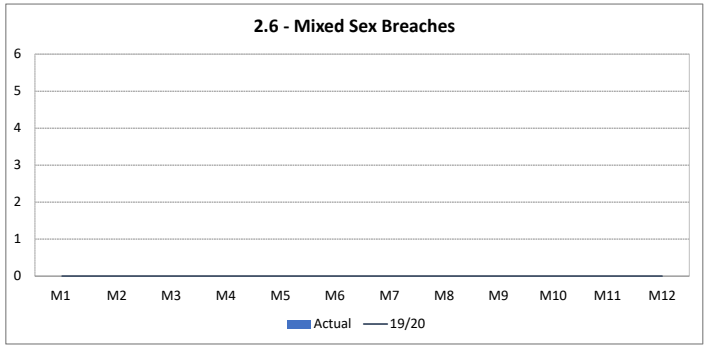


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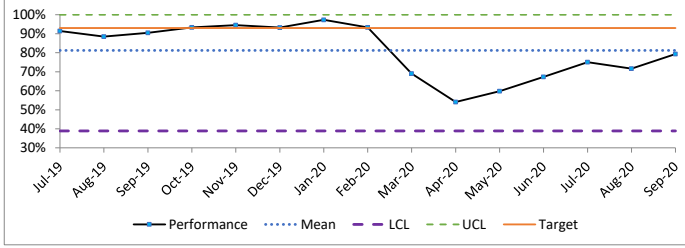
# OBJECTIVE 3 - CLINICAL EFFECTIVENESS



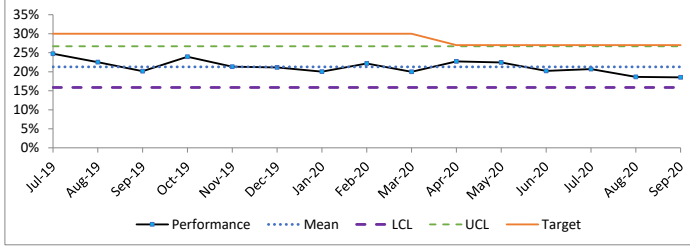
SD=3

## 3.1 - Overnight bed occupancy rate



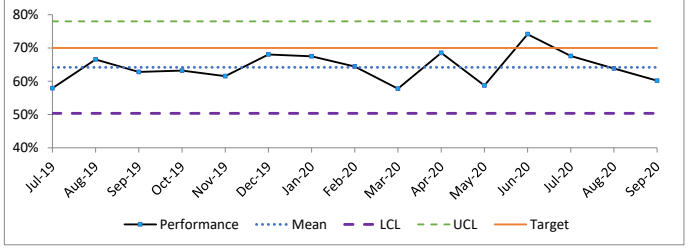

SD=3

## 3.2 - Ward Discharges by Midday



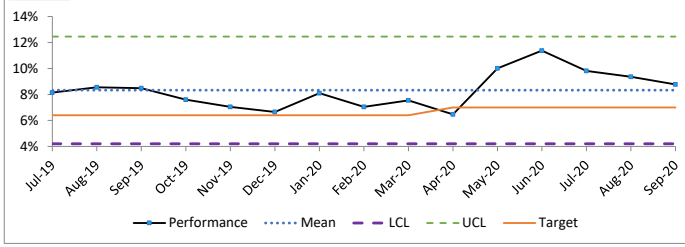

SD=3

## 3.3 - Weekend Discharges



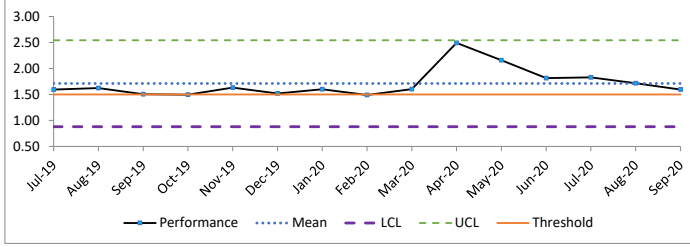

SD=3

## 3.4 - 30 Day Readmissions



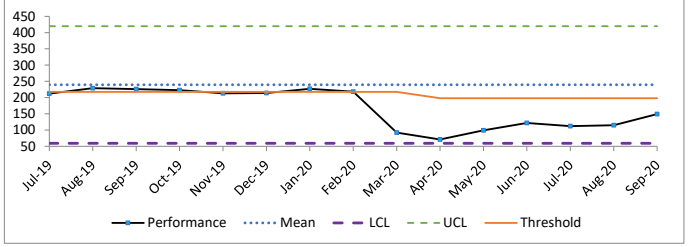

SD=3

## 3.5 - Follow-up Ratio



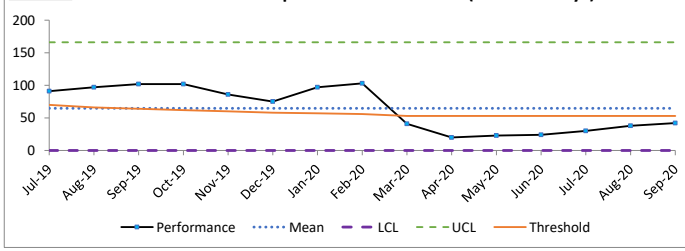

SD=3

## 3.6.1 - Number of Stranded Patients (LOS>=7 Days)



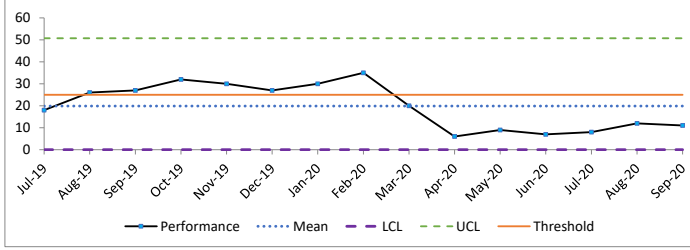

SD=3

## 3.6.2 - Number of Super Stranded Patients (LOS>=21 Days)



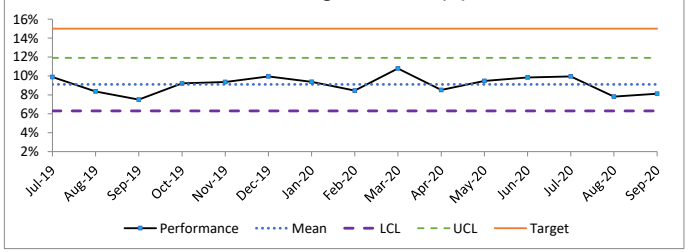

SD=3

## 3.7 - Delayed Transfers of Care



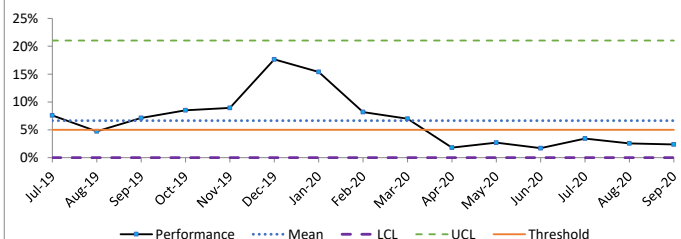

SD=3

## 3.8 - Discharges from PDU (%)




SD=3

## 3.9 - Ambulance Handover > 30 mins(%)

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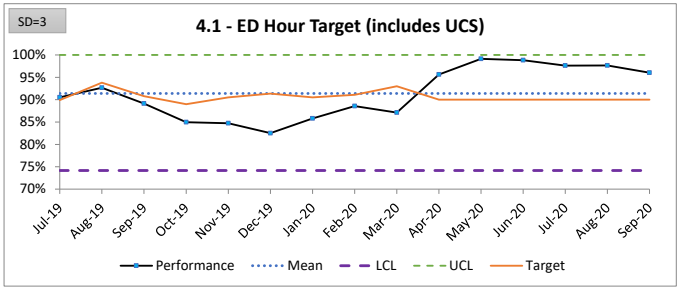
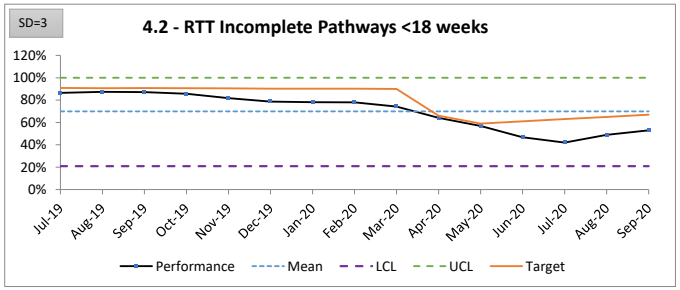
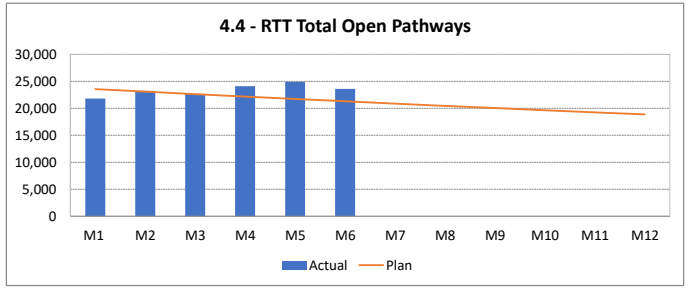
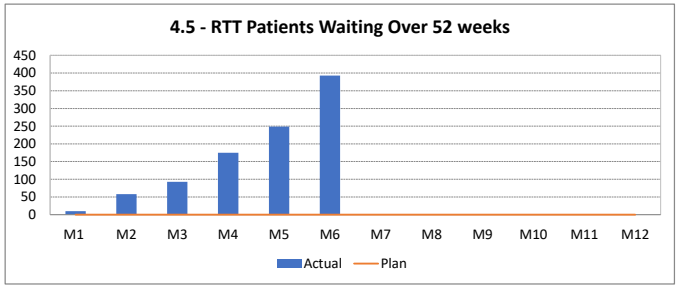
# OBJECTIVE 4 - KEY TARGETS

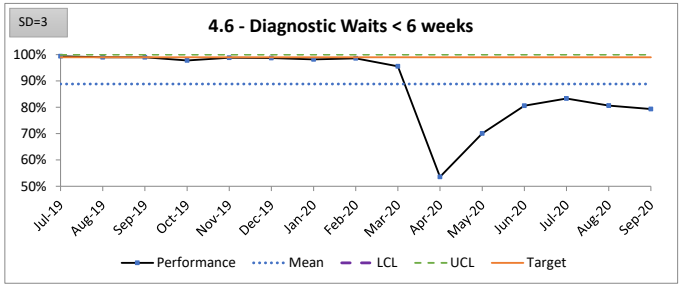


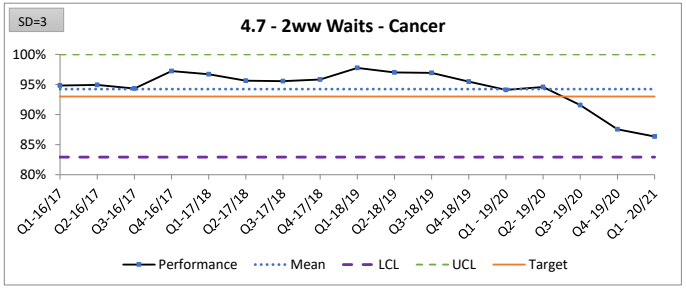


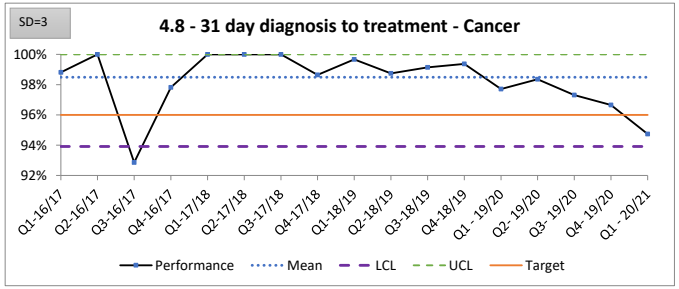



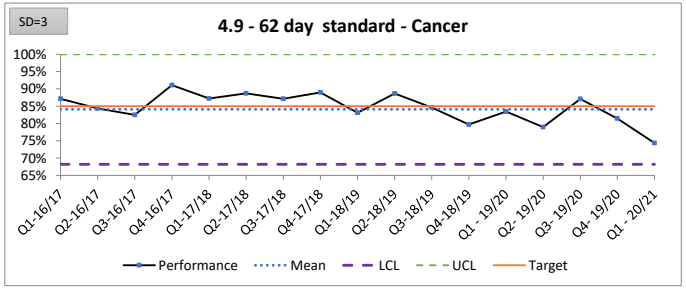

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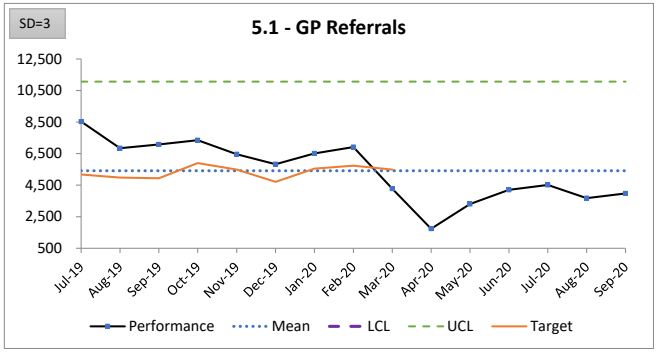


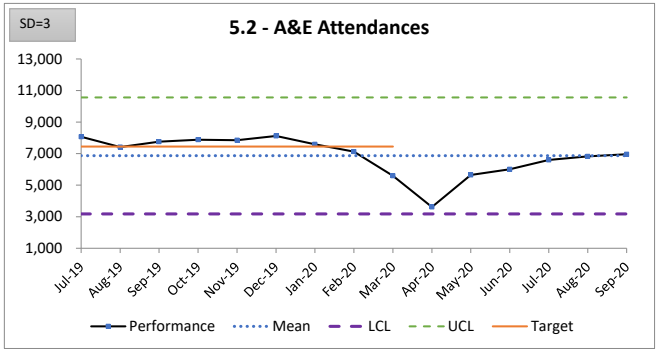


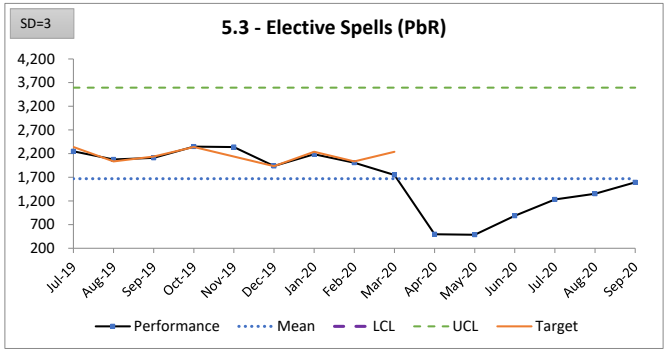


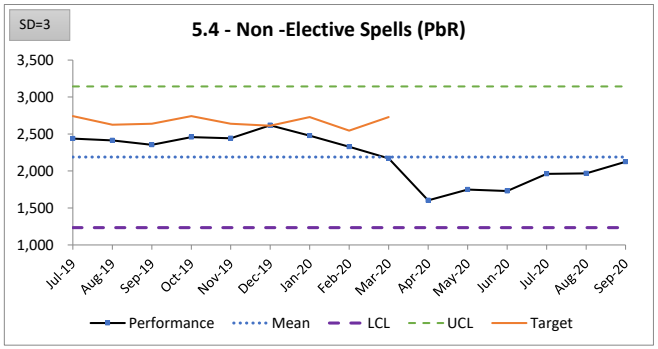


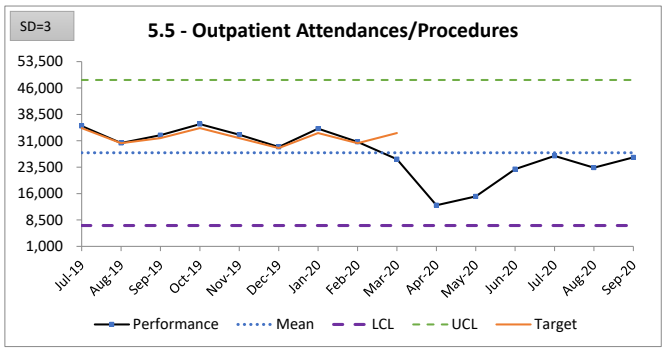


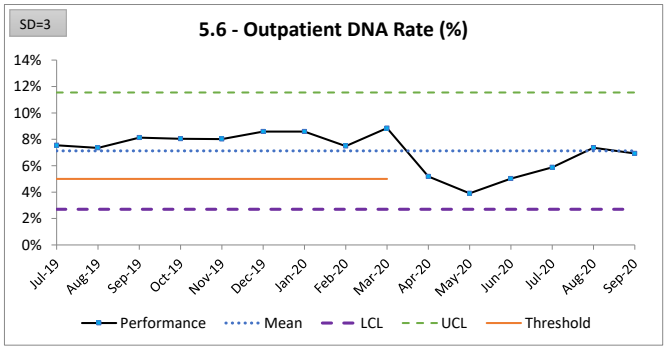


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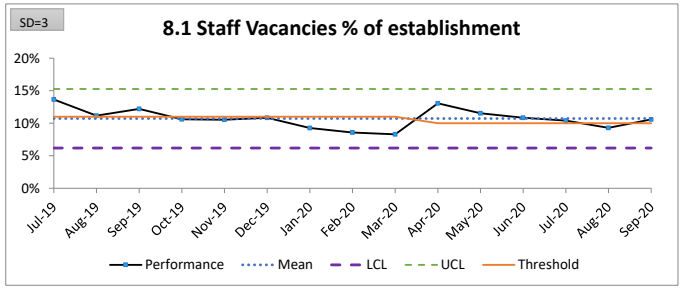
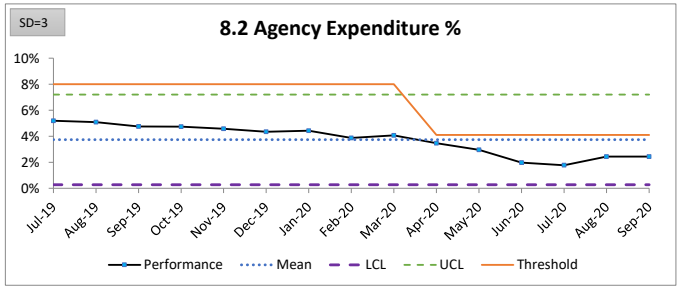
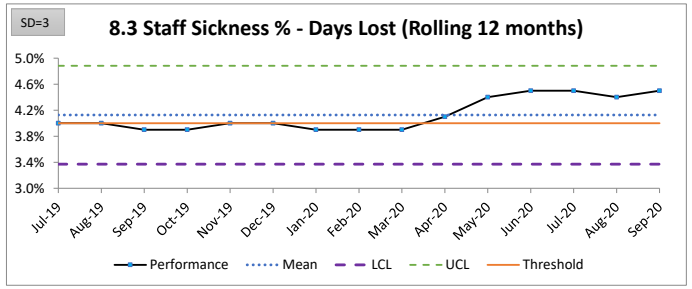
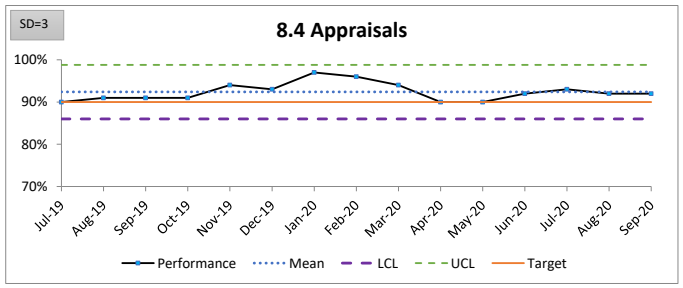
# OBJECTIVE 8 - WORKFORCE PERFORMANCE

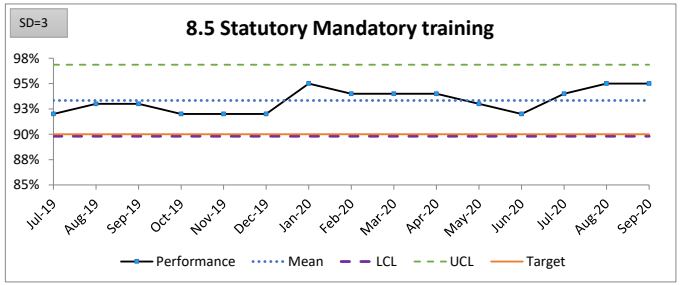


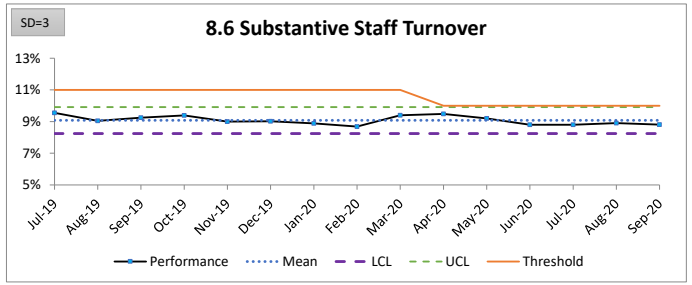
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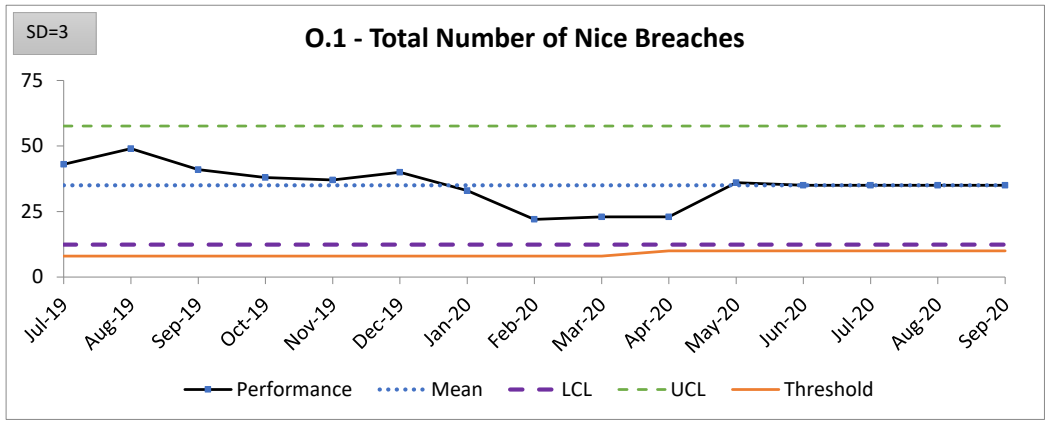


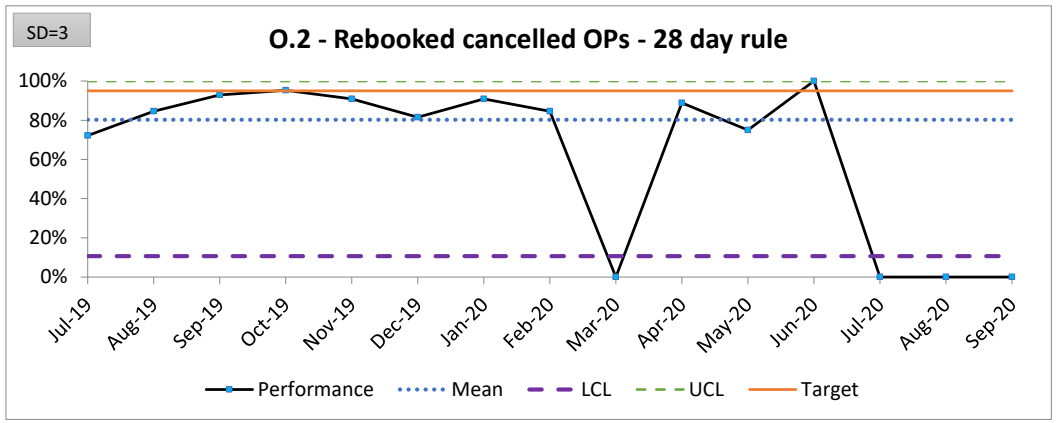


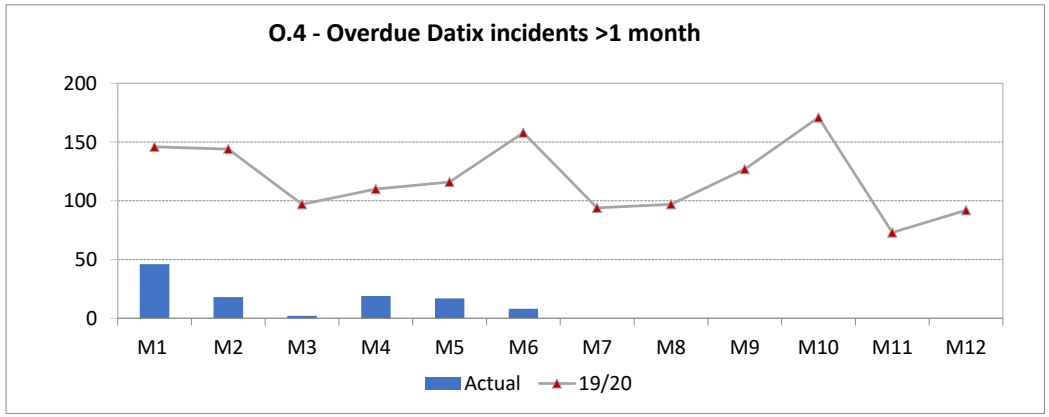


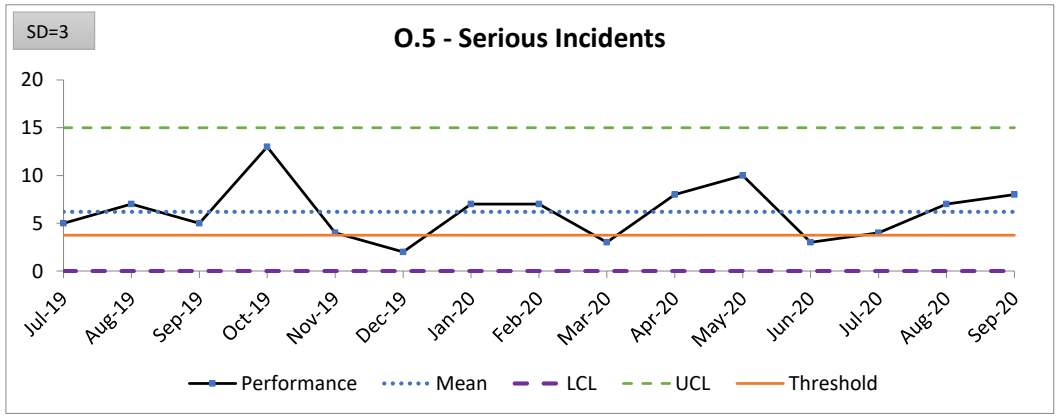


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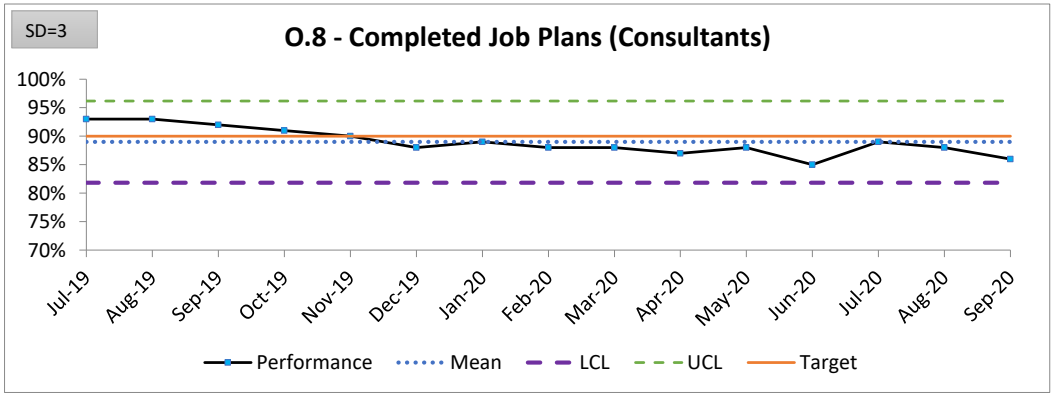

Milton Keynes University Hospital NHS Foundation Trust

| Meeting title | Public Board | Date: |
|---|---|---|
| **Report title:** | **Finance Paper Month 6 2020-21** | **Agenda item: 5.2** |
| **Lead director**<br>**Report authors** | Mike Keech<br>Chris Panes | Director of Finance<br>Head of Management Accounts |
| **FoI status:** | Private document | |

| **Report summary** | **An update on the financial position of the Trust at Month 6 (September 2020)** | | | |
|---|---|---|---|---|
| **Purpose**<br>*(tick one box only)* | **Information** ☐ | **Approval** ☐ | **To note** X | **Decision** ☐ |
| **Recommendation** | The Trust Board to note the contents of the paper. | | | |

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

| | |
|---|---|
| **Report history** | None |
| **Next steps** | None |
| **Appendices** | 1 to 3 |

# FINANCE REPORT FOR THE MONTH TO 30th SEPTEMBER 2020

## PUBLIC BOARD MEETING

## PURPOSE

1. The purpose of the paper is to:

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

## EXECUTIVE SUMMARY

2. 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 from April to September. The block payment is made up of three components; a fixed amount based on run rate from last year (£18.2m per month), a top up amount to address a deficit from the block (£3.1m per month) and a covid top up by return for additional covid related costs (allowing the Trust to report a breakeven position).

3. *Income and expenditure* –The Trust has reported a breakeven position for September 2020 against the revised block funding arrangement. Within this position the Trust has claimed an additional £0.4m (£5.3m YTD) of income over and above the £3.1m (£18.3m YTD) top-up in order to deliver a breakeven position as required by national rules (against which the Trust is able to evidence an additional £5.6m of costs relating to covid).

    After the revised block funding arrangement, the Trust has underperformed against its original planned deficit for month 6 (after Financial Recovery Funding) by £3.8m (£0.2m overperformed YTD).

4. Cash and capital position – the cash balance as at the end of September 2020 was £49.4m, which was £48.4m above plan due to the block payment for October paid on account in September and receipt of £9m PSF/FRF funding for 2019/20.

    The Trust has spent £3.5m on capital up to month 6 which relates to £0.2m HIP 2 and £3.3m 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* – Work on tracking and delivering schemes has resumed following a temporary suspenson due to COVID. The Trust has submitted its financial plan which includes a target of £5m for CIP delivery by year end. As of at M6 £1.8m of schemes have been identified and added to the trust tracker with a delivery of £1m YTD. Divisions have renewed focus on cost improvement plans and are working to identify the remaining £3.2m .

## INCOME AND EXPENDITURE

7. In its reporting to NHSI, the Trust is required to report against the income and costs included within the national modelling for the Trust (based on historical actuals uplifted for inflation but with no adjustments for growth). However, in order for the Trust to get a better understanding of the Trust's cost base and how this has been impact 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 summarises performance against the national modelling and the Trust's original plan. For the purposes of the report, the narrative discusses performance against the Trust's original plan.

8. As part of its revised planning submission (draft resubmitted on 16 October 2020), the Trust has completed a revised financial forecast. Subject to approval, this will be used for monitoring of financial forecasts and will replace the tables below.

**National modelling:**

| All Figures in £'000 | Month 6 Plan | Month 6 Actual | Month 6 Var | Month 6 YTD Plan | Month 6 YTD Actual | Month 6 YTD Var |
|---|---|---|---|---|---|---|
| Clinical Revenue | 18,585 | 18,200 | (385) | 111,510 | 109,216 | (2,294) |
| Other Revenue | 1,393 | 1,372 | (21) | 8,358 | 11,495 | 3,137 |
| Total Income | 19,978 | 19,572 | (406) | 119,868 | 120,710 | 842 |
| Pay | (14,988) | (15,355) | (367) | (89,928) | (93,728) | (3,800) |
| Non Pay | (7,064) | (6,659) | 405 | (42,384) | (39,104) | 3,280 |
| Total Operational Expend | (22,052) | (22,013) | 39 | (132,312) | (132,831) | (519) |
| EBITDA | (2,074) | (2,441) | (367) | (12,444) | (12,121) | 323 |
| Financing & Non-Op. Costs | (981) | (1,057) | (76) | (5,886) | (7,764) | (1,878) |
| **Control Total Deficit (excl. top up)** | **(3,055)** | **(3,498)** | **(443)** | **(18,330)** | **(19,885)** | **(1,555)** |
| Adjustments excl. from control total: | | | | | | |
| FRF | 0 | 0 | 0 | 0 | 0 | 0 |
| MRET | 0 | 0 | 0 | 0 | 0 | 0 |
| National Block | 0 | 0 | 0 | 0 | 0 | 0 |
| National Top up | 3,055 | 3,055 | 0 | 18,330 | 15,275 | (3,055) |
| COVID Top up | 0 | 444 | 444 | 0 | 4,610 | 4,610 |
| **Control Total Deficit (incl. top up)** | **0** | **1** | **1** | **0** | **0** | **0** |
| Donated income | 0 | 0 | 0 | 0 | 14 | 14 |
| Donated asset depreciation | 0 | (67) | (67) | 0 | (407) | (407) |
| Impairments & Rounding | 0 | 0 | 0 | 0 | 0 | 0 |
| **Reported deficit/surplus** | **0** | **(66)** | **(66)** | **0** | **(393)** | **(393)** |

## Performance against original internal plan:

| All Figures in £'000 | Month 6 Plan | Month 6 Actual | Month 6 Var | Month 6 YTD Plan | Month 6 YTD Actual | Month 6 YTD Var | Full Year Plan | Full Year Forecast | Full Year Var |
|---|---|---|---|---|---|---|---|---|---|
| Clinical Revenue | 19,867 | 15,299 | (4,567) | 117,121 | 83,680 | (33,441) | 233,455 | 233,455 | 0 |
| Other Revenue | 1,342 | 1,372 | 29 | 9,480 | 8,440 | (1,041) | 19,295 | 19,295 | 0 |
| Total Income | 21,209 | 16,671 | (4,538) | 126,601 | 92,119 | (34,482) | 252,749 | 252,749 | 0 |
| Pay | (14,966) | (15,355) | (389) | (90,243) | (93,728) | (3,485) | (180,692) | (180,692) | 0 |
| Non Pay | (6,756) | (6,659) | 97 | (41,180) | (39,104) | 2,076 | (82,026) | (82,026) | 0 |
| Total Operational Expend | (21,722) | (22,013) | (292) | (131,422) | (132,831) | (1,409) | (262,718) | (262,718) | 0 |
| EBITDA | (513) | (5,342) | (4,830) | (4,821) | (40,712) | (35,891) | (9,969) | (9,969) | 0 |
| Financing & Non-Op. Costs | (1,191) | (1,057) | 134 | (7,147) | (7,764) | (617) | (14,299) | (14,299) | 0 |
| **Control Total Deficit (excl. PSF)** | **(1,704)** | **(6,399)** | **(4,696)** | **(11,968)** | **(48,476)** | **(36,508)** | **(24,268)** | **(24,268)** | **0** |
| Adjustments excl. from control total: | | | | | | | | | |
| FRF | 5,216 | 0 | (5,216) | 11,508 | 0 | (11,508) | 19,788 | 19,788 | 0 |
| MRET | 269 | 0 | (269) | 269 | 0 | (269) | 3,238 | 3,238 | 0 |
| National Block | 0 | 2,901 | 2,901 | 0 | 25,536 | 25,536 | 0 | 0 | 0 |
| National Top up | 0 | 3,055 | 3,055 | 0 | 18,330 | 18,330 | 0 | 0 | 0 |
| COVID Top up | 0 | 444 | 444 | 0 | 4,610 | 4,610 | 0 | 0 | 0 |
| **Control Total Deficit (incl. PSF)** | **3,781** | **1** | **(3,781)** | **(191)** | **0** | **191** | **(1,242)** | **(1,242)** | **0** |
| Donated income | 0 | 0 | 0 | 0 | 14 | 14 | 1,000 | 1,000 | 0 |
| Donated asset depreciation | (68) | (67) | 1 | (408) | (407) | 1 | (816) | (816) | 0 |
| Impairments & Rounding | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Reported deficit/surplus** | **3,713** | **(66)** | **(3,780)** | **(599)** | **(393)** | **206** | **(1,058)** | **(1,058)** | **0** |

## Monthly and year to date review

9. The **deficit excluding central funding (top up) and donated income** in month 6 is £6,399k which is £4,696k 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, after the block payment and top up income the Trust has reported a breakeven position for the month. Included within this position is £5,618k YTD 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 £444k (£4,610k YTD) top-up (lower than the actual costs of covid as all providers are being advised to report a breakeven position).

10. **On a payment by results basis, income (excluding block, top up and donations effect)** is £4,538k adverse to plan in September and £34,482k YTD with significant reductions in non-elective activity and low levels of activity following suspension of non-urgent elective activity earlier in the year (clinical income is £4,567k adverse to plan in month and £33,441k 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.

11. **Operational costs** in September are adverse to plan by £292k in month and £1,409k YTD

12. **Pay costs** are £389k adverse to budget in Month 6 and £3,485k YTD. High costs against substantive and bank include direct covid related costs due to changes in rotas, additional hours and cover of sickness/self-isolation. Continuing high costs are seen as the trust has implemented additional sessions as part of activity recovery plans.

13. **Non-pay costs** were £97k favourable to plan in month and £2,076k favourable YTD. Positive variances can be seen across most non-pay categories with reduction expenditure due to lower than normal activity levels.

14. **Non-operational costs** are £135k favourable in month and £616k adverse YTD, this is a result of increase in PDC costs offset by additional income

    Further analysis of the costs can be found in appendix 1

## COST SAVINGS

15. Work on tracking and delivering schemes has resumed following a temporary suspenson due to COVID. The Trust has submitted its financial plan which includes a target of £5m for CIP delivery by year end. As of at M6 £1.8m of schemes have been identified and added to the trust tracker with a delivery of £1m YTD. Divisions have renewed focus on cost improvement plans and are working to identify the remaining £3.2m .

16. In month 6 budgets have been reduced by £917k (5,500k YTD) as part of the original planned £11m CIP target

## CASH AND CAPITAL

17. The cash balance at the end of August 2020 was £49.4m, which was £48.4m above plan due to the block payment for October paid on account in September and receipt of £9m PSF/FRF funding for 2019/20.

18. 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.

19. The **statement of financial position** is set out in Appendix 3. The main movements and variance to plan can be summarised as follows:

    - Non-Current Assets are below plan by £38.7m; this is mainly driven by the revaluation of the Trust estate in 2018/19 and 2019/20 and timing of capital projects.

    - Current assets are above plan by £59m, this is due to cash £48.4m, inventories £0.2m and receivables £10.4m above plan.

- Current liabilities are above plan by £43.7m. This is being driven by borrowings £1.7m, (The previous loans of £130.8m were converted to PDC in September 2020), deferred income £28.4m and Trade and Other Creditors £17m above plan.

- Non-Current Liabilities are below plan by £29.6m. This is being driven by borrowings £30.4 (driven by the inclusion of capital DHSC borrowings becoming due and transferred from non-current assets) offset by provisions £0.8m above plan.

The Trust has spent £3.5m on capital up to month 6 which relates to £0.2m HIP 2 and £3.3m patient safety and clinically urgent capital expenditure.

The key performance indicators have been met with the exception of, capital spend and creditor and debtor days.

## RISK REGISTER

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

**a) 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 Trust has a significant capital plan in place for 2020/21 which will lead to significant improvements in the hospital estate, infrastructure, reductions in backlog maintenance and support the Trust's Covid-19 response. The Trust is working closely with regulators to ensure capital funds are made available in order to deliver the capital programme.

**b) As a result of Covid-19, the trust incurs additional costs and/or has a reduction in income that leads to its financial position becoming unsustainable.**

PBR contracts have been replaced with block contracts (set nationally until September) and top-up payments available where covid-19 leads to costs over block amounts. Trust is in constant dialogue with NHSI/E regarding funding post July.

**c) There is a risk that the Trust has insufficient resources (financial or otherwise) or has insuffieicnt 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.**

The Trust has developed its recovery plans and is working closely with regulators to ensure sufficient resources are made available to ensure successful delivery.

## RECOMMENDATIONS TO BOARD

21. The Trust Board is asked to note the financial position of the Trust as at 30th September and the proposed actions and risks therein.

**Appendix 1**

# Milton Keynes Hospital NHS Foundation Trust
## Statement of Comprehensive Income
## For the period ending 30th September 2020

| | September 2020 | | | Year to Date | | | Full year |
|---|---|---|---|---|---|---|---|
| | Plan | Actual | Variance | Plan | Actual | Variance | Plan |
| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| **INCOME** | | | | | | | |
| Outpatients | 4,431 | 3,166 | (1,265) | 25,952 | 15,440 | (10,512) | 51,328 |
| Elective admissions | 2,555 | 1,752 | (803) | 14,516 | 6,611 | (7,905) | 29,148 |
| Emergency admissions | 6,097 | 4,307 | (1,791) | 36,990 | 27,342 | (9,647) | 73,776 |
| Emergency adm's marginal rate (MRET) | (268) | (260) | 7 | (1,623) | (1,580) | 44 | (3,238) |
| Readmissions Penalty | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| A&E | 1,316 | 1,166 | (150) | 7,860 | 6,082 | (1,778) | 15,489 |
| Other Admissions | 257 | 168 | (89) | 1,562 | 1,028 | (534) | 3,114 |
| Maternity | 1,794 | 1,873 | 80 | 10,593 | 10,469 | (125) | 21,186 |
| Critical Care & Neonatal | 543 | 486 | (57) | 3,295 | 3,082 | (213) | 6,572 |
| Excess bed days | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Imaging | 508 | 347 | (162) | 2,888 | 1,723 | (1,165) | 5,799 |
| Direct access Pathology | 437 | 356 | (81) | 2,484 | 1,638 | (846) | 4,987 |
| Non Tariff Drugs (high cost/individual drugs) | 1,696 | 1,425 | (271) | 9,635 | 8,868 | (767) | 19,348 |
| Other | 500 | 514 | 14 | 2,970 | 2,977 | (477) | 5,946 |
| National Block Top Up | 0 | 2,901 | 2,901 | 0 | 25,536 | 25,536 | 0 |
| **Clinical Income** | **19,867** | **18,200** | **(1,666)** | **117,121** | **109,216** | **(7,905)** | **233,455** |
| **Non-Patient Income** | **6,827** | **4,871** | **(1,957)** | **21,257** | **31,394** | **10,136** | **43,321** |
| **TOTAL INCOME** | **26,694** | **23,071** | **(3,623)** | **138,378** | **140,609** | **2,231** | **276,775** |
| **EXPENDITURE** | | | | | | | |
| **Total Pay** | **(14,966)** | **(15,355)** | **(389)** | **(90,243)** | **(93,728)** | **(3,485)** | **(180,692)** |
| Non Pay | (5,060) | (5,234) | (174) | (31,544) | (30,236) | 1,308 | (62,678) |
| Non Tariff Drugs (high cost/individual drugs) | (1,696) | (1,425) | 271 | (9,635) | (8,868) | 767 | (19,348) |
| **Non Pay** | **(6,756)** | **(6,659)** | **97** | **(41,180)** | **(39,104)** | **2,076** | **(82,026)** |
| **TOTAL EXPENDITURE** | **(21,722)** | **(22,013)** | **(292)** | **(131,422)** | **(132,831)** | **(1,409)** | **(262,718)** |
| **EBITDA*** | **4,972** | **1,058** | **(3,915)** | **6,956** | **7,778** | **822** | **14,057** |
| Depreciation and non-operating costs | (999) | (1,045) | (46) | (5,995) | (6,109) | (114) | (11,995) |
| **OPERATING SURPLUS/(DEFICIT) BEFORE DIVIDENDS** | **3,973** | **12** | **(3,961)** | **961** | **1,668** | **708** | **2,063** |
| Public Dividends Payable | (260) | (79) | 182 | (1,560) | (2,062) | (502) | (3,120) |
| **OPERATING DEFICIT AFTER DIVIDENDS** | **3,713** | **(66)** | **(3,780)** | **(599)** | **(393)** | **207** | **(1,058)** |
| Adjustments to reach control total | | | | | | | |
| Donated Income | 0 | 0 | 0 | 0 | (14) | (14) | (1,000) |
| Donated Assets Depreciation | 68 | 67 | (1) | 408 | 407 | (1) | 816 |
| Control Total Rounding | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Impairments | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PSF/FRF/MRET | (5,485) | 0 | 5,485 | (11,777) | 0 | 11,777 | (23,026) |
| **CONTROL TOTAL DEFICIT** | **(1,704)** | **0** | **1,704** | **(11,968)** | **0** | **11,969** | **(24,268)** |

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

**Appendix 2**

# Milton Keynes Hospital NHS Foundation Trust
## Statement of Cash Flow
## As at 30th September 2020

| | Mth 6 £000 | Mth 5 £000 | In Month Movement £000 |
|---|---|---|---|
| **Cash flows from operating activities** | | | |
| Operating (deficit) from continuing operations | 1,828 | 1,770 | 58 |
| Operating surplus/(deficit) of discontinued operations | | | |
| **Operating (deficit)** | **1,828** | **1,770** | **58** |
| **Non-cash income and expense:** | | | |
| Depreciation and amortisation | 5,951 | 4,951 | 1,000 |
| Impairments | 0 | 0 | 0 |
| (Increase)/Decrease in Trade and Other Receivables | (1,512) | 4,865 | (6,377) |
| (Increase)/Decrease in Inventories | (5) | (4) | (1) |
| Increase/(Decrease) in Trade and Other Payables | 3,817 | (1,819) | 5,636 |
| Increase/(Decrease) in Other Liabilities | 27,833 | 26,622 | 1,211 |
| Increase/(Decrease) in Provisions | (154) | (149) | (5) |
| NHS Charitable Funds - net adjustments for working capital movements, non-cash transactions and non-operating cash flows | (14) | (14) | 0 |
| Other movements in operating cash flows | (3) | (4) | 1 |
| **NET CASH GENERATED FROM OPERATIONS** | **37,741** | **36,218** | **1,523** |
| **Cash flows from investing activities** | | | |
| Interest received | 4 | 4 | 0 |
| Purchase of financial assets | 0 | 0 | 0 |
| Purchase of intangible assets | (3,975) | (4,017) | 42 |
| Purchase of Property, Plant and Equipment, Intangibles | (1,574) | (1,165) | (409) |
| Sales of Property, Plant and Equipment | | | |
| **Net cash generated (used in) investing activities** | **(5,545)** | **(5,178)** | **(367)** |
| **Cash flows from financing activities** | | | |
| Public dividend capital received | 132,357 | 1,447 | 130,910 |
| Loans received from Department of Health | 0 | 0 | 0 |
| Loans repaid to Department of Health | (130,852) | 0 | (130,852) |
| Capital element of finance lease rental payments | (109) | (134) | 25 |
| Interest paid | (273) | (273) | 0 |
| Interest element of finance lease | (163) | (117) | (46) |
| PDC Dividend paid | 0 | 0 | 0 |
| Receipt of cash donations to purchase capital assets | 14 | 14 | 0 |
| **Net cash generated from/(used in) financing activities** | **974** | **937** | **37** |
| **Increase/(decrease) in cash and cash equivalents** | **33,170** | **31,977** | 1,193 |
| **Opening Cash and Cash equivalents** | **16,286** | **16,286** | |
| **Closing Cash and Cash equivalents** | **49,456** | **48,263** | **1,193** |

**Appendix 3**

# Milton Keynes Hospital NHS Foundation Trust
## Statement of Financial Position as at 30th September 2020

| | Audited Mar-20 | Sep-20 YTD Plan | Sep-20 YTD Actual | In Mth Mvmt | YTD Mvmt | % Variance |
|---|---|---|---|---|---|---|
| **Assets Non-Current** | | | | | | |
| Tangible Assets | 143.2 | 182.8 | 141.5 | (41.3) | (1.7) | (1.2%) |
| Intangible Assets | 16.1 | 12.9 | 15.2 | 2.3 | (0.9) | (5.6%) |
| Other Assets | 0.9 | 0.6 | 0.9 | 0.3 | 0.0 | 0.0% |
| **Total Non Current Assets** | **160.2** | **196.3** | **157.6** | **(38.7)** | **(2.6)** | **(1.6%)** |
| **Assets Current** | | | | | | |
| Inventory | 3.4 | 3.2 | 3.4 | 0.2 | 0.0 | 0.0% |
| NHS Receivables | 18.7 | 14.3 | 15.1 | 0.8 | (3.6) | (19.3%) |
| Other Receivables | 6.9 | 2.4 | 12.0 | 9.6 | 5.1 | 73.9% |
| Cash | 16.3 | 1.0 | 49.4 | 48.4 | 33.1 | 203.1% |
| **Total Current Assets** | **45.3** | **20.9** | **79.9** | **59.0** | **34.6** | **76.4%** |
| **Liabilities Current** | | | | | | |
| Interest -bearing borrowings | (131.3) | (1.8) | (0.1) | 1.7 | 131.2 | -99.9% |
| Deferred Income | (2.3) | (1.7) | (30.1) | (28.4) | (27.8) | 1208.7% |
| Provisions | (1.5) | (1.3) | (1.3) | 0.0 | 0.2 | -13.3% |
| Trade & other Creditors (incl NHS) | (38.9) | (25.6) | (42.6) | (17.0) | (3.7) | 9.5% |
| **Total Current Liabilities** | **(174.0)** | **(30.4)** | **(74.1)** | **(43.7)** | **99.9** | (57.4%) |
| **Net current assets** | **(128.7)** | **(9.5)** | **5.8** | **15.3** | **134.5** | **(104.5%)** |
| **Liabilities Non-Current** | | | | | | |
| Long-term Interest bearing borrowings | (5.8) | (36.2) | (5.8) | 30.4 | 0.0 | 0.0% |
| Provisions for liabilities and charges | (1.6) | (0.8) | (1.6) | (0.8) | 0.0 | 0.0% |
| **Total non-current liabilities** | **(7.4)** | **(37.0)** | **(7.4)** | **29.6** | **0.0** | 0.0% |
| **Total Assets Employed** | **24.1** | **149.8** | **156.0** | **6.0** | **131.9** | **547.9%** |
| **Taxpayers Equity** | | | | | | |
| Public Dividend Capital (PDC) | 105.3 | 224.1 | 237.6 | 13.5 | 132.3 | 125.6% |
| Revaluation Reserve | 48.4 | 57.7 | 48.4 | (9.3) | 0.0 | 0.0% |
| I&E Reserve | (129.6) | (131.9) | (130.0) | 1.9 | (0.4) | 0.3% |
| **Total Taxpayers Equity** | **24.1** | **149.9** | **156.0** | **6.1** | **131.9** | **547.3%** |

# NOMINATIONS COMMITTEE
## TERMS OF REFERENCE

### 1. CONSTITUTION:

The Council of Governors hereby resolves to establish a committee of the Council to be known as the Nominations Committee. The Nominations Committee is a committee of the Council of Governors and has no executive powers other than those specifically delegated in these terms of reference.

The Nominations Committee is constituted under paragraph 26.1 of the Constitution and under paragraph 2.5 of Standing Orders in Annex 7 of the Constitution.

Authority

The Nominations Committee is authorised by the Council of Governors to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.

In order to fulfil its remit, the Nominations Committee may obtain whatever professional advice it requires and to request any employee of the Trust to attend meetings, in line with Standard Financial Instructions and the HR policies of the Trust

The Committee shall have the power to alter its own terms of reference provided that all Nominations Committee members agree. Changes must be confirmed by the Council of Governors.

### 2. ACCOUNTABILITY

The Nominations Committee is a Sub -Committee of the Council of Governors and accountable to them.

A minute of each meeting will be taken and approved by the subsequent meeting. Once the draft minutes have been approved by the Chair of the Committee, these unapproved minutes will be submitted to the next meeting of the Council of Governors.

The Chair of the Committee shall make a verbal report to the Council of Governors immediately following each Nomination Committee meeting, drawing the Council of Governor's attention to any issues.

### 3 PURPOSE

The Nominations Committee is a sub-committee of the Council of Governors. Its role is to consider and, where appropriate, make recommendations to the Council of Governors on the following areas:

- Appointment, appraisal, removal, remuneration and Terms of Service of the Trust Chair and Non- Executive Directors.
- Appointment of External auditors

### 4 MEMBERSHIP, ATTENDANCE AND QUORUM

Membership of the Nominations Committee shall be as follows:

- the Chair of Milton Keynes Hospital Foundation Trust
- 3 publicly elected Governors from the Council of Governors
- 1 appointed Governor from the Council of Governors

Where a member of the Committee is absent a substitute may be co-opted:

- In the absence of the publicly elected Governor another public Governor
- In the absence of the appointed Governor another appointed or publicly elected Governor can deputise
- In the absence of the Chair of the Trust, the Deputy Chair or another Non-Executive Director

The Chair of the Nomination Committee will be a Governor. Membership of the Nomination Committee will be published in the Trust's Annual Report.

For the purposes of any discussion of the Chair's remuneration the Senior Independent Director will be invited to the meeting.

The Trust Secretary will act as Secretary to the Committee.

Quorum

The Quorum shall be three, including at least one publicly elected Governor and at least one Non-Executive Director of the Trust (who may be the Chair of the Foundation Trust)

Attendance

The following shall attend the committee:

- The Trust Secretary or nominated deputy will attend all meetings

## 5. MEETINGS AND CONDUCT OF BUSINESS

Frequency

The Committee will meet not less than twice per year

Calling of additional meetings

An additional meeting may be called by the Chair of the Committee, by the Secretary of the Committee

Agenda

The following standing items will appear on each agenda:

- Apologies for absence
- Declarations of interest
- Minutes of the previous meeting and matters arising
- Key Performance Indicators (including executive staff turnover and number and duration of Non-Executive Director vacancies)

The Committee will at least annually review these terms of reference

## 6. DUTIES OF THE NOMINATIONS COMMITTEE

The committee's role is:

- Remuneration
  The Nominations Committee will consider appropriate remuneration and terms of service for the Chairman and Non-Executive Directors, taking into account comparative rates in other NHS Foundation trusts and the need to attract good candidates. It will provide recommendations to the Council of Governors.
- Appointment of Chair and Non-Executive Directors

To recommend processes and ensure the processes are followed for the appointment of Chair and Non-Executive Directors. Appropriate Candidates will be identified by the Committee, taking into account the skills and experience required.

The Nominations Committee will make recommendations to the Council of Governors on appointments. To plan appropriate succession of Non-Executive Directors and to be proactive in identification of potential appointees and their development after appointment, working as necessary with the Council of Governors.

- Removal of Chair and Non-executive Directors

  The Nominations Committee will receive reports from the Chair on Non-Executive Director Performance and from the Senior Independent Director on Chair's performance.

  Taking into account this information and any relevant reports the Committee may, after taking advice, make recommendations to the Council of Governors on the removal of the Chair and Non-Executive Directors

- Appointment of External Auditors

  The Nominations Committee will oversee the arrangements for the appointment of external Auditors and make recommendations to the Council of Governors, following best practice elsewhere. The Director of Finance of the Trust will provide advice to the Committee where required.