Milton Keynes University Hospital NHS Foundation Trust

COUNCIL OF GOVERNORS

Council of Governors' meeting to be held at 16:00 on 15 July 2020 via Microsoft Teams in line with social distancing requirements

Time	Item		Report	Lead
16:00	**1**	**Chair's Welcome and Announcements**		Chairman
	1.1	**Apologies** To receive apologies for absence	Verbal	Chairman
	1.2	**Declarations of Interest** Governors are requested to declare any interests they have in items on the agenda.	Verbal	Chairman
	1.3	**Minutes and Matters Arising**		Chairman
		(a) Minutes of the Council of Governors meeting held on 12 February 2020 (no formal meeting held on 14 April 2020 due to pandemic)	Approve Pg 4	Chairman
		(b) Action Log	Receive Pg 10	Trust Secretary
	2	**(a) Chairman's Report** **(b) Chief Executive's Report**	Verbal	Chairman Chief Executive
	PRESENTATION, INFORMATION and APPROVAL ITEMS			
16:30	**3.1**	**Covid-19 Report**	Verbal	Director of Operations
	3.2	**BAME update**	Verbal	Director of Workforce
	3.3	**Digital update**	Verbal	Chief Executive

	3.4	**PALS (Patient Advice and Liaison Service)**	Presentation	Trust Lead for Complaints and PALS
	3.5	**Estate Development**	Presentation	Deputy Chief Executive
	ASSURANCE (SUMMARY) REPORTS FROM COMMITTEES			
17.00	**4.1**	**Finance and Investment Committee meeting 1 June 2020**	Receive Pg 14	Chairman of the Committee
	4.2	**Charitable Funds Committee meeting 10 June 2020**	Receive Pg 16	Chairman of the Committee
	4.3	**Quality and Clinical Risk Committee meeting 22 June 2020**	Receive Pg 18	Chairman of the Committee
	4.4	**Audit Committee meeting 22 June 2020**	Receive Pg 22	Chairman of the Committee
	4.5	**Workforce and Development Assurance Committee meeting 4 May 2020**	Receive Pg 24	Chairman of the Committee
	GOVERNORS UPDATE			
17:15	**5.1**	**Healthwatch Milton Keynes** (a) Annual Report (b) Covid-19 survey report	Receive Attached separately To follow	CEO Healthwatch Milton Keynes
	5.2	**Lead Governor's Report**	Verbal	Alan Hastings
	PERFORMANCE			
17:30	**6.1**	**Integrated Performance Report Month**	Receive Pg 26	Chief Executive
	6.2	**Finance Report Month 2**	Receive Pg 39	Director of Finance
	GOVERNANCE			
17.40	**7.1**	**Motions and Questions from Council of Governors**	Receive	Chairman
	7.2	**Any other Business**		Chairman

	7.3	**Date and time of next meeting** Annual Members Meeting 22 September 2020; 16:00 – 18:00	Note	Chairman
	7.4	**Resolution to Exclude the Press and Public**		
		The Council will consider a motion: "That representatives of the press and other members of the public be excluded from the remainder of the meeting, having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest" Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960		

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 17.00 on Wednesday February 12, 2020, in the Conference Room, Academic Centre, Milton Keynes University Hospital

Present:
Simon Lloyd (SL) - Chairman

Public Constituency Members:
Amanda Anderson (AA)
Alan Hastings (AH)
Alan Hancock (AHa)
Brian Lintern (BL)
Clare Hill (CH)
William Butler (WB)
Robert Johnson-Taylor (R J-T)

Appointed Members:
Maxine Taffetani (MT) - Healthwatch Milton Keynes
Andrew Buckley (AB) - MK Business Leaders
Andy Reilly (AR) Milton Keynes Council

Staff Constituency Members:
Michaela Tait (MT)

Executive Directors
Ian Reckless (IR) - Medical Director
Mike Keech (MK) Finance Director
Emma Livesley Director of Operations

Non-Executive Directors
Helen Smart (HS)
Parmjit Dhanda (PD)
Heidi Travis (HT)
Tony Nolan (TN)

Also, in Attendance
Alison Marlow - Trust Secretary

1.	**WELCOME & ANNOUNCEMENTS**
	The Chairman extended a warm welcome to everyone present at the meeting and welcomed Andy Reilly and Emma Livesley
1.1	**APOLOGIES**
	Apologies for absence were received from Lucinda Mobaraki, Akin Soetan, John Clapham,

	Andrew Blakeman, Joe Harrison John Blakesley, Nicky Burns-Muir, Caroline Hutton, Danielle Petch, Kate Jarman, John Clapham and Nicky McLeod.
1.2	**DECLARATIONS OF INTEREST**
	There were no new declarations of interest received and no interests received in relation to any other open items on the agenda.
1.3	**MINUTES**
(a)	**Minutes from the Council of Governors meeting held on November 7 2019** The draft minutes of this meeting were accepted as an accurate record.
(b)	**MATTERS ARISING / ACTION LOG**
	Action Log There were no outstanding actions.
2	**CHAIRMAN AND CHIEF EXECUTIVE REPORTS**
(a)	**Chief Executive's Report**
	IR, the Medical Director, apologised to the Council for the absence of several of the Executive Team – this was due to the additional pressures currently being faced over the quarantining of British nationals who had been brought to Kents Hill conference centre from Wuhan over the weekend. He introduced Emma Livesley, the new Director of Operations. In the absence of JH, he presented an informative update: • The CQC would be coming to inspect the hospital unannounced, but it was expected it would be some time after Easter and before the late May bank holiday. • As the Governors were aware, the Prime Minister visited the hospital before the December election and following this there had been encouraging early discussions with the Department of Health regarding potential investment in the hospital site. IR said at this stage that it was unclear what that investment would be. • 118 people from Wuhan had been put in isolation at Kents Hill for 14 days, including a number of children and babies. IR said the Trust was not involved in selecting MK as a destination (this was decided on a government level) and that the Trust had only been informed of the decision late on Thursday night (before arrival the following weekend). He said the mobilisation of support had been extraordinary and that there had been great cooperation between the partners in MK – including the Urgent Care Centre, CNWL and MK Council. He said it was a challenge but that the Trust were looking after the people as best as they could in what was a very unusual situation. He said that all residents had swabs taken on day zero and that results were expected tonight (February 12). He said that residents were currently confined to two rooms each but that if results came back negative then they would be allowed freer movement. He said the Trust had 10-14 staff at Kents Hill 24/7 with a nurse on duty round the clock. In particular the work was taking its toll on executives/senior managers and HCAs. He said that the risks for people in MK were minimal and considerably lower than in Brighton. AH said he had heard inflated reports of the dangers from a taxi driver and questioned if there was anything that could be done about this. IR said there would always be conjecture and that there had been a number of reports of racism, but no reports of racism towards patients or staff on site. He said he hoped the emphasis on MK being linked to coronavirus would soon subside as time passed, with negative swabs and incidence of cases elsewhere. AHa asked if the Trust had facilities to treat the residents. IR said clear plans were

	in place if someone became ill. For instance is a resident had abdominal pains and needed to see a surgeon then appropriate infection prevention control would be put in place. If a resident had suspected coronavirus then there would be a discussion between the Trust and Oxford, with the resident being taken to a designated London hospital for treatment and isolation. AHa asked about the impact on the hospital. IR said that patient demand in ED was actually a bit down (the same situation had been noted at Arrowe Park); he said there was no impact on medical/nursing staffing but they were monitoring the HCA situation closely, especially with next week being half term, which often meant increased annual leave. Andy Reilly (AR) asked if the clock was reset when someone develops the virus. IR said that was the case but the hope was that this was unlikely as Kents Hill was very much seen as a temporary facility. He confirmed that residents were formally detained and that the Public Health Act 1984 had been updated to include the virus as one of the conditions. Andrew Buckley (AB) asked about the costs of MKUH managing the facility. IR confirmed that the Trust was incurring significant costs but that all monies would be refunded centrally. **Resolved: The Chief Executive's report, presented by IR in his absence, was received and noted.**
(b)	**Chairman's Report**
	The Chairman noted that this was the first public Council of Governors' meeting since former governor Douglas Campbell passed away. On behalf of the Council he acknowledged the tremendous dedication and commitment he had provided to the hospital, both in his time as a governor and as a campaigner for disability rights. SL said that this was Parmjit Dhanda and Tony Nolan's last Governors' meeting as NEDs and commended them both for their outstanding commitment both as Non-Executive Directors and chairs of their respective committees. He thanked them both and this was echoed by the assembled members. SL said there was to be a working party to look at a review of the constitution, particularly around length of terms of office to potentially factor in greater flexibility. The governors who volunteered to be part of this group were AHa, AH, BL, WB, AB and BL. The Trust Secretary will discuss potential meeting dates with SL and circulate. **Action: Trust Secretary** SL said the Cancer Centre handover had been delayed to February 17 when it would be fitted out and put into usage. He said he would arrange a tour for Governors when it was up and running. He highlighted a recent report into the work of a breast surgeon (Patterson) in the Midlands and confirmed that the Board would review lessons learned. He said members might also have heard news from West Suffolk over whistleblowing/fingerprinting of staff and offered firm reassurance that practices like that would never happen in MK. SL had attended a meeting of East of England chairs where guidance had been offered over the appraisal process for Chairs, where appraisals would be sent to NHSI for storage. He also put the coronavirus outbreak into perspective, explaining that worldwide this winter there had been 197,000 deaths so far from flu and 1000 from coronavirus.

	SL had spent time with the CNWL community teams and found them very passionate about their work. He said that relationships between MKUH and CNWL were improving, particularly in terms of handovers. Interestingly, he noted that CNWL assess for frailty at 65 whereas the Trust assesses at the age of 70. NED Nicky McLeod had also been out with CNWL and had also had a positive experience. AH asked about Patient View.SL said that this appeared to concern the decommissioning of a system called Proton, which was running on only one PC with Windows 7. He said ultimately this would be available through the EPR patient portal but it would be 6-8 months before it was operational. AH said it had been handled poorly and that any attempt to get detailed information let to a confused landscape and suggested it might have been helpful for patient to get a letter explaining the situation. SL apologised and said he would take up the situation regarding systems being switched off. R J-T said that parking machines were having difficulty reading the new blue badges. HS also commented that following NED recruitment focus groups she welcomed the opportunity to spend time with governor colleagues and that would like more opportunities to share experiences in this way. **Resolved: The Chairman's report was received and noted.**
3.1	**Inter-hospital patient record access**
	IR acknowledged that patients treated in both MK and Oxford feel frustrated that sometimes very little information is known about them, when they feel it should transfer between Trusts. In the long term it was expected that there would be ways of looking into records (for example via the Cerner inpatients system which both Oxford and MK use). In the next few months he explained that Outpatients in MK would be added to the electronic patient record system (known as eCARE at MK). He said this would lead to a portal being created, which, when activated would mean that MK could choose to put information there to be shared (with safety filters added). He said it would take some years for this to be achieved. At the moment he said that typically a comprehensive clinic letter and sometimes a proforma containing information about allergies/medications were sent and that the patient was usually discussed at the MDT meeting, which was usually sufficient. He said that questions could still be asked at the appointment. BL said it was distressing for the patient to be asked to recall their medical history. IR recognised this but said that even in the same hospital people were often asked the same information over again as medical staff were thorough and wanted to be certain they had the correct information. AH gave a good example of information getting through quickly as he had recently called 111, been referred to UCC and then ED and that all the information about his situation had followed him in a timely manner. He did comment that it was difficult for patients with long term conditions who went private to get their details from private providers. IR cited GDPR and cost as two of the reasons why it was difficult to share this information and stressed that was behind JH's thinking to get MK patients to what would essentially be a patient-held record **Resolved: The update on inter-hospital patient record access was received and noted**
3.2	**Patient Portal update**
	Due to the Director of Corporate Affairs being unable to attend, this was deferred to the April meeting.

3.3	**Non-Executive Director recruitment update**
	To be discussed in the private section of the meeting
3.4	**Quality Priorities 2020/21**
	IR explained that each year the Trust selected a number of priorities for focus with the criteria that they should be genuinely meaningful and real for patients, that there was relative confidence that the Trust could improve matters, and that the priorities were measurable. Next year they would be: • Safety – Improvements in the management of medication and outcomes for admitted patients with diabetes. • Effectiveness - Outpatients efficiency. This was a continuation of one of the priorities for 2019/20 including efforts to reduce high DNA rates, which weren't necessarily the patients' fault as other metrics were involved, such as the timing of letters etc. • Experience – Length of Stay. We are conscious that our inpatients stay a little longer than the national average and a hospital is not the best place to be if you are well enough to leave. It can have a negative impact on thing such as muscle mass. HS commented with this objective that a lot of local organisations had a contribution to make – IR commented that the Kents Hill situation showed how well MK could work as a system. MT questioned whether there were enough priorities but IR said that each year the Trust selected three covering the headings of safety, effectiveness and experience.
4.1	**Summary Report – Finance & Investment Committee, December 2 2019**
	Heidi Travis presented the report. She stated that the committee remained focused on assurance around the control total and really pushing forwards next year in terms of transformation and efficiencies. She said agency costs were being controlled well. AHa asked if the committee felt comfortable about the current position. HT confirmed that they did and that although it was a very challenging time, the team was working in a joined up way. **<u>Resolved</u> The Summary Report from Finance and Investment Committee was noted**
4.2	**Summary Report – Charitable Funds Committee, October 28 2019**
	Parmjit Dhanda thanked all the governors who continued to support and promote the Cancer Centre Appeal. He said this would continue but that there would soon be other appeals, including the potential of a scanner appeal. He said a subsequent meeting of the CFC had been held earlier today and they had heard from two passionate staff involved in making the courtyard next to Ward 3 accessible to patients from the ward, many of whom were living with dementia. They had explained what a huge difference access to this enclosed garden would make to patients. The funds for making it accessible had been agreed and the work was due for completion before the end of March. PD also mentioned that it was possible to make contactless donations via a terminal in the main entrance. CH pointed out it was very difficult to find. SL said this was useful feedback. PD explained more about Arts for Health in response to a query from AHa about its relationship to the hospital charity. SL explained that it was an independent charity and that until MK Gallery opened last year it curated the largest amount of art in MK which were displayed along the corridors. They also run therapeutic art courses for patients and staff. Their funding includes community funding and a donation from Lloyds Charitable Fund. SL

	said they were examining the relationship between the hospital charity and MK Arts for Health to see how more collaboration might work. There was general consensus that patients and staff really appreciated the art along the corridors AHa asked what impact it would have on the Cancer Centre if the charity failed to reach its original £2.5m target. PD confirmed that it would have no effect and that the target had been hugely ambitious. MT commented that if people are appreciative they find all manner of ways to donate, citing the discovery of a bundle of notes wrapped around a Friends and Family test recently. SL invited all present to attend the hospital charity's thank you evening for supporters in the Academic Centre on April 29 at 5.30pm. **Resolved: The Summary Report from the Charitable Funds Committee was noted.**
4.3	**Summary Report - Quality and Clinical Risk Committee, December 19 2019**
	Helen Smart presented the summary, noting that a lot of work was going on in terms of seeking assurance around the Board Assurance Framework (BAF). She said the site was really busy but it was recognised that by drilling down and deep diving there was assurance that the site remains safe. She said NEDs were still doing ward and department visits and asked governors who would like to take part in this useful activity to let SL or Alison Marlow know. AHa asked if on visits they checked things like the status of hand sanitisers and HS confirmed that any issues were always raised with the manager of the particular area. Maxine T asked about the situation regarding radiotherapy. SL said that the Trust was keen to press forward and that local MPs were involved too. MK said it was a very complex issue between MK/Oxford and the NHS iin general but that conversations to improve the situation for patients were ongoing. **Resolved: The Summary Report from the Quality and Clinical Risk Committee was noted.**
4.4	**Summary Report – Workforce & Development Assurance Committee, October 29, 2019**
	Tony Nolan presented the summary. He said the Trust was in good shape with vacancy rates low, time to hire very good and staff retention rates good. He said there was an excellent compliance process in place with statutory mandatory training and appraisal compliance high. He said an Equality and Diversity Officer had just joined the Trust and having her as a dedicated resource would be beneficial. He said the register of 'hard to recruit' posts was maintained and rigorously monitored. AHa asked if the EU situation had resulted in loss of staff. TN said the Trust had been unaffected and that staff had been given lots of support in completing the relevant paperwork. AHa asked how much training was available for agency staff, citing a 15 Steps visit where an agency worker had been unaware of a process. TN said that agency staff were required to fulfil mandatory training, and local knowledge was important, hence the Trust's preference and increased use of its own bank staff. **Resolved: The Summary Report from – Workforce & Development Assurance**

	Committee was noted.
5.1	**Healthwatch Milton Keynes Update Report**
	Maxine Taffetani said that Healthwatch had carried out considerable engagement with your people in both schools and non-education areas. They were collecting data from around 600 young people (some who commented on their experience in MKUH's ED) and would be collating and prioritising results. She said they had completed their 'enter and view' exercise in maternity which would be published next week, and that an 'enter and view' at the Campbell Centre had also been done, with that report due for publication in March. A very successful engagement event had been held at the Hindu Association on a Sunday with over 100 people attending. She said there was a lot of learning to be gained from the event and thanked the hospital for its support. She said further engagement events with other community groups were planned. She highlighted part of her report concerning LBGQT+ and Health, citing a different preference for some patients not wishing their previous gender to be shared unnecessarily with health professionals. She said this demonstrated that not all patients would be happy with the sharing of their personal medical information across organisations. HS and SL both commented on what an informative and thought-provoking report this was. **<u>Resolved:</u> The update from Healthwatch Milton Keynes was received and noted**
5.2	**Lead Governor's Report** Alan Hastings presented his written report and cited some of the highlights: • Visiting the wards with Clare Hill and the Friends trolley. He said this was a great was to see the hospital in real time and he said it was really helpful to see wards and patients and hear their stories. • Dining companions. He had helped on Ward 23 and really enjoyed talking to patients. • He had been involved with testing of new foods for patients • He spent time in ED with Charlotte Caplin looking at different aspects of the department. • He spent an hour and a half with Complaints and PALS manager Julie Goodman and gained a greater understanding of the issues her department deals with. AH said he had cause to visit ED recently and that it had changed very much for the better, although he did think information on taxis should be clearly visible **Resolved: The Lead Governor's report was noted.**
6.1	**Integrated Performance Report Month 9** EL commented that there was a tremendous amount going on at the Trust. She said that the Emergency Dept was performing relatively well compared to the rest of the country and the region, but that there was room for improvement. She said that they were initiating various pieces of work to tighten up processes internally and ensure compliance. She said that additional training and refresher training was being arranged to ensure that eCARE was used optimally. She said that staffing numbers were constantly being re-evaluated to

	ensure patient safety. AH commented that urology was a challenge throughout the system. EL said that about a year ago there had been a sudden massive uplift in referrals nationally and that steps were in place to refine pathways to reduce the number of visits. She said robotic surgery was popular as it was less invasive but that it took longer and there was limited capacity. IR said that urology was under stress in terms of both staffing and demand. He said there was one trained nurse practitioner performing cystoscopies and were looking at increasing this to free up consultant time. HS said that it was worth pointing out that urology was an exception and that other specialities were delivering to target. BL asked if DNAs were a problem in some areas. EL said that changing technologies were being introduced including text reminders. BL asked if geography/transport issues might be a factor in DNAs but EL said they had no data to examine this. AH said that a letter in his record included the word 'neurological' instead of urological. IR said letters should be checked by consultants. AH said his was noted as 'unchecked.' IR said that if AH contacted him he would follow up separately. HS commented that the highlighted areas of the report proved really helpful. Several governors asked for the Month 9 Performance Dashboard to be circulated. **Action – Trust Secretary** **Resolved: The Council of Governors noted the contents of the report.**
6.2	**Finance Report Month 9** MK gave an overview of the report, explaining that M9 was marginally ahead of plan. That wasn't to say that there weren't pressures in the organisation. He cited the pressures in paediatrics in December which resulted in the requirement for a significant number of additional beds, increased staffing and agency spend. He said they were confident of delivering on the full year position and were currently on track to deliver. AHa asked if there was cash input to the estate, would it be able to be used to offset other areas. MK explained that there were two budgets – revenue budget for such things as supplie/staffing etc, and capital budget for infrastructure etc. He said that an injection of funds for any estate project would not affect the control total. MK said that planning guidance was issued to all organisations in receipt of PSF and that currently there were particular financial pressures in the system, especially Beds CCG, and that assessment was carried out on a quarterly basis. AH asked what a new Chair for ICS would be doing. SL said there was a mandate for a Chair but he had expressed the view that an independent Chair was not necessary and that any appointment should be clear on the expertise the person was providing. SL said he felt the position should be unpaid. BL said he felt an advisor not a Chair would be a better option to look in detail at where strength could be injected into the ICS system. AHa asked if statutory requirements rested with the Board and SL confirmed this. **Resolved: The contents of the report were received and noted.**
7.1	**Motions and Questions from Council of Governors**
	There were none.

7.2	**Any other Business** CH said that if any member would like to join her on a ward trolley round they would be welcome. HT and HS said they would. Trust Secretary will arrange exchange of contact details.
7.2	**Date and Time of Next Meeting** **Informal Governors:** March 11, 10am, location tbc **Formal Governors:** April 14 time/location tbc
7.3	**Resolution to exclude the Press and Public** 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 10/07/2020

Action Log

Action Item	Mtg date	Agenda item		Action	Owner	Due date	Status	Comments/Update
01	12/02/20	2b	Chairman's Report	A working party to be established and potential meeting dates to be circulated	Trust Secretary	16/09/20	Open	
02	12/02/20	6.1	Integrated Performance Report Month 9	Month 9 Performance Dashboard to be circulated	Trust Secretary	21/02/20	Open	

Agenda item 4.2
Council of Governors 15/07/20

Meeting of the Finance and Investment Committee held on 1 June 2020

REPORT TO THE COUNCIL OF GOVERNORS

Matters approved by the Committee:

No matters were approved by the Committee.

Matters referred to the Board for final approval:

No matters were referred to the Board for final approval.

Matters considered at the meeting:

1. Performance dashboard month one

The Committee discussed the operational performance of the Trust in month one, noting the significant impact of covid-19 on the organisation. It was agreed that given the significant changes in activity volumes, the impact of covid-19 on waiting times, and on changes in operational productivity compared to pre-covid-19 levels, that remodelling of trajectories (including financial measures) would be undertaken over the next 6-8 weeks.

2. Board Assurance Framework

The Committee discussed the BAF, noting the significant impact of covid-19 and changes in the financial regime on several of the BAF items. The Committee asked the Director of Finance, supported by colleagues, to update the risks in light of covid-19 and the uncertainty about the financial regime.

3. Finance Report M1

The Director of Finance highlighted the difficulties of reporting in the current climate and outlined the two summary tables that reflected 1) the central NHS Improvement modelling of expected costs for the organisation; and 2) the original internal plan. He highlighted that in accordance with the national modelling, the Trust is receiving a financial top-up to allow the Trust to deliver a breakeven position.

4. Agency update

The Director of Finance noted that there had been a reduction in agency spend in April 2020 which reflects changes in rotas which increased the clinical cover provided by the Trust's substantive staff in response to covid-19.

5. BLMK ICS Provider Capital Control Limits

The changes in the capital regime that require systems (STPs/ICSs) to operate within a capital limit were presented to the Committee. The Director of Finance noted that the changes meant that the Trust's capital plan could not be delivered in full, requiring instead the Trust to limit capital spend by £6m compared to original plans.

Milton Keynes University Hospital NHS Foundation Trust

Agenda item 4.2
Council of Governors 15/07/20

Meeting of the Charitable Funds Committee held on 10 June 2020

REPORT TO THE COUNCIL OF GOVERNORS

Matters approved by the Committee:

There were no matters approved by the Committee.

Matters referred to the Board for final approval:

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

Matters considered at the meeting:

1. Fundraising update
   Local and national support had been overwhelming over the last few months and the function of the fundraising team changed dramatically as a result, as they undertook logistics planning, sourced accommodation and forged greater links with teams throughout the hospital. All donations have been recorded and will be declared as per requirement. The team are committed to ensuring funds are spent appropriately in areas for which they were donated such as refurbishment of staff rooms. Plans include purchase of additional devices to help patients to maintain contact with friends and family. Further grants have been applied for and more detail will be shared with the Committee when available. The fundraising team were thanked and congratulated for embracing the functional changes required whilst maintaining good governance.

2. Charitable funds finance updates
   - Just under £400k was received in year towards the Cancer Centre Appeal which is £500k adverse to plan. The Committee supported the proposal to merge remaining funds with non-appeal funds on the proviso that a 'lessons learned' log would be shared at the next meeting to guide future appeals
   - With regard to non-appeal funds, year end figures and planned income for 2019/20 were in line with the previous 3 years.
     - The detrimental effect of the Cancer Centre Appeal was noted.
     - It is difficult to predict what will happen over the next six months as all events have been cancelled for the rest of the year but it is anticipated that income for 2020/21 will be lower than last years and the next two years will be very challenging. In light of this it

was felt that the Charity Strategy should be reassessed to optimise the use of available resources

- Non-appeal targets and forecast for 2020/21 will be shared at the next meeting and the Committee will consider the form and shape of the charity going forward

3. Arts for Health funding
   It was proposed that the arrangement with Arts for Health, who receive an annual grant from the Trust to deliver its art programme and who also curate some of the courtyards, is formalised. Value for money and impact reporting processes will be put in place and a regular breakdown of expenditure provided to the Committee. A paper on other options to deliver the art programme will be presented to the next Committee.

4. Charitable Funds risk on the Board Assurance Framework
   The risk was noted.

5. The charity's accounts will be circulated for comment in July

Milton Keynes University Hospital NHS Foundation Trust

Agenda item 4.3
Council of Governors 15/07/2020

Meeting of the Quality & Clinical Risk Committee held on 22 June 2020

REPORT TO THE COUNCIL OF GOVERNORS

Matters approved by the Committee:

No matters were approved by the Committee.

Matters referred to the Board for final approval:

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

Summary of matters considered at the meeting:

Post Covid-19 re-establishment of services, particularly elective
Preparedness for the next Covid-19 wave
Impact of Covid-19 on waiting lists
PPE
Board Assurance Framework - resilience of the hospital during Covid-19
Positives from Mat/Neo project
Assurance from Obstetric & Gynaecology Consultants
Patient experience/pressure ulcer meeting to be convened with NBM and nursing team
Learning from Covid-19
Gradual cultural shift on quality improvement

1. <u>Quarterly highlight report</u>
   All items were directly or indirectly Covid-19 related with particular challenges around

   - Responding to large volumes of government guidance and adapting internal communications
   - PPE supplies in relation to increasing surgical activity and the requirement for all staff to wear face masks
   - The impact on nursing teams of establishing separate areas and patient pathways for suspected Covid-19 and non-Covid-19 cases
   - The difficulties of separating ITU (Intensive Therapy Unit) into red (Covid-19) and green (non-Covid-19) areas.

   It was reported that ITU (Ward 6) has decanted to Day Surgery enabling estates work of around £400k to be undertaken on Ward 6 which should be ready by the autumn and will maintain an enhanced degree of Covid-19 resilience.

Numbers of potential Covid-19 patients has recently increased following a few weeks of low numbers. All patients are tested on admission and time to receipt of test results was discussed. The approach to staff testing evolves and the organisation is participating in Public Health England antibody testing with between 250 and 300 staff tested daily. The Committee considered the aspects of staff competency and staff fatigue in relation to the organisation's ability to respond to another spike and it was confirmed that staff are participating in discussions on how to manage these issues, including anxiety over childcare throughout the summer holidays.

Operationally, there is an assumption nationally that theatre efficiency is expected naturally to reduce by 30-50% and some specialties will need to adapt their practices more radically than others. Referral rates have not returned to normal levels having dropped by up to 80% in April and some patients have elected not to have treatment at all while some have deferred treatment for the time being. The Trust has been asked to set out capital requirements to return to normal and proposals of circa £50m have been put forward.

Patient visiting is expected to begin again shortly and it was explained that during the pandemic patients have been encouraged to use electronic devices to stay in touch with friends and family.

2. Quality and clinical risks on the Board Assurance Framework
   It was acknowledged that risks have been managed and regularly discussed throughout the pandemic. And the BAF will be the focus of a detailed discussion at Board Seminar in July.

3. Quality dashboard
   The increase in NICE breaches was highlighted and it was explained that NICE guidance is produced in batches meaning that the number of breaches fluctuates. The continuing focus on discharge processes to reduce length of stay was also noted.

4. Quarterly Trust wide progress report on serious incidents
   Two cases of patients who died from pulmonary embolism were highlighted with one of these relating to a potential misdiagnosis due to an assumption the patient was Covid-19 positive. Pressure ulcers predominantly related to heels were discussed and a detailed discussion with the senior nursing team was proposed.

5. Mortality report
   It was reported that Summary Hospital-level Mortality Indicator (SHMI) had moved into an adverse position and three reasons were put forward to explain this.
   - Poor capture of comorbidity information since the implementation of eCARE

- The quality of data reviewed which equates to the first two of potentially 15 spells of a patient's care
- Recording of outpatients seen in inpatient settings but coded as admissions on the national system but with no coded diagnosis. This is being addressed but will take time to resolve

Assurance is provided by the role played by medical examiners that there is nothing of additional concern underlying this trend.

6. Patient Experience Quarter 4 report

   In the absence of nursing representation, a separate meeting with the nurse management team will be convened to discuss the content of the report.

7. Clinical quality updates and minutes

   Minutes were noted from

   - Patient Safety Board from 29 April 2020
   - Patient Experience Board from 13 May 2020

8. Exception reports

   The organisation's involvement in the 2019/20 MatNeo project in maternity was presented by the Lead Midwife for Risk and Quality Improvement and the Lead Nurse for the Neonatal Unit who spoke of their quality improvement journey and the issues they had overcome and their successes.

   The Clinical Management Team for Obstetrics & Gynaecology fed back on their efforts to change the culture within the specialty following training concerns. They described how they are fostering good commitment towards, and motivation to support, the trainees. The Committee requested an analysis of serious incidents and poor outcomes at night is undertaken as part of a review into the impact of current night staffing arrangements.

9. Proposed Screening Programme Board

   The proposed Board will oversee and monitor the five screening programmes commissioned by Public Health England.

10. Annual Reports

    The Committee received and considered the following reports

    - Clinical Audit
    - Falls
    - Pressure ulcers
    - Research & Development
    - Claims

    Discussions included the following.

It was explained that clinical audit is governed through the Clinical Audit & Effectiveness Board. Statutory audits are the primary focus for the organisation.

It was agreed that the Board would explore how the executive team seeks assurance on falls. It was highlighted that the Trust is working with the Clinical Commissioning Group on a CQUIN (Commissioning for Quality & Innovation) of no monetary value to address the issue of falls on Ward 18 with the expectation that mitigating measures will be rolled out across the Trust in due course.

The pressure ulcer report will be included in the discussion with the nurse management team.

An overall increase in claims was noted but these are not necessarily Covid-19 related.

Agenda item 4.4
Council of Governors 15/07/2020

Meeting of the Audit Committee held on 22 June 2020

REPORT TO THE COUNCIL OF GOVERNORS

Matters approved by the Committee:

The Counter Fraud plan for 2020/21 and write offs detailed in the Financial Controller report were approved by the Committee.

Matters referred to the Board for final approval:

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

Matters considered at the meeting:

Progress with Internal Audit and Counter Fraud planning work was noted

1. Internal Audit
   The 2020-22 plan was presented and the Committee agreed the levels of flexibility within the plan in light of the potential impacts of Covid-19.

   The progress report was discussed with particular reference to the Cyber Essentials Security Review where 19 open actions are near closure.

   The action tracking report was discussed and the Committee informed that the Management of Conflicts of Interest actions are expected to be closed by the next meeting. It was agreed that the report was largely positive and this was felt to be due to the culture of engagement coupled with good management support.

2. Annual clinical audit report 2019/20
   The Committee was advised that while clinical audit is improving continuing focus is needed particularly on statutory audits.

3. Counter Fraud
   The 2020/21 plan was presented and the planned review of overseas visitors to assure on awareness throughout the Trust was highlighted. Also of note was the National Fraud Initiative adapted to take into account fraud related to the Covid-19 pandemic. The plan was approved by the Committee recognising that it will be subject to change in view of the changing environment.

4. Financial Controller Report

Discussion points from the report included:

- Salary over-payments pursued by Counter Fraud. An action to establish whether professional registration bodies are informed where formal proceedings prove necessary
- Losses and special payments in relation to pharmacy which will be discussed with the department
- Credit notes and tender waivers where assurance was provided that requests for the latter were scrutinised to assess and ensure value for money

Write offs were approved.

5. It was agreed that Audit Committee BAF risks would undergo a review at the Board in Seminar in July

6. The Health & Safety report for Quarter 4 of 2019/20 was reviewed and the high incidence of violence and aggression was discussed. It was agreed that this will be reviewed in 6 months' time after mitigations have been rolled out and a benchmarking exercise has been completed.

Milton Keynes University Hospital NHS Foundation Trust

Agenda item 4.5
Council of Governors 15 July 2020

Meeting of the Workforce and Development Assurance Committee held on 4 May 2020

REPORT TO THE COUNCIL OF GOVERNORS

Workforce information Quarterly Report

- The vacancy rate reduced over the year from 11.1% in February 2019 to 9.1% in February 2020, reflecting high volume of advertising and fast-paced recruitment.
- Leaver turnover reduced from 11% in February 2019 to just under 8.7% in February 2020. This is particularly pleasing in view of the focus on staff engagement and the staff benefits package.
- Sickness absence fluctuates at around 4% with long term sickness at 1.7% and short term at 2.2%. Covid-related sickness is recorded separately.
- A sustained effort by the Learning and Development team since November 2019 means that statutory and mandatory training and appraisal targets have been largely met.

The committee noted these positive figures and congratulated those involved for their hard work.

Staff Support, health and Wellbeing

A number of interventions have been put in place to support staff since the epidemic moved to pandemic status:

- Over 6500 welfare calls made to staff off sick or self-isolating. Feedback showed they required additional support and mental health first aiders, HR business partners and clinical staff have helped provide this.
- A dedicated Covid phone line was set up for individuals to report their absence and confirm if they were symptomatic. At the peak there were around 200 calls a day.
- A staff hub has been established where staff can relax in a calm, quiet space. This was led by Lead Chaplain Sarah Crane.
- up to 50 symptomatic staff were being swabbed a day until he end of April when the Trust took part in a national study for asymptomatic staff and undertook over 1200 swabs, the overall outcome of which is awaited.
- The Director of Workforce chairs an ‘at risk’ panel of those at greater risk of Covid and they are asked to complete an assessment form. An

appeals process is in place and the initiative has been well received by unions.

- The hospital is compliant on national guidance on risk assessments for BAME staff. A listening event for this group has been held and all staff who require it are able to access appropriate PPE.

HR Systems and compliance update

- Medical rotas have been reorganised to meet additional activity as a result of Covid. Fourteen new FY1 doctors who graduated early have joined the Trust. A redeployment panel has been established to ensure adequate cover and 300 people have volunteered with approximately 90 ready to start. Government guidance has been followed to ensure people are appropriately paid. Agency use has decreased significantly.

Milton Keynes University Hospital NHS Foundation Trust

Meeting title	Council of Governors	Date: 15 July 2020
Report title:	Performance Report indicators for 2020/21 (Month 2)	Agenda item: 6.1
Lead director Report author	Name: John Blakesley Name: Hitesh Patel	Title: Deputy Chief Executive 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

Board Performance Report 2020/21
May 2020 (M02)

Milton Keynes University Hospital NHS Foundation Trust

OBJECTIVE 1 - PATIENT SAFETY

ID	Indicator	DQ Assurance	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		96.2	✓	▼		
1.2	Mortality - (SHMI)		100	100		115.8	✗	▼		
1.3	Never Events		0	0	0	0	✓	▬	✓	
1.4	Clostridium Difficile		15	<3	0	0	✓	▬	✓	
1.5	MRSA bacteraemia (avoidable)		0	0	0	0	✓	▬	✓	
1.6	Falls with harm (per 1,000 bed days)		0.12	0.12	0.16	0.00	✓	▲	✗	
1.7	Midwife : Birth Ratio		28	28	27	27	✓	▼	✓	
1.8	Incident Rate (per 1,000 bed days)		40	40	75.31	78.32	✓	▲	✓	
1.9	Duty of Candour Breaches (Quarterly)		0	0	0	0	✓	▬	✓	
1.10	E-Coli		20	<4	2	1	✓	▬		
1.11	MSSA		8		1	1		▼		
1.12	VTE Assessment		95%	95%	98.5%	98.8%	✓	▲	✓	

OBJECTIVE 2 - PATIENT EXPERIENCE

ID	Indicator	DQ Assurance	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%	93.1%	97.0%	✓	▲	✓	
2.4	Cancelled Ops - On Day		1.0%	1.0%	0.3%	0.1%	✓	▲	✓	
2.5	Over 75s Ward Moves at Night		2,000	333	90	38	✓	▲	✓	
2.6	Mixed Sex Breaches		0	0	0	0	✓	▬	✓	

OBJECTIVE 3 - CLINICAL EFFECTIVENESS

ID	Indicator	DQ Assurance	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%	57.0%	59.8%	✓	▼	✓	
3.2	Ward Discharges by Midday		27%	27%	22.5%	22.3%	✗	▼	✗	
3.3	Weekend Discharges		70%	70%	63.3%	59.0%	✗	▼	✗	
3.4	30 day readmissions				7.0%	10.3%		▼		
3.5	Follow Up Ratio		1.50	1.50	2.22	2.08	✗	▲	✗	
3.6.1	Number of Stranded Patients (LOS>=7 Days)		198	198		99	✓	▼		
3.6.2	Number of Super Stranded Patients (LOS>=21 Days)		53	53		23	✓	▼		
3.7	Delayed Transfers of Care		25	25		9	✓	▼		
3.8	Discharges from PDU (%)		15%	15%	9.1%	9.5%	✗	▲	✗	
3.9	Ambulance Handovers >30 mins (%)		5%	5%	2.3%	2.7%	✓	▼	✓	

OBJECTIVE 4 - KEY TARGETS

ID	Indicator	DQ Assurance	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%	97.7%	99.1%	✓	▲	✓	
4.2	RTT Incomplete Pathways <18 weeks		79.0%	59.0%		56.9%	✗	▼		
4.4	RTT Total Open Pathways		18,878	23,104		23,305	✗	▼		
4.5	RTT Patients waiting over 52 weeks			0		58	✗	▼		
4.6	Diagnostic Waits <6 weeks		99%	99%		70.1%	✗	▲		
4.7	All 2 week wait all cancers (Quarterly) ✎		93.0%	93.0%		87.6%	✗	▼		
4.8	31 days Diagnosis to Treatment (Quarterly) ✎		96.2%	96.2%		96.7%	✓	▼		
4.9	62 day standard (Quarterly) ✎		85.5%	85.5%		82.7%	✗	▼		

OBJECTIVE 5 - SUSTAINABILITY

ID	Indicator	DQ Assurance	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		3,809	2,229		▼		
5.2	A&E Attendances				9,261	5,646		▼		
5.3	Elective Spells (PBR)				896	373		▲		
5.4	Non-Elective Spells (PBR)				3,643	1,779		▲		
5.5	OP Attendances / Procs (Total)				25,406	13,909		▼		
5.6	Outpatient DNA Rate				7.9%	3.1%		▲		

OBJECTIVE 7 - FINANCIAL PERFORMANCE

ID	Indicator	DQ Assurance	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							
7.2	Pay £'000									
7.3	Non-pay £'000									
7.4	Non-operating costs £'000									
7.5	I&E Total £'000									
7.6	Cash Balance £'000									
7.7	Savings Delivered £'000									
7.8	Capital Expenditure £'000									

OBJECTIVE 8 - WORKFORCE PERFORMANCE

ID	Indicator	DQ Assurance	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%	Not Available					
8.2	Agency Expenditure %		4.1%	4.1%						
8.3	Staff sickness - % of days lost		4%	4%		4.4%	✗	▼		
8.4	Appraisals		90%	90%		90.0%	✓	▬		
8.5	Statutory Mandatory training		90%	90%		93.0%	✓	▼		
8.6	Substantive Staff Turnover		10%	10%		9.2%	✓	▲		

OBJECTIVES - OTHER

ID	Indicator	DQ Assurance	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		36	✗	▼		
O.2	Rebooked cancelled OPs - 28 day rule		95%	95%	81.9%	75.0%	✗	▼	✗	
O.4	Overdue Datix Incidents >1 month		0	0		18	✗	▲		
O.5	Serious Incidents		45	<8	18	10	✗	▼	✗	
O.8	Completed Job Plans (Consultants)		90%	90%		88%	✗	▲		

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

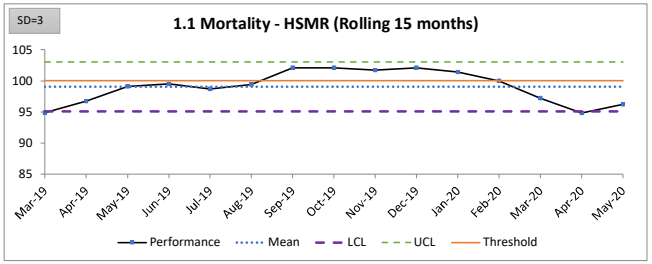
✓	Achieving YTD Target
	Within Agreed Tolerance*
✗	Not achieving YTD Target
	Annual Target breached

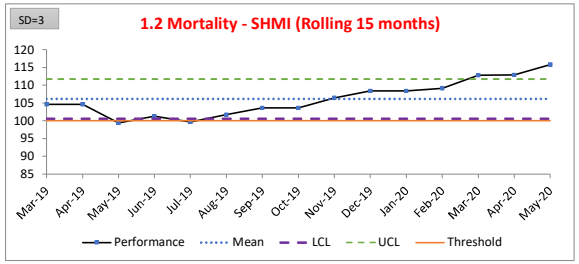
Data Quality Assurance Definitions

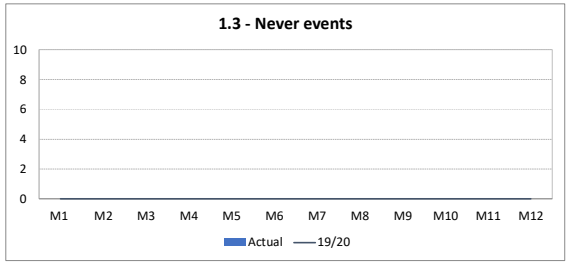
Rating	Data Quality Assurance
Green	Satisfactory and independently audited (indicator represents an accurate reflection of performance)
Amber	Acceptable levels of assurance but minor areas for improvement identified and potentially independently audited * /No Independent Assurance
Red	Unsatisfactory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

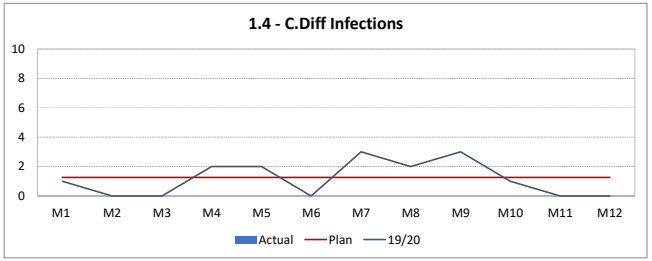
* Independently Audited – refers to an independent audit undertaken by either the Internal Auditor, External Auditors or the Data Quality Audit team.

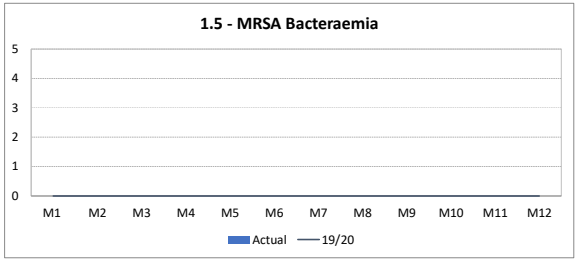
Date Produced: 12/06/2020

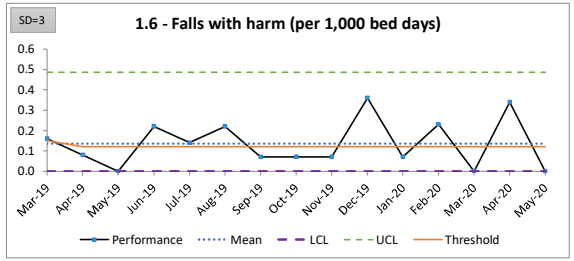


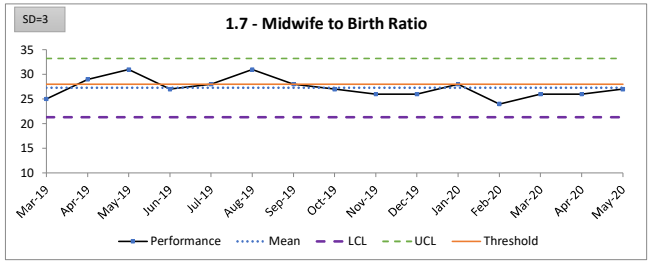


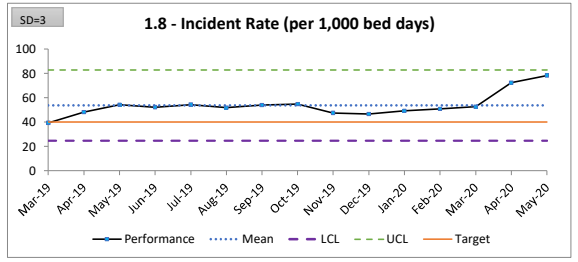


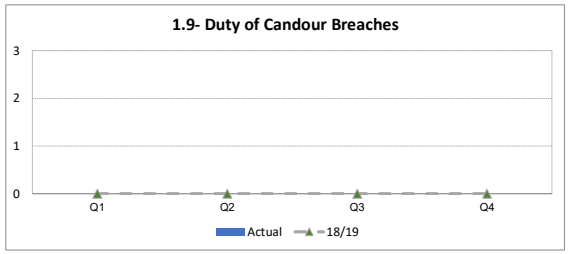


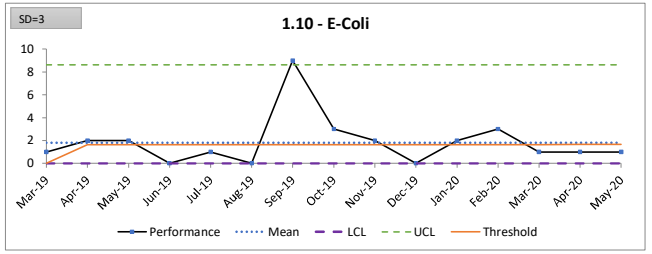


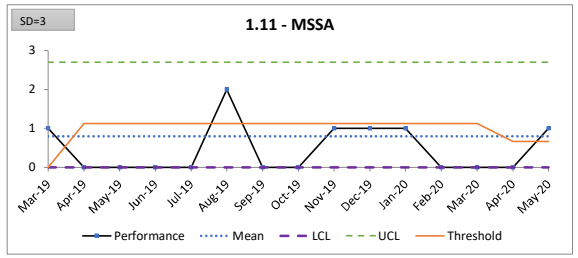


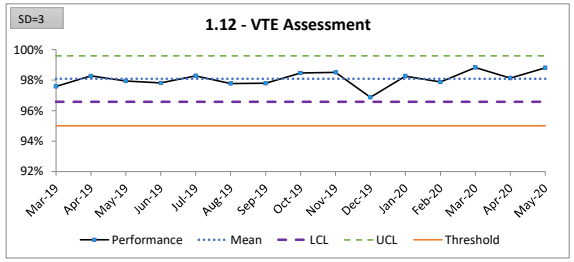








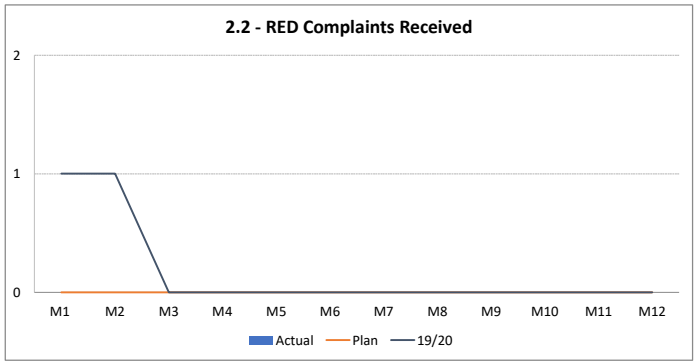


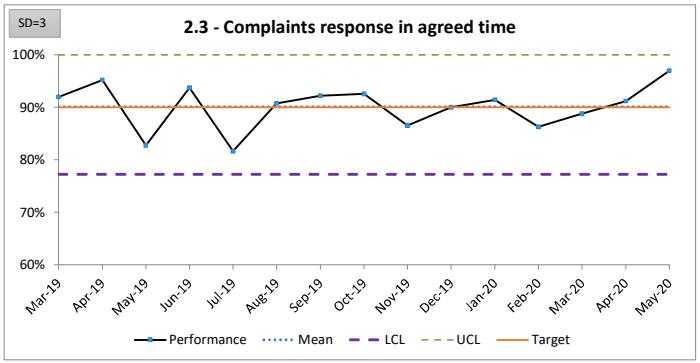


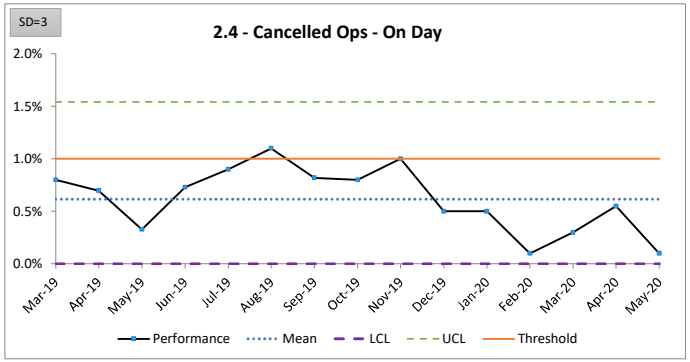
If the LCL is negative (less than zero) it is set to zero.
If the UCL is greater than 100% it is set to 100%.

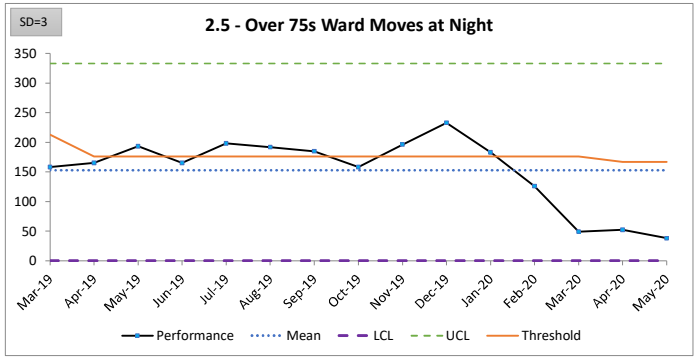
- Performance activity on a rolling 15 months/quarterly
- Average on a rolling 15 months/quarterly
- Lower Control Limit (LCL)
- Upper Control Limit
- Targets/Thresholds/NHSI Trajectories

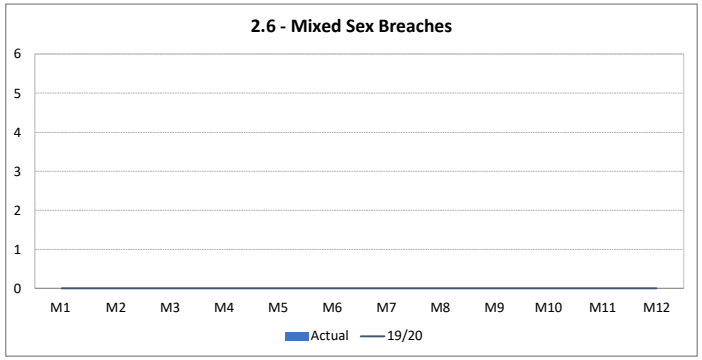
OBJECTIVE 2 - PATIENT EXPERIENCE











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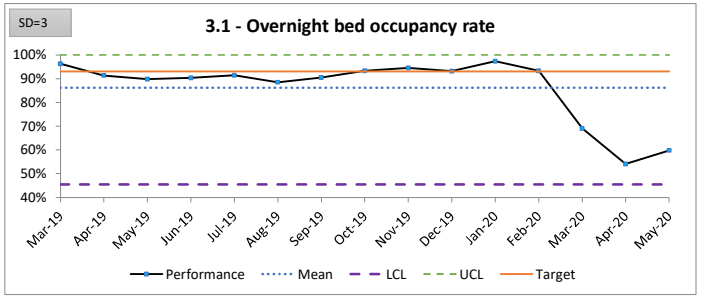
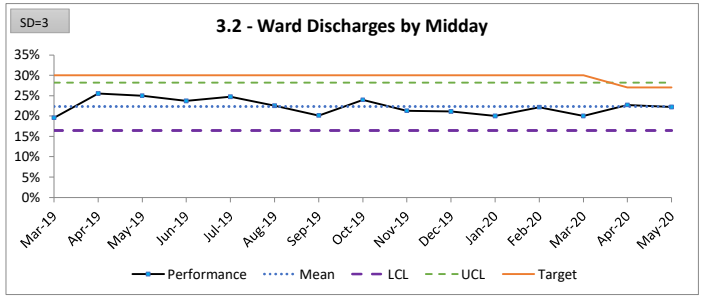
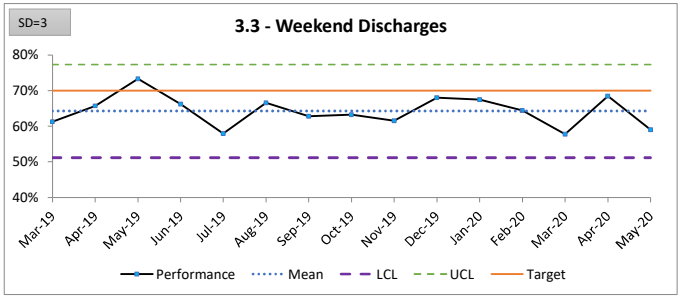
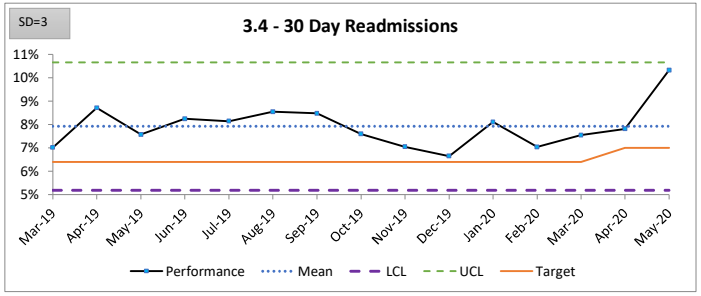
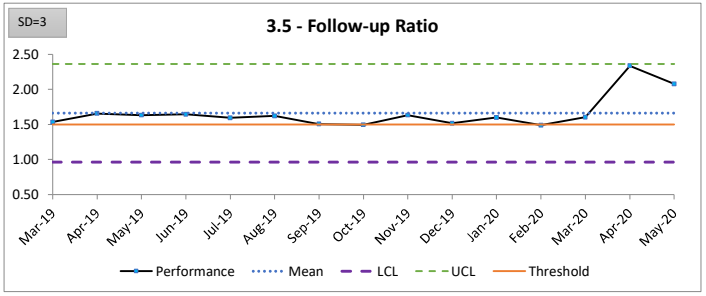
OBJECTIVE 3 - CLINICAL EFFECTIVENESS

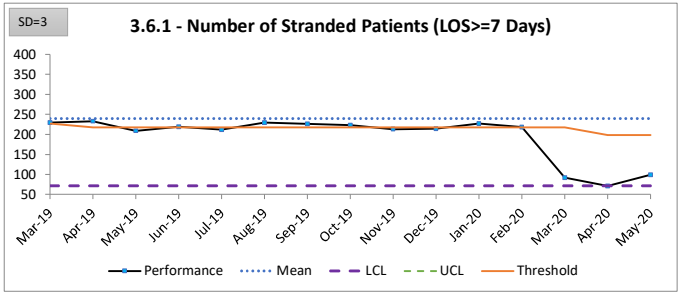


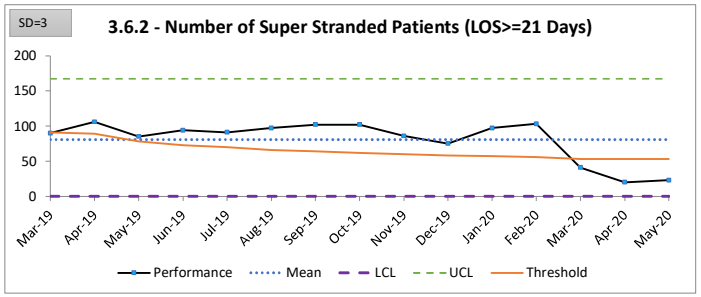


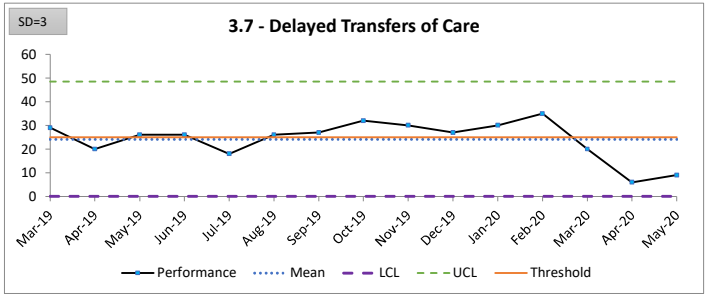


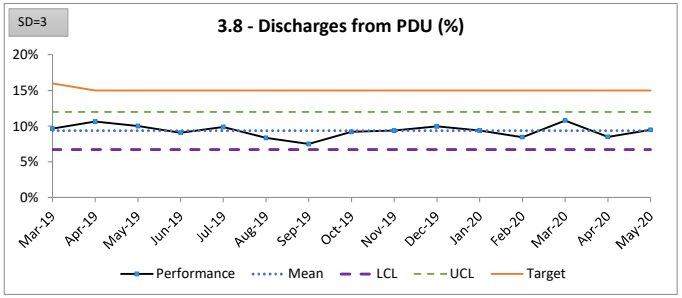


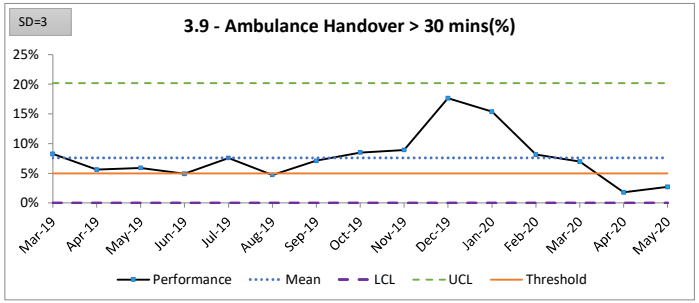












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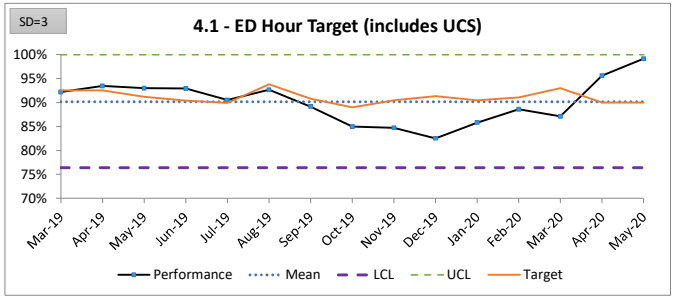
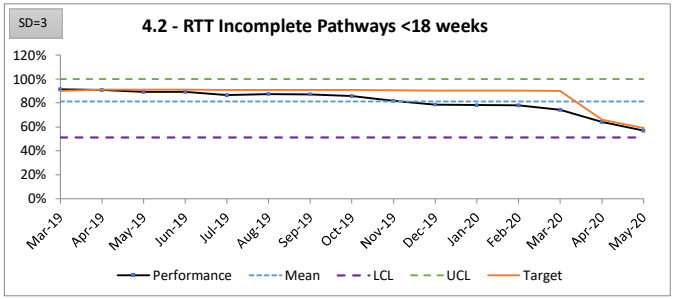
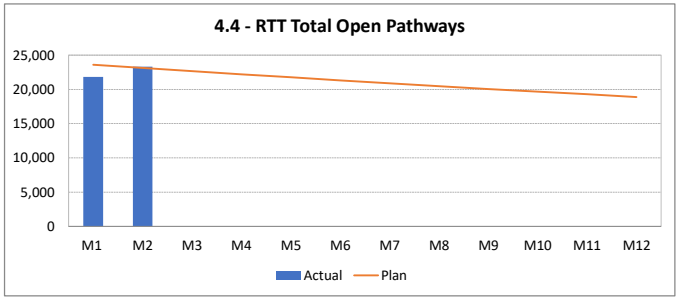
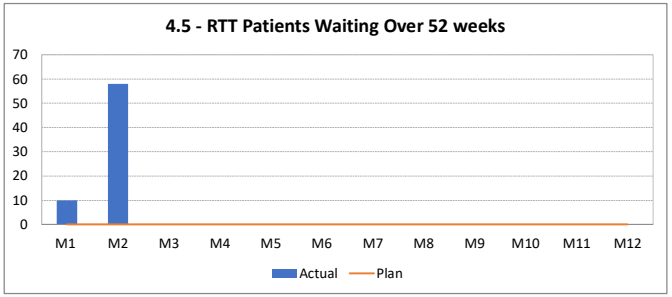
- Performance activity on a rolling 15 months/quarterly
- Average on a rolling 15 months/quarterly
- Lower Control Limit (LCL)
- Upper Control Limit
- Targets/Thresholds/NHSI Trajectories

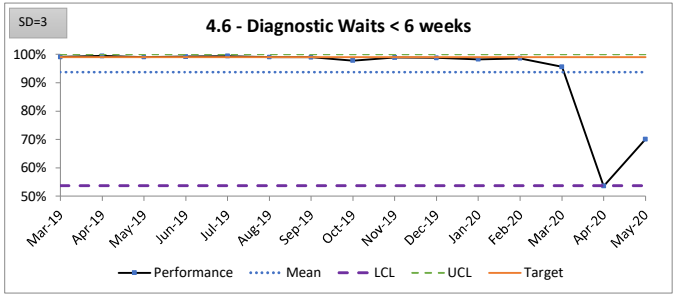
OBJECTIVE 4 - KEY TARGETS

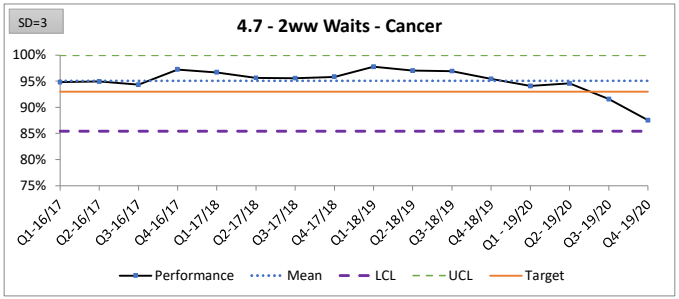


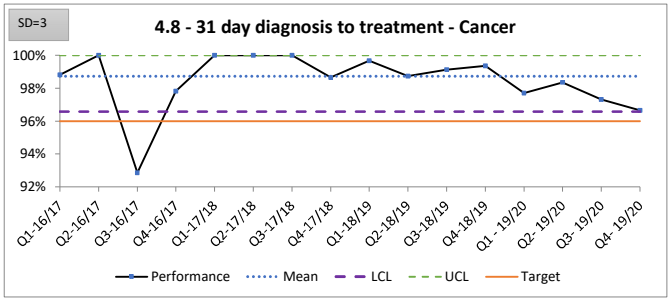


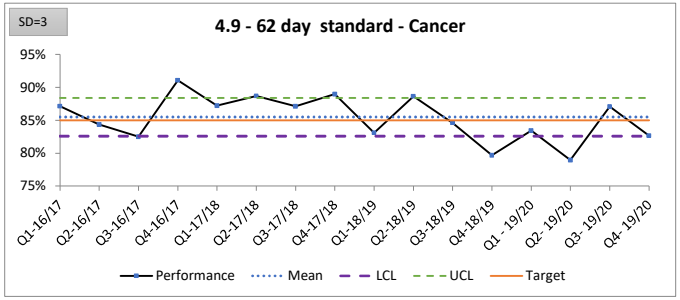












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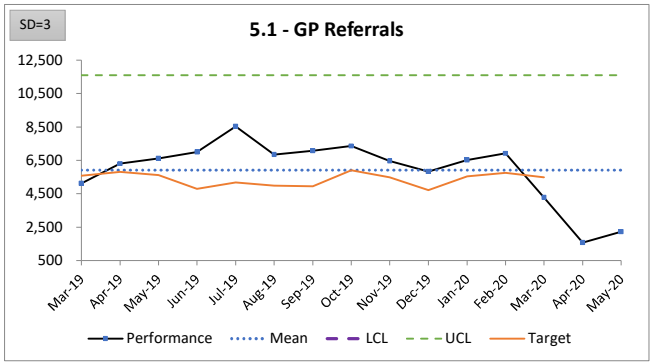

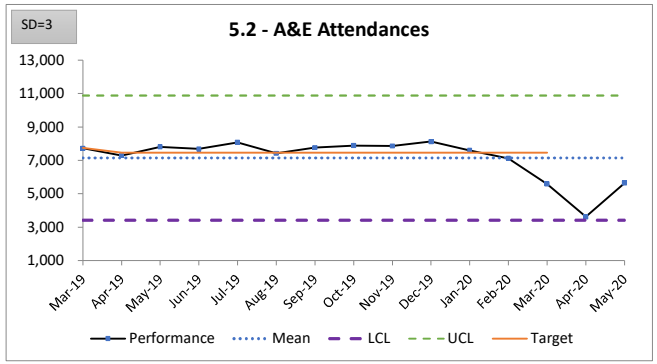

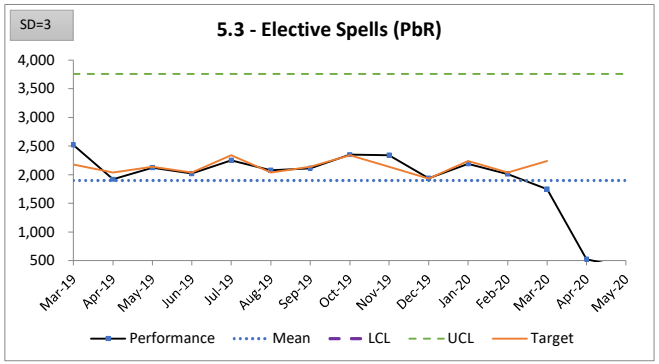

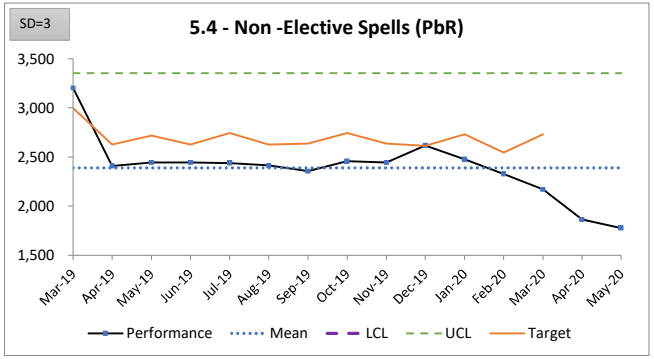

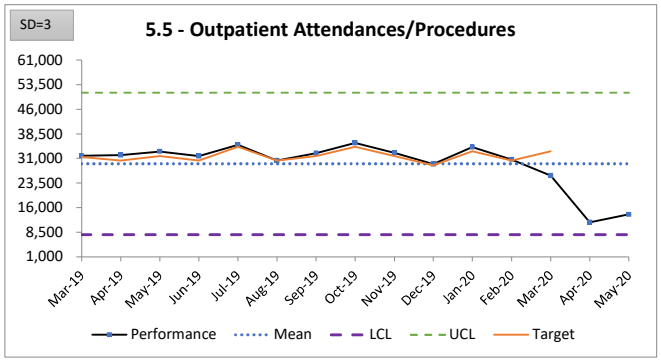

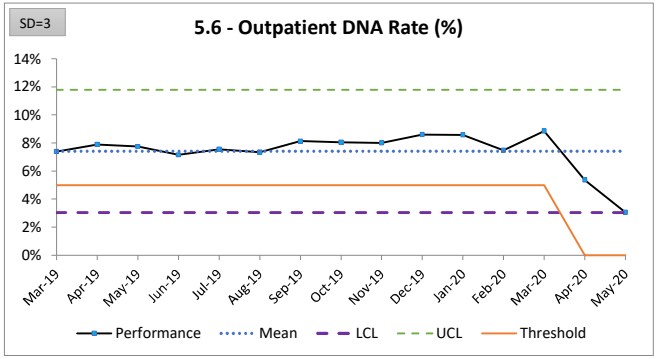

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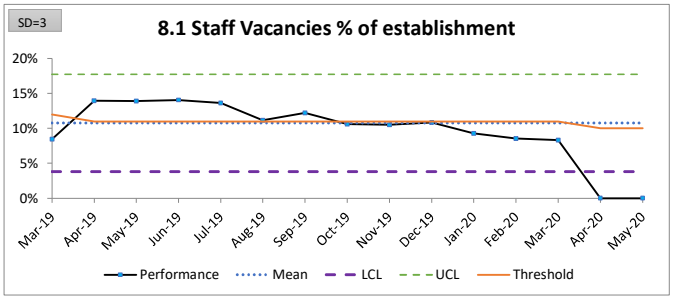
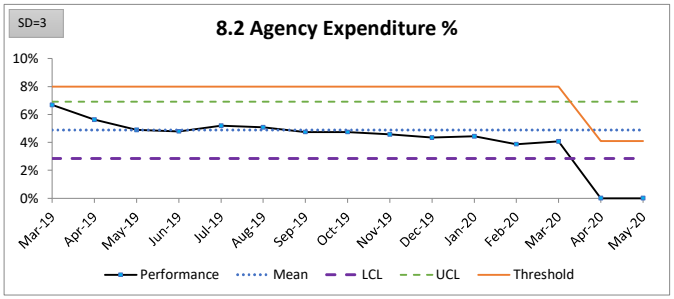
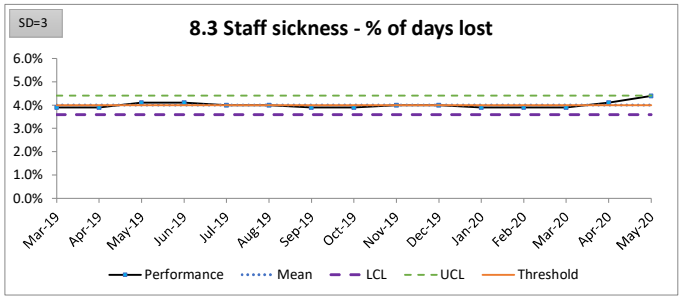
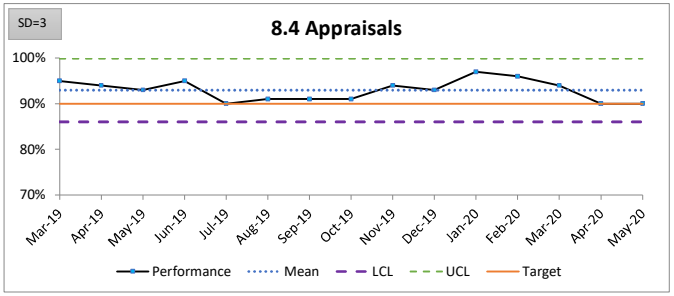
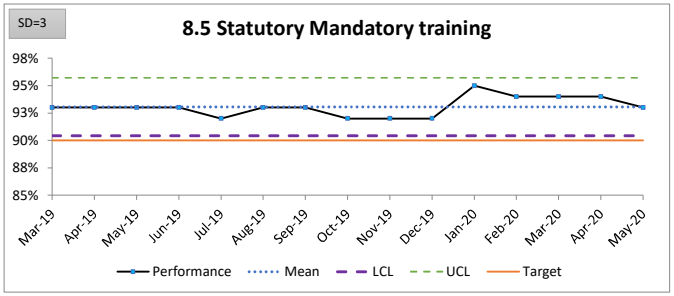
OBJECTIVE 8 - WORKFORCE PERFORMANCE

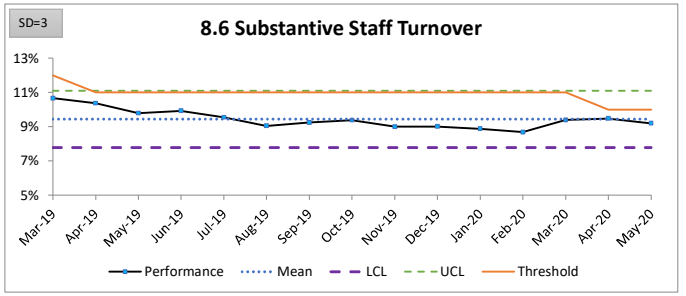












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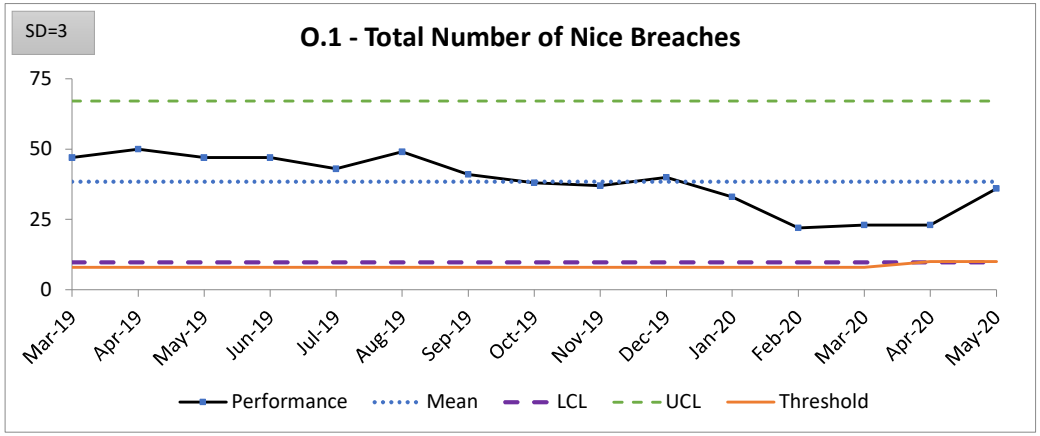

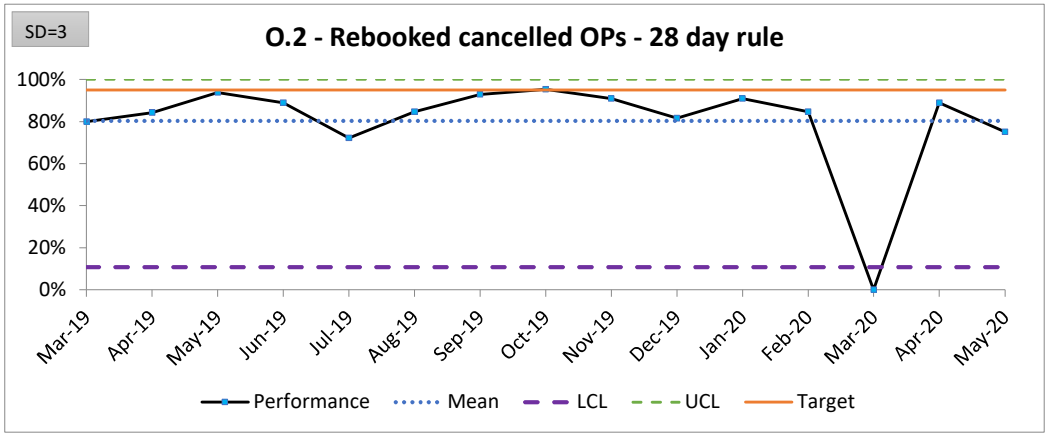

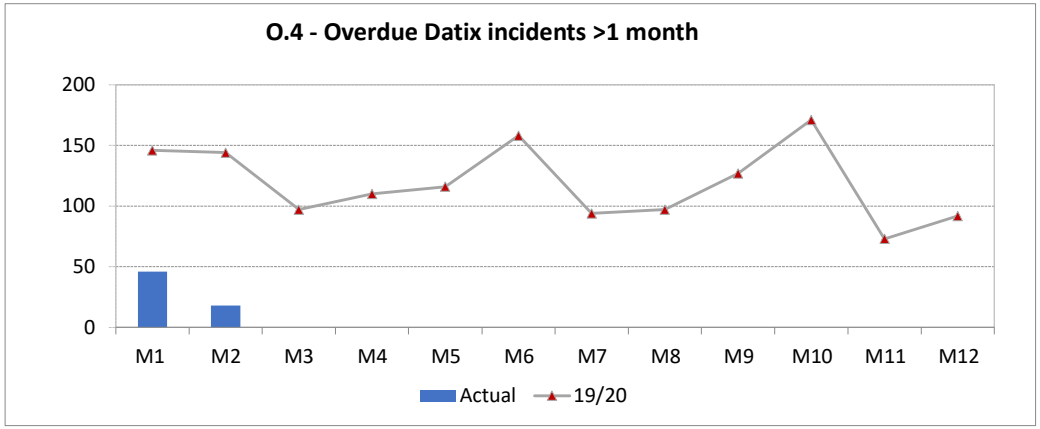

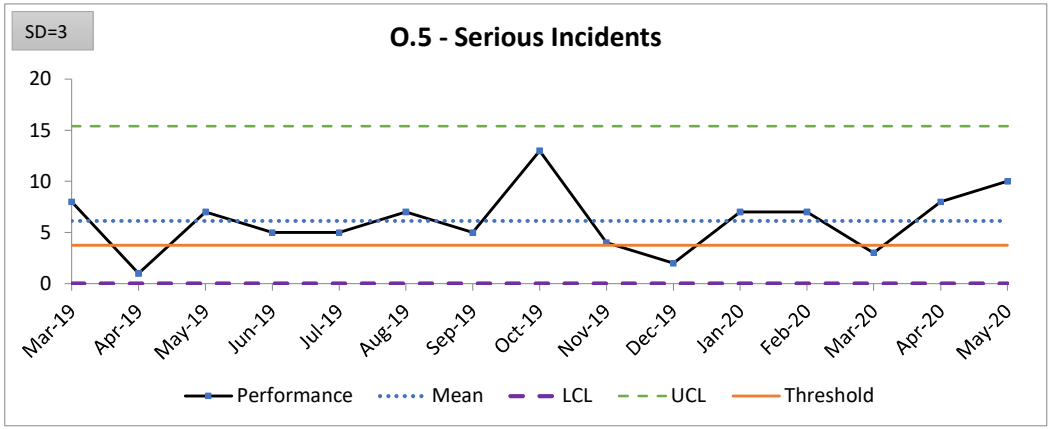

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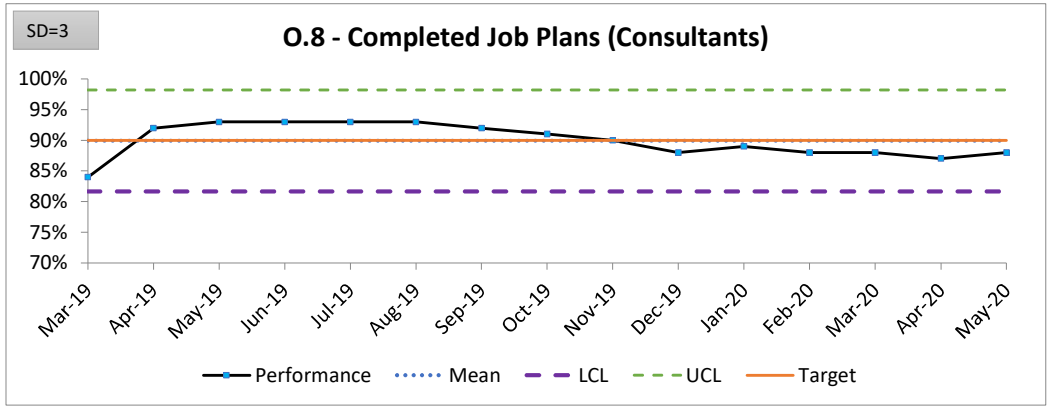

Trust Performance Summary: M02 (May 2020)

1.0 Summary

This report summarises performance at the end of May 2020 for key performance indicators and provides an update on actions to sustain or improve upon Trust and system-wide performance. This commentary is intended only to highlight areas of performance that have changed or are in some way noteworthy. It is important to highlight that the NHS Constitution Targets remain in situ and are highlighted in the table below.

Target ID	Target Description	Target
4.1	ED 4 hour target (includes WIC)	**95%**
4.2	RTT- Incomplete pathways < 18 weeks	**92%**
4.7	RTT- Patients waiting over 52 weeks	**0**
4.8	Diagnostic Waits < 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%**

However, given the impact of COVID-19 the performance of certain key NHS targets for May 2020 have been directly impacted. To ensure this is reflected, the monthly trajectory of these targets have been amended to ensure the revised trajectory is reasonable and reflect a level of recovery for the Trust to achieve and sustain the target set out in the NHS Constitution over the next 12 months.

2.0 Sustainability and Transformation Fund (STF)

Performance Improvement Trajectories

May 2020 performance against the Service Development and Improvement Plans (SDIP):

ID	Indicator	DQ Assurance	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%	97.7%	99.1%	✓	▲	✓	
4.2	RTT Incomplete Pathways <18 weeks		79.0%	59.0%		56.9%	x	▼		
4.9	62 day standard (Quarterly)		85.5%	85.5%		82.7%	x	▼		

In May 2020, ED performance of 99.1% was above the 95% national standard and the 90.0% NHS Improvement trajectory, this is the second consecutive month in the financial year 2020/21 that the Trust has met the 95% national target. Although this key performance indicator is likely to have been directly influenced by the recent circumstances in the hospital as a result of Covid-19, it was noted that the Trust's performance improved from 95.6% in April 2020 to 99.1% in May 2020 in spite of the total number of A&E attendances increasing from 5068 in April 2020 to 7783 in May 2020.

When comparing the Trust's ED performance in May 2020, MKUH was better than the national overall performance of 93.5%. (see Appendix for details). MKUH compared favourably across the Peer Group comparator, outperforming its peers in May 2020.

The Trust's RTT Incomplete Pathways <18 weeks at the end of May 2020 was 56.9% against a national target of 92%. The performance of this key performance indicator is certain to have been directly influenced by the recent circumstances in the hospital as a result of Covid-19. This resulted 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 Q4 2019/20, the Trust's provisional 62-day standard performance (from receipt of an urgent GP referral for suspected cancer to first treatment) was 82.7% 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 96.7% against a national target of 96% and the percentage of patients who attended an outpatient appointment within two weeks of an urgent referral by their GP for suspected cancer was 87.6% against a national target of 93%.

3.0 Urgent and Emergency Care

In May 2020 two out of six measured key performance indicators showed an improvement in their performance in urgent and emergency:

ID	Indicator	DQ Assurance	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%	0.3%	0.1%	✓	▲	✓	
3.2	Ward Discharges by Midday		27%	27%	22.5%	22.3%	x	▼	x	
3.4	30 day readmissions				7.0%	10.3%		▼		
3.6.2	Number of Super Stranded Patients (LOS>=21 Days)		53	53		23	✓	▼		
3.9	Ambulance Handovers >30 mins (%)		5%	5%	2.3%	2.7%	✓	▼	✓	
4.1	ED 4 hour target (includes UCS)		90.0%	90.0%	97.7%	99.1%	✓	▲	✓	

Cancelled Operations on the Day

In May 2020 the number of operations cancelled on the day for non-clinical reasons was 0.1% of all planned elective operations in the calendar month.

Readmissions

The Trust 30-day emergency readmission rate was 10.3% in May 2020 (the readmission rate in May 2020 may include patients readmitted with Covid-19). This was an increase on the April 2020 readmission rate of 6.3%.

Delayed Transfers of Care (DTOC)

The number of DTOC patients reported at midnight on the last Thursday of May 2020 was nine, all of which were in Medicine.

Although this was an increase on the April 2020 value of six DTOC patients, this was a notable reduction compared to previous months and likely to have been directly influenced by the recent circumstances in the hospital as a result of Covid-19.

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 23. Although this was an increase on the April 2020 value of 20 super stranded patients, it is a notable reduction compared to previous months and likely to have been directly influenced by the recent circumstances in the hospital as a result of Covid-19.

Ambulance Handovers

In May 2020, the percentage of ambulance handovers to the Emergency Department taking more than 30 minutes was 2.7%.This was an increase to the April 2020 percentage of 1.8%, however it was

a notable reduction compared to previous months and likely to have been directly influenced by the recent circumstances in the hospital as a result of Covid-19.

4.0 Elective Pathways

ID	Indicator	DQ Assurance	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%	57.0%	59.8%	✓	▼	✓	
3.5	Follow Up Ratio		1.50	1.50	2.22	2.08	x	▲	x	
4.2	RTT Incomplete Pathways <18 weeks		79.0%	59.0%		56.9%	x	▼		

Overnight Bed Occupancy

Overnight bed occupancy was 59.8% in May 2020. This was an increase compared to April 2020, but still represents a notable reduction compared to previous months and likely to have been directly influenced by the recent circumstances in the hospital as a result of Covid-19.

Follow up Ratio

The Trust follow up ratio in May 2020 was 2.08. This which was an improvement on the April 2020 ratio of 2.34, however it was a notable increment compared to previous months and likely to have been directly influenced by the recent circumstances in the hospital as a result of Covid-19.

RTT Incomplete Pathways

The Trust's RTT Incomplete Pathways <18 weeks at the end of May 2020 was 56.9% which was lower than the April 2020 value of 64.1%. At the end of May 2020, the number of patients waiting more than 52 weeks without being treated was 58. These patients were in Surgery (57 patients) and Medicine (1 patient).

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 again did not meet the national standard of fewer than 1% of patients waiting six weeks or more for their diagnostic test at the end of May 2020, with a performance of 70.1%. This was an improvement on the previous month and the volume of diagnostic tests undertaken had increased substantially.

5.0 Patient Safety

Infection Control

In May 2020 there was one case of E. coli reported in Medicine (Ward 25) and one case of MSSA reported in ICU. There were no reported cases of MRSA or Clostridium difficile (C. diff).

8.0 Workforce

In month staff absence

In May 2020 there was in month staff absence of 4.5% compared to 3.7% for the same month in 2019. However, 1.3% of staff were reported as being absent due to Covid (down from 3.7% in April 2020).

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/).

March to May 2020 ED Performance Ranking

MKUH Peer Group Comparison - ED Performance	Mar-20	Apr-20	May-20
Milton Keynes University Hospital NHS Foundation Trust	86.91%	95.46%	99.12%
Mid Cheshire Hospitals NHS Foundation Trust	86.03%	98.30%	95.91%
Southport And Ormskirk Hospital NHS Trust	86.55%	92.83%	95.77%
Homerton University Hospital NHS Foundation Trust	91.98%	94.01%	94.94%
Barnsley Hospital NHS Foundation Trust	91.03%	95.28%	94.25%
The Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust	83.56%	92.71%	94.03%
The Princess Alexandra Hospital NHS Trust	79.68%	88.92%	92.86%
Oxford University Hospitals NHS Foundation Trust	80.19%	84.60%	92.62%
North Middlesex University Hospital NHS Trust	75.64%	81.79%	92.34%
Northampton General Hospital NHS Trust	80.88%	91.21%	92.02%
Buckinghamshire Healthcare NHS Trust	83.43%	86.73%	89.41%
The Hillingdon Hospitals NHS Foundation Trust	81.45%	80.96%	86.68%
Bedford Hospital NHS Trust	85.54%	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.

Milton Keynes University Hospital NHS Foundation Trust

Meeting title	Council of Governors	Date: 15 July 2020
Report title:	**Finance Paper Month 2 2020-21**	**Agenda item: 6.2**
Lead director **Report authors**	Mike Keech Chris Panes	Director of Finance Head of Management Accounts
FoI status:	Public document	

Report summary	**An update on the financial position of the Trust at Month 2 (May 2020)**			
Purpose *(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 7. Become Well-Governed and Financially Viable 8. Improve Workforce Effectiveness
Board Assurance Framework links	
CQC outcome/ regulation links	Outcome 26: Financial position
Identified risks and risk management actions	See 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 31st MAY 2020

COUNCIL OF GOVERNORS MEETING

PURPOSE

1. The purpose of the paper is to:

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

EXECUTIVE SUMMARY

2. 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 July. The block payment is made up of three components; a fixed amount based on run rate from last year (£18.6m 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 May 2020 against the revised block funding arrangement. Within this position the Trust has claimed an additional £0.7m (£1.5m YTD) of income over and above the £3.1m (£6.2m YTD) top-up in order to deliver a breakeven position as required by national rules.

4. Cash and capital position – the cash balance as at the end of May 2020 was £43.3m, which was £42.3m above plan due to the block payment for June paid on account in May, receipt of £9m PSF/FRF funding for 2019/20 and the timing of capital expenditure.

    The Trust has spent £1.9m on capital up to month 2 which relates 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* –In response to COVID-19 work on tracking and delivering cost improvement plans has been temporary suspended with the focus instead on recovery planning.

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-19, the Trust is also monitoring performance against a planned position that would meet the original financial control total. 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.

National modelling:

All Figures in £'000	Month 2 Plan	Month 2 Actual	Month 2 Var	Month 2 YTD Plan	Month 2 YTD Actual	Month 2 YTD Var
Clinical Revenue	18,585	18,209	(376)	37,170	36,409	(761)
Other Revenue	1,393	1,108	(285)	2,786	2,429	(357)
Total Income	19,978	19,318	(660)	39,956	38,838	(1,118)
Pay	(14,988)	(15,949)	(961)	(29,976)	(32,019)	(2,043)
Non Pay	(7,064)	(5,960)	1,104	(14,128)	(12,064)	2,064
Total Operational Expend	(22,052)	(21,910)	142	(44,104)	(44,083)	21
EBITDA	(2,074)	(2,592)	(518)	(4,148)	(5,245)	(1,097)
Financing & Non-Op. Costs	(981)	(1,167)	(186)	(1,962)	(2,327)	(365)
Control Total Deficit (excl. top up)	**(3,055)**	**(3,759)**	**(704)**	**(6,110)**	**(7,572)**	**(1,462)**
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	6,110	6,110	0
COVID Top up	0	704	704	0	1,462	1,462
Control Total Deficit (incl. top up)	**0**	**0**	**0**	**0**	**(0)**	**(0)**
Donated income	0	0	0	0	0	0
Donated asset depreciation	0	(68)	(68)	0	(136)	(136)
Impairments & Rounding	0	0	0	0	0	0
Reported deficit/surplus	**0**	**(68)**	**(68)**	**0**	**(136)**	**(136)**

Performance against original internal plan:

All Figures in £'000	Month 2 Plan	Month 2 Actual	Month 2 Var	Month 2 YTD Plan	Month 2 YTD Actual	Month 2 YTD Var	Full Year Plan	Full Year Forecast	Full Year Var
Clinical Revenue	18,878	11,799	(7,079)	37,903	22,126	(15,777)	233,455	233,455	0
Other Revenue	1,626	1,108	(518)	3,524	2,429	(1,095)	19,295	19,295	0
Total Income	20,504	12,908	(7,597)	41,427	24,555	(16,872)	252,749	252,749	0
Pay	(15,156)	(15,949)	(793)	(30,317)	(32,019)	(1,702)	(180,692)	(180,692)	0
Non Pay	(6,896)	(5,960)	935	(13,774)	(12,064)	1,709	(82,026)	(82,026)	0
Total Operational Expend	(22,052)	(21,910)	142	(44,091)	(44,083)	8	(262,718)	(262,718)	0
EBITDA	(1,548)	(9,002)	(7,454)	(2,663)	(19,528)	(16,864)	(9,969)	(9,969)	0
Financing & Non-Op. Costs	(1,191)	(1,167)	24	(2,382)	(2,327)	55	(14,299)	(14,299)	0
Control Total Deficit (excl. PSF)	**(2,739)**	**(10,169)**	**(7,430)**	**(5,046)**	**(21,855)**	**(16,809)**	**(24,268)**	**(24,268)**	**0**
Adjustments excl. from control total:									
FRF	0	0	0	0	0	0	19,788	19,788	0
MRET	269	0	(269)	269	0	(269)	3,238	3,238	0
National Block	0	6,410	6,410	0	14,283	14,283	0	0	0
National Top up	0	3,055	3,055	0	6,110	6,110	0	0	0
COVID Top up	0	704	704	0	1,462	1,462	0	0	0
Control Total Deficit (incl. PSF)	**(2,470)**	**0**	**2,470**	**(4,777)**	**(0)**	**4,777**	**(1,242)**	**(1,242)**	**0**
Donated income	0	0	0	0	0	0	1,000	1,000	0
Donated asset depreciation	(68)	(68)	0	(136)	(136)	0	(816)	(816)	0
Impairments & Rounding	0	0	0	0	0	0	0	0	0
Reported deficit/surplus	**(2,538)**	**(68)**	**2,470**	**(4,913)**	**(136)**	**4,777**	**(1,058)**	**(1,058)**	**0**

Monthly and year to date review

8. The **deficit excluding central funding (top up) and donated income** in month 2 is £10,169k which is £7,430k 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-19 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 £2,088k YTD of direct COVID-19 costs (excluding loss of non-clinical income which is outside the scope of provider claims) against which the Trust expects to receive an additional £704k (£1,462k YTD) top-up (lower than the actual costs of COVID-19 as all providers are being advised to report a breakeven position).

9. On a payment by results basis, **income (excluding block, top up and donations effect)** is £7,597k adverse to plan in May and £16,872k YTD with significant reductions in non-elective activity and suspension of non-urgent elective activity (clinical income is £7,079k adverse to plan in month and £15,777k 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.

10. **Operational costs** in May are favourable to plan by £142k in month and £8k YTD

11. **Pay costs** are £793k adverse to budget in Month 2 and £1,702k YTD. High costs against substantive and bank include direct COVID-19 related costs due to changes in rotas, additional hours and cover of sickness/self-isolation. Of the £2,481k of COVID-19 costs £2,088k have been incurred against pay.

12. **Non-pay** costs were £935k favourable to plan in month and £1,709k YTD. Positive variances can be seen across most non-pay categories with reduction expenditure due to lower than normal activity levels.

13. Non-operational costs are marginally favourable in month and YTD

    Further analysis of the costs can be found in appendix 1

COST SAVINGS

14. Due to COVID-19, focus on capture and recording of cost improvement plans has been temporary suspended and instead resources have been directed to recovery planning; however the Trust will be expected to deliver productivity improvements and efficiencies over the remainder of the year.

15. In month 2 budgets have been reduced by £917k (1,834k YTD) as part of the original planned £11m CIP target

CASH AND CAPITAL

16. The cash balance at the end of May 2020 was £43.3m, which was £42.3m above plan due to the block payment for June paid on account in May, receipt of £9m PSF/FRF funding for 2019/20 and the timing of capital expenditure.

17. 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 £131.1m as at 31 March 2020) will be converted to PDC during the financial year 20/21 and replaced with Public Dividend Capital for which there is no repayment obligation.

18. 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 £31.8m; this is mainly driven by the revaluation of the Trust estate in 2018/19 and 2019/20.

- Current assets are above plan by £50.2m, this is due to cash £42.3m, inventories £0.2m and receivables £7.7m above plan.

- Current liabilities are above plan by £168m. This is being driven by borrowings £129.2m which were not expected to be repaid, (driven by revenue and capital DHSC borrowings becoming due and transferred from non-current assets. There were already £1.9m of loans in the plan for repayment. These are due to be converted to PDC in 2020/21), deferred income £25m and Trade and Other Creditors £13.8m above plan.

- Non-Current Liabilities are below plan by £22.3m. This is being driven by borrowings £23.1 (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 £1.9m on capital up to month 2 which relates patient safety and clinically urgent capital expenditure.

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

RISK REGISTER

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

a) Constraints on the NHS Capital Departmental Expenditure Limit (CDEL) may lead to delays in the Trust receiving its required capital funding or other restrictions being placed on the Trust's capital programme.

The Trust has revised its capital plan to operate within the CDEL limit set for the Bedfordshire, Luton and Milton Keynes ICS. Schemes are progressing and funding sources have been identified.

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 July) 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) Risk that the Guaranteed income contract, following Covid-19 arrangements does not deliver the expected benefits

The Trust has in place clearly defined monitoring of the monthly activity performance and maintains an ongoing dialogue with commissioners and NHSI/E regarding funding arrangements going forward in 20/21

RECOMMENDATIONS TO BOARD

20. The Trust Board is asked to note the financial position of the Trust as at 31st May 2020 and the proposed actions and risks therein.

Appendix 1

Milton Keynes Hospital NHS Foundation Trust
Statement of Comprehensive Income
For the period ending 31st May 2020

	May 2020			Year to Date			Full year
	Plan	Actual	Variance	Plan	Actual	Variance	Plan
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
INCOME							
Outpatients	3,982	1,883	(2,099)	8,165	3,223	(4,943)	51,328
Elective admissions	2,206	498	(1,708)	4,529	927	(3,602)	29,148
Emergency admissions	6,300	3,698	(2,602)	12,398	7,764	(4,633)	73,776
Emergency adm's marginal rate (MRET)	(277)	(277)	0	(544)	(544)	0	(3,238)
Readmissions Penalty	0	0	0	0	0	0	0
A&E	1,343	973	(370)	2,617	1,596	(1,021)	15,489
Other Admissions	266	197	(70)	523	273	(251)	3,114
Maternity	1,726	1,867	141	3,452	3,255	(197)	21,186
Critical Care & Neonatal	561	807	245	1,104	1,240	135	6,572
Excess bed days	0	0	0	0	0	0	0
Imaging	439	175	(263)	901	322	(579)	5,799
Direct access Pathology	378	180	(198)	775	315	(460)	4,987
Non Tariff Drugs (high cost/individual drugs)	1,480	1,336	(144)	3,021	2,766	(255)	19,348
Other	473	461	(12)	961	989	(133)	5,946
National Block Top Up	0	3,355	3,355	0	14,283	14,283	0
Clinical Income	**18,878**	**15,154**	**(3,724)**	**37,903**	**36,409**	**(1,494)**	**233,455**
Non-Patient Income	**1,895**	**7,922**	**6,027**	**3,793**	**10,001**	**6,208**	**43,321**
TOTAL INCOME	**20,773**	**23,077**	**2,303**	**41,696**	**46,410**	**4,714**	**276,775**
EXPENDITURE							
Total Pay	**(15,156)**	**(15,949)**	**(793)**	**(30,317)**	**(32,019)**	**(1,702)**	**(180,692)**
Non Pay	(5,416)	(4,624)	792	(10,752)	(9,298)	1,454	(62,678)
Non Tariff Drugs (high cost/individual drugs)	(1,480)	(1,336)	144	(3,021)	(2,766)	255	(19,348)
Non Pay	**(6,896)**	**(5,960)**	**935**	**(13,774)**	**(12,064)**	**1,709**	**(82,026)**
TOTAL EXPENDITURE	**(22,052)**	**(21,910)**	**142**	**(44,091)**	**(44,083)**	**8**	**(262,718)**
EBITDA*	**(1,279)**	**1,167**	**2,446**	**(2,394)**	**2,327**	**4,722**	**14,057**
Depreciation and non-operating costs	(999)	(975)	24	(1,998)	(1,943)	55	(11,995)
OPERATING SURPLUS/(DEFICIT) BEFORE DIVIDENDS	**(2,278)**	**192**	**2,470**	**(4,393)**	**383**	**4,777**	**2,063**
Public Dividends Payable	(260)	(260)	0	(520)	(520)	0	(3,120)
OPERATING DEFICIT AFTER DIVIDENDS	**(2,538)**	**(68)**	**2,470**	**(4,913)**	**(136)**	**4,778**	**(1,058)**
Adjustments to reach control total							
Donated Income	0	0	0	0	0	0	(1,000)
Donated Assets Depreciation	68	68	(0)	136	136	(0)	816
Control Total Rounding	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
PSF/FRF/MRET	(269)	0	269	(538)	0	538	(23,026)
CONTROL TOTAL DEFICIT	**(2,739)**	**0**	**2,739**	**(5,315)**	**0**	**5,316**	**(24,268)**

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

Appendix 2

Milton Keynes Hospital NHS Foundation Trust
Statement of Cash Flow
As at 31st May 2020

	Mth 2 £000	Mth 1 £000	In Month Movement £000
Cash flows from operating activities			
Operating (deficit) from continuing operations	426	279	147
Operating surplus/(deficit) of discontinued operations			
Operating (deficit)	**426**	**279**	**147**
Non-cash income and expense:			
Depreciation and amortisation	1901	950	951
Impairments	0	0	0
(Increase)/Decrease in Trade and Other Receivables	(1,507)	(8,394)	6,887
(Increase)/Decrease in Inventories	(7)	(10)	3
Increase/(Decrease) in Trade and Other Payables	4,025	2,778	1,247
Increase/(Decrease) in Other Liabilities	24,368	22,958	1,410
Increase/(Decrease) in Provisions	(125)	(125)	0
NHS Charitable Funds - net adjustments for working capital movements, non-cash transactions and non-operating cash flows	0	0	0
Other movements in operating cash flows	(2)	(3)	1
NET CASH GENERATED FROM OPERATIONS	**29,079**	**18,433**	**10,646**
Cash flows from investing activities			
Interest received	4	3	1
Purchase of financial assets	0	0	0
Purchase of intangible assets	(3,364)	(2,969)	(395)
Purchase of Property, Plant and Equipment, Intangibles	1,409	2,477	(1,068)
Sales of Property, Plant and Equipment			0
Net cash generated (used in) investing activities	**(1,951)**	**(489)**	**(1,462)**
Cash flows from financing activities			
Public dividend capital received	0	0	0
Loans received from Department of Health	0	0	0
Loans repaid to Department of Health	0	0	0
Capital element of finance lease rental payments	(37)	(19)	(18)
Interest paid	0	0	0
Interest element of finance lease	(47)	(22)	(25)
PDC Dividend paid	0	0	0
Receipt of cash donations to purchase capital assets	0	0	0
Net cash generated from/(used in) financing activities	**(84)**	**(41)**	**(43)**
Increase/(decrease) in cash and cash equivalents	**27,044**	**17,903**	9,141
Opening Cash and Cash equivalents	**16,286**	**16,286**	10,111
Closing Cash and Cash equivalents	**43,330**	**34,189**	**19,252**

Appendix 3

Milton Keynes Hospital NHS Foundation Trust
Statement of Financial Position as at 31st May 2020

	Audited Mar-20	May-20 YTD Plan	May-20 YTD Actual	In Mth Mvmt	YTD Mvmt	% Variance
Assets Non-Current						
Tangible Assets	143.2	178.4	143.5	(34.9)	0.3	0.2%
Intangible Assets	16.1	13.1	15.9	2.8	(0.2)	(1.2%)
Other Assets	0.9	0.6	0.9	0.3	0.0	0.0%
Total Non Current Assets	**160.2**	**192.1**	**160.3**	**(31.8)**	**0.1**	**0.1%**
Assets Current						
Inventory	3.4	3.2	3.4	0.2	0.0	0.0%
NHS Receivables	18.7	16.8	14.1	(2.7)	(4.6)	(24.6%)
Other Receivables	6.9	2.6	13.0	10.4	6.1	88.4%
Cash	16.3	1.0	43.3	42.3	27.0	165.6%
Total Current Assets	**45.3**	**23.6**	**73.8**	**50.2**	**28.5**	**62.9%**
Liabilities Current						
Interest -bearing borrowings	(131.3)	(2.1)	(131.3)	(129.2)	0.0	0.0%
Deferred Income	(2.3)	(1.6)	(26.6)	(25.0)	(24.3)	1056.5%
Provisions	(1.5)	(1.4)	(1.4)	0.0	0.1	-6.7%
Trade & other Creditors (incl NHS)	(38.9)	(29.6)	(43.4)	(13.8)	(4.5)	11.6%
Total Current Liabilities	**(174.0)**	**(34.7)**	**(202.7)**	**(168.0)**	**(28.7)**	16.5%
Net current assets	**(128.7)**	**(11.1)**	**(128.9)**	**(117.8)**	**(0.2)**	**0.1%**
Liabilities Non-Current						
Long-term Interest bearing borrowings	(5.8)	(28.9)	(5.8)	23.1	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)**	**(29.7)**	**(7.4)**	**22.3**	**0.0**	0.0%
Total Assets Employed	**24.1**	**151.3**	**24.0**	**(127.0)**	**(0.1)**	**(0.3%)**
Taxpayers Equity						
Public Dividend Capital (PDC)	105.3	221.5	105.3	(116.2)	0.0	0.0%
Revaluation Reserve	48.4	57.7	48.4	(9.3)	0.0	0.0%
I&E Reserve	(129.6)	(127.9)	(129.7)	(1.8)	(0.1)	0.1%
Total Taxpayers Equity	**24.1**	**151.3**	**24.0**	**(127.3)**	**(0.1)**	**(0.4%)**