

Board of Directors

Board to be held at 10:00 on Friday 6 March 2020 in
Room 6, Education Centre, Milton Keynes University Hospital

Agenda

Item No.	Title	Purpose	Type and Page No.	Lead
1. Introduction and Administration				
1.1	Apologies	Receive	Verbal	Chair
1.2	Declarations of Interest i) Any new interests to declare ii) Any interests to declare in relation to open items on the agenda	Receive	Verbal	Chair
1.3	Minutes of the public meeting held on 9 January 2019	Approve	Pg. 3	Chair
1.4	Matters Arising/ Action Log	Approve	No open actions	Chair
2. Chairman and Chief Executive Reports				
2.1	Chair's Report	Discuss	Verbal	Chair
2.2	Chief Executive's Report	Discuss	Verbal	Chief Executive
3. Quality				
3.1	Patient story	Discuss	Verbal	Director of Patient Care and Chief Nurse
3.2	Kents Hill - Emergency Preparedness update	Discuss	Verbal	Director of Clinical Services
3.3	Summary reports • Finance & Investment Committee – 6 January 2020	Note	Pg. 11	Committee Chairs
4. Strategy				
4.1	Cancer Centre update	Note	Verbal	
4.2	Winter plan update	Note	Verbal	
4.3	MKUH Quality priorities	Receive and Discuss	Pg. 12	
5. Performance				
5.1	Performance Report Month 10	Receive and Discuss	Pg. 13	Deputy CEO/ Director of Operations
5.2	Finance Month 10		Pg. 17	Director of Finance
5.3	Workforce report Month 10		Pg. 26	Director of Workforce

Item No.	Title	Purpose	Type and Page No.	Lead
5.4	Nursing staffing report March 2020		Pg. 33	Director of Patient Care and Chief Nurse
6. Assurance and Statutory Items				
6.1	Board Assurance Framework and risk	Discuss/ Approve	Pg. 42	Director of Corporate Affairs
7. Closing Administration				
7.1	Any Other Business	Discuss/ Note/ Approve	Verbal	Chair
7.2	Questions from Members of the Public	Receive and Respond	Verbal	Chair
7.3	Motion to Close the Meeting	Receive	Verbal	Chair
7.4	Resolution to Exclude the Press and Public The Chair to request the Board pass the following resolution to exclude the press and public and move into private session to consider private business: "That representatives of the press and members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted	Approve		Chair

BOARD OF DIRECTORS MEETING

**Minutes of the Board of Directors meeting
held in PUBLIC on 09 January, 2020 in the Conference Room, Academic Centre,
Milton Keynes University Hospital**

Present:

Simon Lloyd	Chairman
Joe Harrison	Chief Executive
John Blakesley	Deputy Chief Executive
Caroline Hutton	Director of Quality Improvement
Danielle Petch	Director of Workforce
Nicky Burns-Muir	Director of Patient Services and Chief Nurse
Daphne Thomas	Deputy Director of Finance
Ian Reckless	Medical Director
Heidi Travis	Non-Executive Director (Chair of the Finance & Investment Committee)
Tony Nolan	Non-Executive Director (Chair of the Workforce and Development Assurance Committee)
Helen Smart	Non-Executive Director (Chair of the Quality and Clinical Risk Committee)
Parmjit Dhanda	Non-Executive Director (Chair of the Charitable Funds Committee)
Andrew Blakeman	Non-Executive Director (Chair of the Audit Committee)

In attendance:

Michaela Tait	Patient Experience & Engagement Manager (for item 3.1)
Ellen Smith	Midwife (for item 3.1)
Kate Jarman	Director of Corporate Affairs
Alison Marlow	Trust Secretary
Julia Price	Assistant Trust Secretary

1	Welcome
	The Chairman welcomed all present to the meeting, in particular Daphne Thomas, deputising for Mike Keech.
	Apologies
1.1	Apologies had been received from Mike Keech and Ian Wilson.
	Declarations of interest
1.2	No new interests had been declared and no interests were declared in relation to the open items on the agenda.
	Minutes of the meeting held on November 2019

1.3	The minutes of the public Board meeting held on 7 November 2019 were accepted as an accurate record.
	Matters Arising/ Action Log
1.4	There were no matters arising.
2	Chairman and Chief Executive's Reports
2.1	<p>Chairman's Report The Chairman reported former governor Duncan Campbell died on Boxing Day. He commended him as a great advocate and contributor to the work of the hospital, in particular concerning people with disabilities.</p> <p>The Chairman thanked hospital staff who had kept the hospital's clinical services operating effectively during an exceptionally busy December and holiday period.</p> <p>Resolved: The Board noted the Chairman's' Report</p>
2.2	<p>Chief Executive's Report The Chief Executive reported that there had been continued development of plans around hospital improvement provision, and that following the November visit from the Prime Minister, a request of £200m had been made for the development of a women's and children's hospital, with elective ward block including theatres and critical care. John Blakesley and team had been in contact with regional and national teams providing them with detailed plans explaining what could be achieved if the Trust were to be awarded the funding, with the proviso that work on the project would need to be commenced in the very immediate future. He stated that the Trust has a good track record of delivery for building development (new main entrance, Academic Centre and Cancer Centre), which made the Trust a viable candidate for the funding. JB said that they had met with local MPs who were very supportive of the plans and keen to progress them.</p> <p>The Chief Executive reported that the Cancer Centre was due to be handed over to the Trust on 24/1, with the aim of it being occupied from early February. The new centre would give the Trust an additional inpatient ward, chemotherapy suite, office space and outpatient facilities.</p> <p>He explained that some elective operations had been cancelled due to pressures in the system but stated that this was done on a day-to-day basis and only if it was absolutely necessary.</p> <p>The Pharmacy refit was continuing well, with it due to be completed by the end of the current financial year.</p> <p>He reminded those in attendance that it was not too late for all staff to get flu jabs and said that flu was a challenging situation nationally and minimising the impact locally was very important. He explained that currently the Trust was at 72% of frontline staff vaccinated, and stated that the slightly lower take up compared to last year was in part due to a delay in the availability of vaccinations.</p>

	<p>National figures had been published today for England for December. The Trust recorded a figure of 79.8% for the ED four hour target (lower than November which was 81.4%). RTT figures for November were 84.4%, which was below target. He said that performance had dipped but is still above the national average. He emphasised how challenging paediatrics had been with high numbers of patients.</p> <p>He pointed out that demand for the 111 service had gone up considerably which pointed to the public listening to the messaging about using other services before they considered ED. He said that nationally there were still concerns around social care and the impact on the NHS but stressed the Trust's good relationship with MK Council working together to avoid patients being in acute beds when not needed.</p> <p>He stated that there was a concern regarding homeless patients and the impact on health and social care, saying that the Trust has seen a big rise in homeless patients. The Trust and MK Council were working together on this matter to ensure these patients were cared for appropriately.</p> <p>Andrew Blakeman asked about the impact of parking pressures on patients. JH said that since the introduction of an improved staff benefits package (including free parking) there had been a big reduction in staff leaving (from 14% to 9%). JB pointed out that when the Cancer Centre opens 80-90 further spaces would become available, and that the estates team was doing a feasibility study for a third multi storey car park. JH said no complaints about parking availability had been received from patients.</p> <p>JH said that a formal announcement on this would be made in February but he was pleased to report that the staff survey responses had been the highest ever at 55%, and that of the questions asked in the survey responses to two-thirds of them had improved. Helen Smart congratulated Danielle Petch and her team for such a positive result.</p> <p>JH formally offered his congratulations to Nicky Burns-Muir who was successfully recruited to the post of Chief Nurse & Director of Patient Care.</p> <p>Resolved: The Board noted the Chief Executive's Report</p>
3	Quality
3.1	<p>Patient Story</p> <p>Michaela Tait and midwife Ellen Smith gave an informative presentation on the successful Avebury caseloading team, detailing their new ways of working and the highly positive impact it was having on both women and their families and MKUH staff. This included the candid story of a woman who had her fourth child under the care of the caseloading team, and who said she wished she had been able to have the same positive experience with her other three children (born in a different part of the country). Midwife Ellen Smith displayed immense enthusiasm about her role in the team and gave detailed and thoughtful answers to the questions asked by the Board members. Simon Lloyd thanked her for her positive and professional responses.</p> <p>Resolved: The Board noted the patient story, and thanked the Ellen Smith and Michaela Tait for presenting it.</p>

3.2

Nursing Staffing Update

N B-M reported that 100 people had attended a recruitment day in November, with 32 posts being appointed on the day. She reported that retention rate was lower than the national average and the Trust's sickness rate was lower than the Trust target. She said there was still a big vacancy rate and the Trust was considering looking at overseas recruitment.

Nurse Cadets pilot – in conjunction with Thames Valley, the Trust now has 21 Nurse Cadets from MK College's health and social care education strand. They will be on site two days a week during term time for two years. She commented how excited and enthusiastic the students were and said that the Nurse Cadet role could be a useful feeder role into Nurse Apprenticeships. She said in 2020 the aim was to expand the Cadet role into Therapies.

N B-M said a lot of work was going on building up the teams in midwifery, especially following the community caseloading way of working (as in Patient Story). She said there were some cultural barriers to change, for instance that some midwives had only ever worked on the Labour Ward. Daphne Thomas said they were also looking at cost implications around continuity of care for women in the caseloading model and pointed out that fewer interventions reduced costs but the workforce in this model currently cost more. IR asked about the scale of this. DT said at first it appeared that this model would be more resource heavy but at some point there would be a cross-over when community teams bring their patients into Labour ward, and care for them throughout labour, reducing staffing costs on Labour ward.

N B-M celebrated the following:

- Nursing Associates have started the Florence Nightingale Programme, each undertaking a Quality Improvement project that benefits patient care.
- Antoanela Colda has passed the first stage of the Churchill Fellowship and will be looking at a project across the hospital/community, with the opportunity to study models of care overseas.
- 2020 is the International Year of the Nurse/Midwife and each month there will be initiatives/speakers to celebrate it.
- The Nightingale Challenge is open to newly qualified nurses and midwives to develop leadership skills through a programme of training.

Helen Smart congratulated N B-M on the layout of her report. Andrew Blakeman asked about nursing apprenticeships. N B-M said some workforce mapping was needed to develop a rolling programme of training and factor these in with other apprenticeships. AB asked about the timeframe for new starters. DP said the target for the HR team was 33 days from offer to start date (excluding a candidate's notice period). HS commented that in terms of residual vacancies, the Trust was in a good position.

Resolved: The Board **noted** the nursing staffing report.

3.3	Summary Reports
	<p>Finance & Investment Committee 2 December 2019</p> <ul style="list-style-type: none"> • Heidi Travis said that the Finance & Investment Committee on 2 December had focused on delivering control totals for the year. The subsequent meeting on 6 January involved discussions around the submission of the Trust's financial plan, defining pressures and challenges. She explained that the committee had spent some time on capital projects discussions, and at the way the Trust was starting to step into plan for next year, including the block contract. <p>Quality and Clinical Risk Committee – 19 December 2019</p> <ul style="list-style-type: none"> • Andrew Blakeman told the board that Helen Chadwick had presented a Pharmacy update to the committee, explaining the developments in the area, including building work. He said that he and Ian Wilson had visited Pharmacy later that day and he encouraged other NEDs to visit to gain a better understanding of the interaction between the process, pharmacists and the ward. He explained that the future developments of MK Place could lead to much greater engagement in pharmacy terms across the community and into wards. • Ian Reckless outlined concerns raised by the National Joint Registry over surgeon's revision rates following hip replacements during the past 10 years. Further investigations were held and a meeting with orthopaedic surgeons highlighted anecdotal cases of infection and as a precaution joint replacement services were suspended for two weeks. He said that considerable work had been undertaken and improvements put in place. There had been a deep cleaning of theatres and the piloting of a 'cold/clean' orthopaedic unit, with Ward 12 having been trialled for this purpose. Ward 12 has now reverted to medical overspill, but when winter pressures reduce, it will be closed for a deep clean and then will revert to orthopaedic beds. Tony Nolan questioned the Trust's own internal vigilance with regard to revision rates, but IR explained that the intricacies of data and the NJR's way of handling it had made the data cloudy and confusing. Joe Harrison said it would be helpful if the Board received an update on the progress of the 'cold/clean' ward at the April meeting. <p>To be placed on April Public Board agenda 07.05.20</p>
4	Strategy
4.1	Cancer Centre Update – this was given in the Chief Executive's Update.

4.2

Winter Plan Update – Emma Livesley said the response to increased demand in winter was to increase activity and have additional escalation capacity. She said that had been achieved in both adult and paediatric areas. She said November had been particularly challenging for paediatrics and commended the hard work of staff. She said the organisation had responded well to keeping patients safe, working with pragmatism while ensuring safety and quality of service provision. She said that ambulance handovers had been challenging at times.

EL explained that there was an Emergency Department recovery plan which involved more investment into the department, new and experienced staff joining the team and a realignment of processes. She formally thanked all staff for their hard work. Helen Smart asked if there had been any significant obstacles affecting the Winter Plan. EL said that there had not been any specific issues but stressed that the Trust worked closely with local partners. She said there had been two MAAD (multi Agency Avoidance of Admission) events, which including having a pharmacist and a GP in the ED to triage patients. She said there had been an increase of 4% in attendance at ED this year.

Andrew Blakeman asked what EL expected to see as winter progressed and if the Trust would declare 'black' status. EL said that the Trust had not declared 'black' status to date and that it hadn't reached its escalation capacity. Joe Harrison said the Trust was safe, that patients might be waiting slightly longer but that it had the capacity to cope.

Ian Reckless praised the flexibility and agility of staff – from doctors, nurses, HCAs and support staff, saying that their determination to provide good and care was impressive.

Andrew Blakeman asked if the right actions were in place and JH confirmed that they were. He also pointed out that the issue of homeless people in Milton Keynes was a concern, citing the fact that MK Council has more people in temporary accommodation than surrounding areas (including Buckingham, Beds, Central Beds) put together.

MKUH Objectives update

Helen Smart asked how confident the Trust was that the high number of DNAs would improve. Kate Jarman said that a new text/voice-based reminder service should reduce DNA rates. She said they were variable across different services. She said a lot more targeted actions were being introduced – some around booking rules and also that a new SOP (Standard Operating Procedure) had been introduced for the Booking Office. She said there had been considerable analysis around booking times and appointments. Helen Smart asked about the Trust's level of tolerance towards DNAs and John Blakesley said it was always a clinical decision in the interest of patients. KJ said there was work going on into understanding the drivers/behaviours of patients around the issue of DNAs. TN asked how use of the MyCare app was progressing and JH said it was being well used by some patients, with 60,000 patients using the app and 92% of them using it frequently. He said there was a further meeting in January to discuss a timetable for giving patients access to certain test results.

KJ said that from a staffing perspective, there had been a considerable change programme in outpatients' administration and that this would take time to bed in. She said new and different roles had been introduced and that a Training Team had been appointed to cover MyCare, the next phase

	of eCare, validation and the management of waiting lists. She said it was rated as a red risk due to current Bank spend (which would reduce when staff converted to substantive roles).
5	Performance
5.1	<p>Performance Report M8</p> <p>JB said EL and JH had already covered the highlights. Andrew Blakeman said that if the pressures and balances of metrics were considered then the Trust was doing quite well on patient safety, well on workforce and ok on patient experience, but he questioned if the Trust was falling down on quality of care. JH stressed that the Board had agreed to maintain targets and that when looking at performance targets they should be against the national targets. He said that the safety element was clearly present and that the commitment of the workforce was paying dividends. He said that patient care was safe, but that treatment in some cases wasn't as quick as he would like due to the high numbers of patients requiring our care. He said the Trust always prioritised the sickest patients over those who could wait.</p> <p>Helen Smart commented that the staffing situation, with improved benefits package was serving well – for both patients and the workforce. She said that if you have a happy, relatively stable workforce who thinks the senior team has a realistic understanding of the pressures they are facing, it put the Trust in a better position. She thanked the executive team for its strong and compassionate leadership.</p> <p>Resolved: The board noted the Month 8 Performance Report.</p>
5.2	<p>Finance M8</p> <p>Daphne Thomas said that YTD the Trust was £400k off plan but there was confidence that the gap would be closed in December and by the end of Q3 it would be back on target on plan. She said the Finance Team was doing its bottom up planning for next year, with the expectation that the first part of the plans would be ready in February and finalised in April 2020. JH said the Trust was in a positive financial position and confidence on delivery was high, and that if Q3 target was met. It would mean the seventh consecutive year that the Trust met its control total.</p> <p>Resolved: The board noted the Month 8 Finance Report.</p>
5.3	<p>Workforce M8</p> <p>Danielle Petch said that workforce numbers were up, with turnover less than 10% and vacancies also under 10%. She said there had been a slight increase in sickness , but that it remained under target at 3.99%. Statutory Mandatory Training compliance stood at 90% and appraisal rates were up at 94%. Helen Smart commented that this was very positive and asked what DP's main concern was. DP said it was to increase the time-to-hire time with the aim of a maximum 33 days from job offer to start date (excluding candidate notice period).</p> <p>Resolved: The board noted the Month 8 Workforce Report.</p>
6	Assurance and Statutory Items
6.1	Board Assurance Framework and Risk

	<p>Kate Jarman said three new risks had been added to the register:</p> <ul style="list-style-type: none"> • Elective care demand and the management of waiting lists. • Provision of radiotherapy. JH explained that OUH provide radiotherapy and the Trust is not allowed to provide it. He said that the Genesis site at Linford Wood was commissioned by OUH to serve MK, but that the contract had now expired and not been renewed. The outcome was that MK patients are now required to go to either OUH or NGH for radiotherapy. JH said the Trust was desperate to have a local facility and that he was receiving letters from very sick patients, over a situation of which the Trust had no controls. Nicky McLeod asked if there were any more private facilities locally. John Blakesley said that Milton Keynes was now a blackspot for radiotherapy as the guidance was that patients should not have to travel for more than 45 minutes (and the journey to Oxford takes much longer). <p>JH said the risk was concerning both patient experience and patient safety, and that if the cancer team was present at the meeting, they would say that treatment had been delayed as a result. Parmjit Dhanda suggested that local MPs should be encouraged to get involved and JH agreed that this was the next step, in addition to engaging the Trust Board with the Oxford Trust Board.</p> <ul style="list-style-type: none"> • Trainee experience in Obs & Gynae was the third new risk. Ian Reckless explained that trainees were dissatisfied with their experience and that he had been working with them and the head of school at the Deanery to work on improving the situation. He said two new substantive consultants had started in the department this week and he said there was a high level of confidence that the situation could be vastly improved.
7	Closing Administration
7.1	<p>Any Other Business JH informed the Board that that morning, the Trust had received notification of a further CQC visit, which would include the annual Well-Led Review, and include a visit to one or more of the services that were not inspected in April 2019.</p>
7.2	<p>Questions from Members of the Public There were no questions.</p>
7.3	<p>The meeting closed at 11.50am.</p>

Meeting of the Finance and Investment Committee held on 6 January 2020

REPORT TO THE BOARD OF DIRECTORS

Matters approved by the Committee:

There were no matters that were approved by the Committee.

Matters referred to the Board for final approval:

No matters were referred to the Board for final approval.

Matters considered at the meetings:

1. Performance dashboard M8

The Committee noted that the opening of the cancer centre in a few weeks' time is expected to help relieve some of the current high level of operational pressure for the rest of the hospital.

2. Financial Forecast M8

Compared to the previous month's challenging position, the Committee noted some improvement and confidence remains high that the control total will be met despite an adverse variance of £0.4m on a YTD basis. Contract discussions for 2020/21 are taking place.

3. Agency update

The Committee was pleased to note that agency expenditure remains well below the ceiling set by regulators.

4. Transformation Programme

The Committee noted the continuing focus by Divisions on the delivery of the Transformation Programme.

5. Timeline for strategic capital projects

The Committee discussed the strategic capital projects and noted that the Trust remains on plan with regard to spend.

6. Offsite office accommodation

The Committee was in support of the plan to renew the lease for the office accommodation in Central Milton Keynes.

7. MRI options appraisal

The Committee was supportive of the proposal to seek to bring the MRI service inhouse.

Quality Priorities 2020-21

Each year the Trust selects a number of priorities for focus with the criteria that they should be genuinely meaningful and real for patients, that there is relative confidence that they will deliver improvements and that they are measurable.

The three that have been selected for 2020-21 align to the Trust's key objectives and are as follows:

Patient Safety - Improvements in the management of medication and outcomes for admitted patients with diabetes.

Patient Effectiveness - Outpatients efficiency. This was a continuation of one of the priorities for 2019/20 including efforts to reduce high DNA rates.

Patient Experience – Reducing length of Stay.

In due course we will be establishing detailed processes to deliver optimal outcomes for our patients.

28/02/2020

Trust Performance Summary: M10 (January 2020)

1.0 Summary

This report summarises performance at the end of January 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. *Additional narrative has been included (in italics) to report some of the focussed recovery work underway to deliver further improvement. Detail on the drivers for current underperformance and challenges are also included.*

2.0 Sustainability and Transformation Fund (STF)

Performance Improvement Trajectories

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

ID	Indicator	DQ Assurance	Target 19-20	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
4.1	ED 4 hour target (includes UCS)		93.0%	90.5%	88.8%	85.8%	X	▲	X	
4.2a	RTT mean waiting time - incomplete waiting list (weeks)		9.2	9.2		12.3	X	▼		
4.9	62 day standard (Quarterly)		85.0%	85.0%		79.0%	X	▼		

In January 2020 ED performance, although below both the 95% national standard and the 90.5% NHS Improvement trajectory, improved to 85.8% from 82.5% in December 2019.

When comparing the Trust's A&E performance in January 2020, MKUH was above the national average of 81.7%. Illustrated in the table below, MKUH compares favourably across the Peer Group comparator.

MKUH Peer Group Comparison - ED Performance	Jan-20
Homerton University Hospital NHS Foundation Trust	93.6%
Barnsley Hospital NHS Foundation Trust	86.9%
Milton Keynes University Hospital NHS Foundation Trust*	85.7%
Southport and Ormskirk Hospital NHS Trust	84.5%
Bedford Hospital NHS Trust	84.0%
Buckinghamshire Healthcare NHS Trust	81.9%
Oxford University Hospitals NHS Foundation Trust	81.3%
North Middlesex University Hospital NHS Trust	80.4%
The Hillingdon Hospitals NHS Foundation Trust	79.6%
The Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust	76.8%
Northampton General Hospital NHS Trust	72.9%
The Princess Alexandra Hospital NHS Trust	71.2%
Mid Cheshire Hospitals NHS Foundation Trust	69.5%
Kettering General Hospital NHS Foundation Trust	n/a
Luton and Dunstable University Hospital NHS Foundation Trust	n/a

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

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

The Trust's average RTT waiting time for incomplete elective pathways at the end of January 2020 was 12.3 weeks. This performance has shown a gradual decline in recent months from 12.0 weeks reported in December and is significantly greater than the target waits of 9.3 weeks.

The Trust was in breach of one patient waiting more than 52 weeks for definitive treatment in the Hepatology service and there is learning on the pathway and validation process to be taken forward.

Cancer waiting times are reported quarterly, six weeks after the end of a calendar quarter. The Trust's final 62-day standard performance (from receipt of an urgent GP referral for suspected cancer to first treatment) for Q2 2019/20 was below the national standard of 85% at 79.0%. On a more positive note, the percentage of patients who attended an outpatient appointment within two weeks of an urgent referral by their GP for suspected cancer or breast symptoms in Q2 was 94.6% against a national target of 93%. Also, regarding patients with cancer, the percentage who started treatment within 31 days of a decision to treat was 98.4% against a target of 96%.

3.0 Urgent and Emergency Care

Performance in urgent and emergency care continued to operate under increased pressure during January 2020, as reflected by the indicators below:

ID	Indicator	DQ Assurance	Target 19-20	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
2.4	Cancelled Ops - On Day	 	1.0%	1.0%	0.8%	0.5%	✓	🟡	✓	
3.2	Ward Discharges by Midday	 	30%	30%	22.9%	20.1%	✗	🔴	✗	
3.4	30 day readmissions	 			7.9%	7.9%		🔴		
3.6.2	Number of Super Stranded Patients (LOS>=21 Days)	 	53	57		97	✗	🔴		
3.9	Ambulance Handovers >30 mins (%)	 	5%	5%	8.8%	15.4%	✗	🟢	✗	
4.1	ED 4 hour target (includes UCS)	 	93.0%	90.5%	88.8%	85.8%	✗	🟢	✗	

Ambulance Handovers

In January 2020, the percentage of ambulance handovers to the Emergency Department taking more than 30 minutes decreased to 15.4% in January 2020 from 17.6% in December 2019.

Progress in month against the ED recovery programme has seen:

- *the completion of the first phase of workforce versus daily demand on the service. It has identified the pressure times and is creating an opportunity to reprofile staffing levels more appropriately.*
- *Downturn in ambulance handover times has been attributed to better levels of nurse staffing across shifts and should be further improved by the reprofile of staffing levels.*

Cancelled Operations on the Day

In January 2020, the number of operations cancelled on the day for non-clinical reasons increased to 13 from 11 in December 2019. This was just 0.5% of all planned elective operations in the calendar month, which was the lowest that has been reported since May 2019. Of the 13 operations that were cancelled on the day, 4 (31%) were cancelled due to insufficient time, 1 (8%) was due to bed availability, 2 (15%) were due to admin errors and the remaining 6 (46%) were cancelled for various other reasons.

Readmissions

The Trust 30-day emergency readmission rate increased to 7.9% in January 2020. This was the highest reported rate in the Trust for the past four months. The rates in Medicine and Surgery increased in January 2020; Medicine increased to 13.7% in January 2020 from 10.4% in December 2019 and Surgery increased to 5.2% in January 2020 from 4.5% in December 2019. The rate for Women and Children was 2.6% in January 2020 which was lower than the December 2019 rate of 2.6% and the lowest rate since May 2019 (2.9%).

Delayed Transfers of Care (DTOC)

The number of DTOC patients reported at midnight on the last Thursday of January 2020 increased to 30 (from 27 in December 2019). Of these, 27 (90%) were in Medicine and 3 (10%) in Surgery.

Work with community and social care partners continues to look at better opportunities to reduce this number of patients.

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 increased to 97. This was more than the December 2019 number of 75 and more than the NHS Improvement monthly trajectory of 58.

ECIST continue to support working with the Trust and new initiatives are being piloted which are communicating directly with the Consultants and their individual patients with greater than a 63 day LOS of to ensure care plans are maximised effectively.

4.0 Elective Pathways

ID	Indicator	DQ Assurance	Target 19-20	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
3.1	Overnight bed occupancy rate	 	93%	93%	91.1%	97.3%	✘	▲	✔	
3.5	Follow Up Ratio	 	1.50	1.50	1.58	1.60	✘	▲	✔	
4.2a	RTT mean waiting time - incomplete waiting list (weeks)	 	9.2	9.2		12.3	✘	▼	✘	
5.6	Outpatient DNA Rate	 	5%	5%	7.8%	7.9%	✘	▲	✘	

Overnight Bed Occupancy

Overnight bed occupancy was 97.3% in January 2020, which was the highest occupancy level for the past 15 months. The most recent occupancy data published by NHS England reported the national average occupancy rate for general and acute beds at 90.1% in Q2 2019/20.

Follow up Ratio

The Trust follow up ratio increased to 1.6 in January 2020 from 1.5 in December 2019. An improvement was noted when comparing the January 2020 ratio of 1.6 to the January 2019 ratio of 1.7.

RTT Incomplete Pathways

The average waiting time baseline of 9.2 weeks was exceeded, with an average waiting time of 12.3 weeks reported at the end of January 2020 for incomplete pathways. This was a notable increase compared to January 2019, when it was 9.2 weeks. The overall volume of patients on the RTT waiting list also increased to 15,588, which was the largest reported list size since this measure was

incorporated into the scorecard in April 2016. One patient in Hepatology was confirmed to have been waiting for more than 52 weeks for treatment at month-end.

The focus on recovery of RTT and elective care performance continues to be upon validation and adherence to process. The tight management of PTL (patient tracking list) meetings across the organisation should mitigate any future 52-week breaches.

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 January 2020, with a performance of 97.4%.

Diagnostic capacity across key services continues to be challenged by the nature of an annual increase in demand. The delivery is managed with very small margins for error. In January the services under pressure were, audiology, cystoscopy, urodynamics and respiratory physiology .

Outpatient DNA Rate

The DNA rate remained well above the threshold of 5%, however the January 2020 rate of 7.9% was the lowest rate in the past four months. DNAs result in lost capacity and represent a challenge that continues to be scrutinised to ensure that services adhere to the Trust Access Policy and understand their impact on capacity.

5.0 Patient Safety

Infection Control

One case of Clostridium difficile (C. diff) was reported in January 2020 in Medicine (Ward 17). No 'lapse in care' had been identified at the time of writing. There was one case of MSSA in Medicine (Ward 22), two cases of E. coli in Medicine (Ward 3 and Ward 22) but no reported MRSA cases.

ENDS

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- For Internal Circulation Only

Meeting title	Public Board	Date: 6 March 2020
Report title:	Finance Paper Month 10 2019-20	Agenda item: 5.2
Lead director Report authors	Mike Keech Daphne Thomas Chris Panes	Director of Finance Deputy Director of Finance Head of Management Accounts
FoI status:	Private document	

Report summary	An update on the financial position of the Trust at Month 10 (January 2020)			
Purpose <i>(tick one box only)</i>	Information <input type="checkbox"/>	Approval <input type="checkbox"/>	To note <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>
Recommendation	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 the 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 JANUARY 2020

PUBLIC BOARD MEETING

PURPOSE

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

EXECUTIVE SUMMARY

2. *Income and expenditure* –The Trust's surplus for January 2020 was £0.7m which is £0.7m adverse to budget in the month and £6.8m adverse YTD. The adverse YTD position is mainly due to timing differences on donations as well as loss of system related PSF income and so at control total level (which excludes PSF/FRF/MRET & donations) the **position is £0.25m adverse to control total on an in-month and YTD basis.**
3. Cash and capital position – the cash balance as at the end of January 2020 was £10.8m, which was £7.9m above plan due to the timing of capital expenditure and receipts from prior year PSF funding. The Trust has spent £16.8m on capital up to month 10 of which £1.6m relates to eCARE, £8.9m Cancer Centre, £0.3m GDE, £1.3m North site infrastructure, £0.6m on design works for new strategic projects, £0.9m IT projects and £3.2m on patient safety and clinically urgent capital expenditure.
4. *NHSI rating – the Use of Resources rating (UOR) score is '3', which is in line with Plan, with '4' being the lowest scoring.*
5. *Cost savings* – overall savings of £0.7m were delivered in month against an identified plan of £0.8m and the target of £1m. YTD £4.7m has been delivered against a plan of £4.9m and a target of £6.5m. As at month 10, £6.6m of schemes have been validated and added to the tracker against the full year £8.4m target.

INCOME AND EXPENDITURE

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

All Figures in £'000	Month 10			Month 10 YTD			Full Year		
	Plan	Actual	Var	Plan	Actual	Var	Plan	Forecast	Var
Clinical Revenue	18,828	19,110	283	182,422	185,305	2,883	218,726	222,514	3,788
Other Revenue	1,570	1,797	227	15,961	17,891	1,931	19,085	21,172	2,087
Total Income	20,397	20,907	510	198,382	203,196	4,814	237,811	243,686	5,875
Pay	(14,083)	(14,880)	(797)	(142,723)	(145,967)	(3,244)	(171,023)	(174,861)	(3,838)
Non Pay	(6,400)	(6,683)	(636)	(65,168)	(67,729)	(2,561)	(77,808)	(80,759)	(2,951)
Total Operational Expend	(20,483)	(21,563)	(1,434)	(207,891)	(213,696)	(5,805)	(248,831)	(255,620)	(6,789)
EBITDA	(86)	(656)	(571)	(9,509)	(10,500)	(992)	(11,020)	(11,934)	(914)
Financing & Non-Op. Costs	(1,048)	(725)	323	(10,475)	(9,726)	749	(12,570)	(11,656)	914
Control Total Deficit (excl. PSF)	(1,133)	(1,381)	(248)	(19,984)	(20,227)	(243)	(23,590)	(23,590)	(0)
Adjustments excl. from control total:									
PSF	489	489	0	3,220	3,692	472	4,197	4,669	472
PSF- ICS	108	0	(108)	705	0	(705)	923	0	(923)
FRF	1,727	1,727	0	11,351	11,351	0	14,807	14,807	0
MRET	270	270	0	2,697	2,697	0	3,237	3,237	0
Control Total Deficit (incl. PSF)	1,461	1,105	(356)	(2,011)	(2,487)	(476)	(426)	(877)	(451)
Donated income	0	0	0	8,000	2,000	(6,000)	8,000	8,000	0
Donated asset depreciation	(66)	(56)	9	(655)	(562)	93	(786)	(615)	171
Impairments & Rounding	(14)	(367)	(353)	59	(368)	(427)	0	0	0
Reported deficit/surplus	1,381	682	(699)	5,393	(1,416)	(6,810)	6,788	6,508	(280)

Monthly and year to date review

- The **deficit excluding central funding (PSF, FRF and MRET) and donated income** in month 10 is £1,381k which is **£248k adverse to plan in month and £243k adverse YTD**. For M10 the Trust recognised the loss of income of £108k (£705k YTD) due to the financial performance of the BLMK ICS. The total central funding allocation (PSF, FRF and MRET in the table above) recognised in the position is £2,486k (£17,740k YTD).
- The Trust reported a surplus in month 10 of £682k which is £699k adverse to the budget surplus of £1,381k, the variance is predominately driven in by high operational costs offset by an adjustment to PDC.

9. **Income (excluding PSF/FRF/MRET and donations effect)** is £510k favourable to plan in December and £4,814k favourable YTD and is analysed in further detail in Appendix 1.
10. **Operational costs** in January are adverse to plan by £1,434k in month and adverse by £5,805k YTD. The higher cost base is to support higher levels of activity and also reflects the delays in savings from the CIP programme.
11. **Pay costs** are £797k adverse to budget in Month 10. Substantive pay has increased in month and costs remain high with the use of additional sessions. Bank and Locum expenditure has increased from M9 with more shifts being filled and is significantly above budgeted levels. Negative variances against bank are offset by positive variances against agency.
12. Non-pay costs were £636k adverse to plan in month and £2,561k adverse YTD. Negative variances can be seen across a number of non-pay categories, the notable variances are against clinical supplies, premises & fixed plant and outsourcing.
13. Non-operational costs are favourable in month, the variance is driven by an adjustment to PDC, marginally offset by impairment to capital items.

Further analysis of the costs can be found in appendix 1.

COST SAVINGS

14. In Month 10, £716k was delivered against an identified plan of £839k and a target of £982k. YTD £4,735k has been delivered against a plan of £4,949k and a target of £6,457k. Currently £6,556k of plans have been validated and added to the cost savings tracker.

CASH AND CAPITAL

15. The cash balance at the end of January 2020 was £10.8m, which was £7.9m above plan due to the timing of capital expenditure and receipts from prior year PSF funding.
16. 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 £35.5m; this is mainly driven by the revaluation of the Trust estate in 2018/19 and timing of capital projects.
 - Current assets are above plan by £6.4m, this is due to cash £7.9m, inventories £0.4m and receivables £1.9m above plan.
 - Current liabilities are above plan by £12.8m. This is being driven by borrowings £11.6m (mostly driven by various DHSC borrowings becoming due and transferred from non-current assets), deferred income £3.5m and provisions £0.1m above plan, offset by Trade and Other Creditors £2.4m below plan.
 - Non-Current Liabilities are below plan by £12.2m. This is being driven by borrowings £11.9 (mostly driven by various DHSC borrowings becoming due and transferred from non-current assets) and provisions £0.3m below plan.

The Trust has spent £16.8m on capital up to month 10 of which £1.6m relates to eCARE, £8.9m Cancer Centre, £0.3m GDE, £1.3m North site infrastructure, £0.6m on design works for new strategic projects, £0.9m IT projects and £3.2m on patient safety and clinically urgent capital expenditure.

RISK REGISTER

17. 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 received confirmation that the total capital spend included in its annual plan is affordable within the CDEL. Schemes are progressing and funding sources have been identified.

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

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

NHSI/E will be converting revenue loans to Public Dividend Capital in the 2020-21 financial year and control totals and budgets will be adjusted to take account of the differential rates of return so that the financial impact is neutral.

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

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

RECOMMENDATIONS TO MANAGEMENT BOARD

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

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

Appendix 1

	January 2020			10 months to January 2020			Full year
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	Plan £'000
INCOME							
Outpatients	3,949	3,995	46	37,782	39,054	1,272	45,338
Elective admissions	2,534	2,268	(266)	24,175	22,876	(1,299)	29,013
Emergency admissions	6,298	6,439	142	61,711	59,154	(2,557)	73,898
Emergency adm's marginal rate (MRET)	(276)	(265)	11	(2,704)	(2,597)	107	(3,238)
Readmissions Penalty	(279)	(279)	0	(2,794)	(2,794)	0	(3,353)
A&E	1,202	1,238	37	12,015	12,704	689	14,418
Maternity	1,687	1,971	284	16,672	18,170	1,498	19,980
Critical Care & Neonatal	555	559	4	5,302	4,979	(323)	6,362
Excess bed days	0	0	0	0	0	0	0
Imaging	447	471	24	4,266	4,604	337	5,120
Direct access Pathology	413	436	24	3,938	4,016	78	4,726
Non Tariff Drugs (high cost/individual drugs)	1,732	1,741	9	16,538	15,749	(789)	19,738
Other	567	535	(31)	5,521	9,390	3,869	6,723
Clinical Income	18,828	19,110	283	182,422	185,305	2,883	218,726
Non-Patient Income	4,164	4,283	119	41,934	37,631	(4,302)	50,249
TOTAL INCOME	22,991	23,393	402	224,355	222,936	(1,419)	268,975
EXPENDITURE							
Total Pay	(14,083)	(14,880)	(797)	(142,723)	(145,967)	(3,244)	(171,023)
Non Pay	(4,682)	(5,309)	(627)	(48,571)	(52,348)	(3,777)	(58,070)
Non Tariff Drugs (high cost/individual drugs)	(1,732)	(1,741)	(9)	(16,538)	(15,749)	789	(19,738)
Non Pay	(6,414)	(7,050)	(636)	(65,109)	(68,097)	(2,988)	(77,808)
TOTAL EXPENDITURE	(20,497)	(21,930)	(1,434)	(207,832)	(214,064)	(6,232)	(248,831)
EBITDA*	2,494	1,463	(1,032)	16,523	8,872	(7,652)	20,144
Depreciation and non-operating costs	(983)	(1,372)	(389)	(9,830)	(9,883)	(53)	(11,796)
OPERATING SURPLUS/(DEFICIT) BEFORE DIVIDENDS	1,511	90	(1,421)	6,693	(1,012)	(7,705)	8,349
Public Dividends Payable	(130)	592	722	(1,300)	(405)	895	(1,560)
OPERATING DEFICIT AFTER DIVIDENDS	1,381	682	(699)	5,393	(1,416)	(6,809)	6,788
Adjustments to reach control total							
Donated Income	0	0	0	(8,000)	(2,000)	6,000	(8,000)
Donated Assets Depreciation	66	56	(9)	655	562	(93)	786
Control Total Rounding	15	0	(15)	(57)	0	57	0
Impairments	0	369	369	0	369	369	
PSF/FRF/MRET	(2,595)	(2,488)	107	(17,975)	(17,741)	234	(23,164)
CONTROL TOTAL DEFICIT	(1,133)	(1,381)	(248)	(19,984)	(20,227)	(242)	(23,590)

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

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

Statement of Cash flow For The Period Ended 31st January 2020

	Mth 10 £000	Mth 9 £000	In Month Movement £000
Cash flows from operating activities			
Operating (deficit) from continuing operations	812	485	327
Operating surplus/(deficit) of discontinued operations			
Operating (deficit)	812	485	327
Non-cash income and expense:			
Depreciation and amortisation	7,692	6,925	767
Impairments	369	0	369
(Increase)/Decrease in Trade and Other Receivables	7,776	5,053	2,723
(Increase)/Decrease in Inventories	2	4	(2)
Increase/(Decrease) in Trade and Other Payables	489	3,608	(3,119)
Increase/(Decrease) in Other Liabilities	3,424	2,023	1,401
Increase/(Decrease) in Provisions	(57)	(56)	(1)
NHS Charitable Funds - net adjustments for working capital movements, non-cash transactions and non-operating cash flows	(2,000)	(2,000)	0
Other movements in operating cash flows	0	1	(1)
NET CASH GENERATED FROM OPERATIONS	18,507	16,043	2,464
Cash flows from investing activities			
Interest received	93	82	11
Purchase of financial assets	(175)	(175)	0
Purchase of intangible assets	(2,925)	(1,643)	(1,282)
Purchase of Property, Plant and Equipment, Intangibles	(12,400)	(10,732)	(1,668)
Sales of Property, Plant and Equipment			0
Net cash generated (used in) investing activities	(15,407)	(12,468)	(2,939)
Cash flows from financing activities			
Loans received from Department of Health	2,915	2,915	0
Loans repaid to Department of Health	(1,097)	(1,097)	0
Capital element of finance lease rental payments	(128)	(130)	2
Interest paid	(1,338)	(1,164)	(174)
Interest element of finance lease	(244)	(220)	(24)
PDC Dividend paid	(606)	(606)	0
Receipt of cash donations to purchase capital assets	2,000	2,000	0
Net cash generated from/(used in) financing activities	1,502	1,698	(196)
Increase/(decrease) in cash and cash equivalents	4,602	5,273	(671)
Opening Cash and Cash equivalents	6,175	6,175	0
Closing Cash and Cash equivalents	10,777	11,448	(671)

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

	Audited Mar-19	Jan-20 YTD Plan	Jan-20 YTD Actual	In Mth Mvmt	YTD Mvmt	% Variance
Assets Non-Current						
Tangible Assets	147.3	192.8	154.2	(38.6)	6.9	4.7%
Intangible Assets	14.2	12.4	15.2	2.8	1.0	7.0%
Other Assets	0.5	0.3	0.6	0.3	0.1	31.0%
Total Non Current Assets	162.0	205.5	170.0	(35.5)	8.0	5.0%
Assets Current						
Inventory	3.6	3.2	3.6	0.4	0.0	0.0%
NHS Receivables	23.5	19.7	16.2	(3.5)	(7.3)	(31.1%)
Other Receivables	6.0	4.0	5.6	1.6	(0.4)	(6.7%)
Cash	6.2	2.8	10.7	7.9	4.5	72.6%
Total Current Assets	39.3	29.7	36.1	6.4	(3.2)	-8.1%
Liabilities Current						
Interest -bearing borrowings	(80.2)	(80.8)	(92.4)	(11.6)	(12.2)	15.3%
Deferred Income	(1.7)	(1.6)	(5.1)	(3.5)	(3.4)	198.9%
Provisions	(1.6)	(1.4)	(1.5)	(0.1)	0.1	-4.3%
Trade & other Creditors (incl NHS)	(28.9)	(32.7)	(30.3)	2.4	(1.4)	4.9%
Total Current Liabilities	(112.3)	(116.5)	(129.3)	(12.8)	(17.0)	15.1%
Net current assets	(73.0)	(86.8)	(93.2)	(6.4)	(20.2)	27.6%
Liabilities Non-Current						
Long-term Interest bearing borrowings	(53.0)	(54.7)	(42.8)	11.9	10.2	(19.3%)
Provisions for liabilities and charges	(0.8)	(1.1)	(0.8)	0.3	0.0	0.0%
Total non-current liabilities	(53.9)	(55.8)	(43.6)	12.2	10.2	(19.0%)
Total Assets Employed	35.1	62.9	33.2	(30.0)	(1.9)	(5.4%)
Taxpayers Equity						
Public Dividend Capital (PDC)	101.4	103.6	101.3	(2.3)	(0.1)	-0.1%
Revaluation Reserve	58.3	78.7	57.8	(20.9)	(0.5)	-0.8%
I&E Reserve	(124.5)	(119.4)	(125.9)	(6.5)	(1.4)	1.1%
Total Taxpayers Equity	35.1	62.9	33.2	(29.7)	(1.9)	(5.5%)

Meeting title	Trust Board	Date: 06 March 2020
Report title:	Workforce report	Agenda item: 5.3
Lead director Report author	Name: Danielle Petch Name: Paul Sukhu	Title: Director of Workforce Title: Deputy Director of Workforce
Fol status:	Public	

Report summary	This report provides a summary of workforce Key Performance Indicators for the full year ending 31 January 2019 (Month 10).			
Purpose <i>(tick one box only)</i>	Information <input checked="" type="checkbox"/>	Approval <input type="checkbox"/>	To note <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>
Recommendation	Trust Board is asked to note the Workforce report.			

Strategic objectives links	Objective 8 : Improve Workforce Effectiveness
Board Assurance Framework links	None
CQC outcome/ regulation links	Well Led Outcome 13 : Staffing
Identified risks and risk management actions	<p>1606 - We may be unable to recruit sufficient qualified nurses for safe staffing in wards and departments</p> <p>1608 - There is a risk that sufficient numbers of employees may not undergo an appraisal to achieve target of 90%.</p> <p>1609 - IF staff are unable to remain compliant in all aspects of mandatory training linked to their job requirements THEN staff may not have the knowledge and skills required for their role LEADING potential patient/staff safety risk and inability to meet CCG compliance target of 90%</p> <p>1613 - IF there is inability to retain staff employed in critical posts THEN we may not be able to provide safe workforce cover LEADING TO clinical risk.</p>
Resource implications	
Legal implications including equality and diversity assessment	

Report history	Full monthly Corporate Workforce Information report - Executive Management Board, Divisional Accountability, 19 February 2020
Next steps	
Appendices	

Workforce report – Month 10, 2019/20

1. Purpose of the report

- 1.1. This report provides a summary of workforce Key Performance Indicators for the full year ending 31 January 2020 (Month 10).

2. Staff in post

- 2.1. The Trust's staff in post by whole time equivalent (WTE) was 3138.9 as at 30 January 2020; an increase of 44.6 WTE since January 2019.
- 2.2. The Trust's headcount is 3620, an increase of 45 since January 2019.
- 2.3. The largest increase of staff in post since January 2019 has been the Additional Professional Scientific and Technical staff group (5% headcount increase; 101 to 106).

3. Vacancy rate

- 3.1. The Trust's overall vacancy rate is 9.0%; this has reduced from 12.9% in April 2019 (M1).
- 3.2. The highest vacancy factors are in the Medical and Dental (13.9%), Nursing and Midwifery (13.9%) and Allied Health Professionals (11% from 12.6% in M7) staff groups.
- 3.3. In line with the Trust's Workforce Strategy, the Divisional HR Business Partners continue to collaborate with Finance and Clinical Divisional colleagues to enact plans to reduce the vacancy rate further.
- 3.4. Hard to recruit roles, challenges and associated interventions were presented to the Workforce and Development Assurance Committee on 5 February 2020 and Workforce Board in January.
- 3.5. Time spent on recruitment activities, including speeding up recruitment stages against the 'Time to Hire' metric continue to increase the workload for Recruiting Managers and the Trust's Recruitment team.

4. Turnover

- 4.1. The Trust's leaver turnover rate was lower throughout 2018/19 than it was in 2017/18 and this trend has continued into 2019/20. The M10 position is further reduced to 9.0%.
- 4.2. The Trust's turnover rate has continued to improve as the Trust engages with its workforce in respect of Staff Benefits and the NHS Staff Survey engagement activities. In February, the Trust rolled out its Vivup staff benefits platform, including the availability of white goods and cars through its salary sacrifice scheme.

- 4.3. Nursing and Midwifery turnover (5.8%) is significantly lower than it was in January 2019, owing largely to improvements in senior Nursing and Midwifery management and leadership capability, coupled with staff engagement work highlighted above.
- 4.4. Further support to the Allied Health Professionals and Professional, Scientific and Technical staff groups (14.0% and 14.9% respectively) is underway, in particular within the Trust's Core Clinical Division.

5. Temporary Staffing

- 5.1. The temporary staff usage (bank and agency) for the rolling year-to-date was 6091.8 WTE, which was 14.3% of total WTE staff employed.
- 5.2. Agency staff usage was 3.2% of the total WTE staff employed for the rolling year to date but was 5.3% of the total annual staff expenditure. This is predominantly driven by high cost Medical and Dental agency locums and volume of Nursing agency staff where comparative vacancy rates are close to 14% as detailed above.
- 5.3. Detailed analysis of non-standard basic pay and expenditure is being undertaken to target interventions for greater effect as the Trust seeks to reduce expenditure and standardise its pay offering in line with systems development work.

6. Sickness absence

- 6.1. The sickness absence rate (N.B. 12 months to M9, 31 December 2019) has improved; 3.95% against the Trust target of 4.0% (1.70 % short term and 2.25% long term).
- 6.2. Overall, the Trust's sickness absence levels remain lower than the same period for the last two financial years.
- 6.3. In July 2019, Workforce Board agreed to remove the 'Unknown' reason for absence from the manager entry screens of the HealthRoster system, to reduce the number of 'Unknown' episodes recorded. This has reduced now reduced from 31.4% of absence to 25.4% and further reduction is anticipated as the year progresses, due to the impact on the rolling 12 months of data. The pattern of reduction is an improvement of approximately 1% per month.
- 6.4. More detail on sickness absence is reported and discussed at Divisional Executive Management Board (Divisional Accountability – monthly), Workforce Board and Workforce and Development Assurance Committee (both quarterly).

7. Statutory and mandatory training

- 7.1. Statutory and mandatory training compliance as at 31 January 2020 was at 95% against the Trust target of 90%.

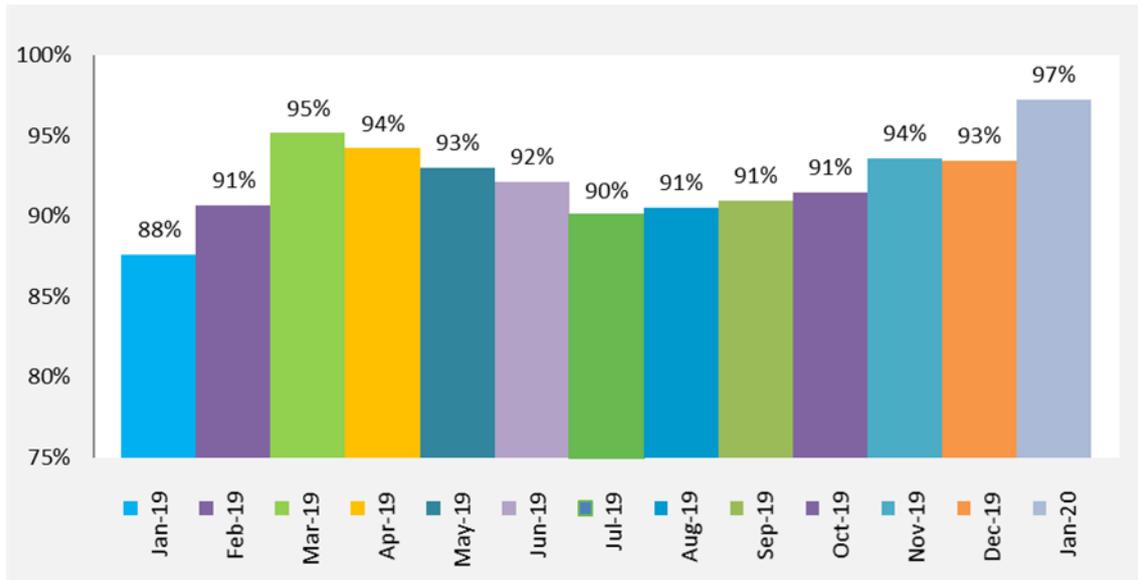
Training Compliance by Division		
Core Clinical		97%
Corporate Services		97%
Medicines Unplanned Care		93%
Surgical Planned Care		94%
Women's and Children's		95%
Trust Total Compliance		95%

Training Compliance by Competence		
Blood Components Awareness - 2 Year		91%
Equality Diversity and Human Rights - 3 Years		96%
Fire Safety - 2 Years		96%
Health Record - Once only		99%
Health Safety and Welfare - 3 Years		97%
Infection Prevention and Control - Level 1 - 3 Years		97%
Infection Prevention and Control - Level 2 - 1 Year		93%
Information Governance - 1 Year		92%
Medicines Management - 2 Year		93%
Mental Capacity Act - 3 Year		94%
Moving and Handling - Level 1 - 3 Years		97%
Moving and Handling - Level 2 - 3 Years		95%
NHS Conflict Resolution (England) - 3 Years		91%
Resuscitation - Level 2 - Adult Basic Life Support - 1 Year		92%
Safeguarding Adults - Level 1 - 3 Years		97%
Safeguarding Adults - Level 2 - 3 Years		95%
Safeguarding Children - Level 1 - 3 Years		98%
Safeguarding Children - Level 2 - 3 Years		96%
Safeguarding Children - Level 3 - 1 Years		93%
Total Trust Compliance		95%

8. Appraisal compliance

- 8.1. Trust-wide appraisal compliance as at 31 January 2020 is 97%, against the Trust target of 90%.
- 8.2. Routine reminders and a series of letters to responsible managers from the Director of Workforce are now sent in order to support a culture of sustainability of the level of appraisals undertaken.

Appraisal Completion by Division		
Core Clinical	●	100%
Corporate Services	●	96%
Medicines Unplanned Care	●	97%
Surgical Planned Care	●	99%
Women's and Children's	●	93%
Total Trust	●	97%



9. Staff Survey

- 9.1. The 2019 NHS Staff Survey findings have now been released and can be shared publicly.
- 9.2. The MKUH teams worked very hard this year to engage with the workforce regarding the 2018 survey findings and to make any suggested improvements. This activity, along with the staff benefits programme and increased emphasis on completing the survey has resulted in the best staff survey findings since the Trust began to conduct a full annual census.
- 9.3. There were 89 questions in the staff survey which could be given a positive or negative score. Of these:
 - 57 questions showed some improvement in score from 2018
 - 18 questions stayed the same score as last year
 - 14 questions showed a drop in score from 2018
- 9.4. The overall response rate for the Trust is 55.5%, with 1914 responses from a sample size of 3447. This is the best response rate the Trust has ever had. The average response rate for Acute Trusts is 46.3%.

- 9.5. The Quality of Care theme scored significantly better than the sector. No themes scored significantly worse.
- 9.6. Our staff engagement score has improved from 25th in 2018 to 13th in 2019. This is in relation to the other 42 Trusts who use Quality Health as their survey provider. MKUH are still awaiting sight of their placement against all Trusts from the national survey centre. The Board will be updated at a future date when this data is made available.
- 9.7. There were 10 significantly better scores compared to 2018:
- How satisfied I am with the extent that the organisation values my work
 - Senior managers involve staff in important decisions
 - Senior managers act on staff feedback
 - On average how many unpaid hours do you work over and above your contracted hours
 - In the last 12 months have you had an appraisal
 - Were the values discussed as part of your appraisal
 - Care of patients is my organisation's top priority
 - I would recommend my organisation as a place to work (improved 3.3%)
 - I often think about leaving this organisation (reduced 5%)
 - As soon as I can find another job I will leave this organisation (reduced 3%)
- 9.8. There were 3 significantly worse scores compared to 2018:
- How many paid hours do you work over and above contracted hours
 - In the last 12 months have you experienced MSK problems as a result of work activities
 - In the last month have you seen any errors near misses or incidents which could hurt staff
- 9.9. It must be noted that whilst the question about working additional paid hours is a negative there is a corresponding question about working unpaid additional hours, in which MKUH has improved significantly. Taken together these show a trend away from working unpaid hours towards being paid for any additional hours undertaken, which should be viewed as a positive result.
- 9.10. In addition, there were 18 significantly better questions compared to the sector. MKUH is in the top 20% for the following:
- Staff looking forward to going to work
 - Doing the job to a standard I am personally pleased with
 - Adequate materials, supplies and equipment to do my work
 - Having unrealistic time pressures
 - Satisfied with the quality of care I give to patients
 - I am able to deliver the care I aspire to
 - I know who senior managers are here
 - Senior Managers act on staff feedback
 - Our organisation takes positive action on health and wellbeing
 - Less staff report they have put themselves under pressure to come to work

- Reporting physical violence
- Less staff experiencing harassment bullying or abuse at work from managers
- More staff willing to report any harassment bullying and abuse
- More staff undergoing an appraisal
- More staff feeling the appraisal helped them do their job better and they felt more valued by the organisation
- More staff feeling the care of patients is the organisations top priority
- We act on concerns raised by patients
- Less staff thinking about leaving the organisation

9.11. A full action plan based on the findings is being drafted and will be shared with the Workforce Development and Assurance Committee in due course.

10. General Updates & News

10.1. The Workforce Team are pleased to announce that their recent restructure has been completed and the team took up their new posts in January. This created the HR Services Team which will act as a “helpdesk” for all HR issues. The restructure also strengthened the HR Systems Team, which supports ESR and e-Rostering. This was timely as the Trust was advised in February that it had been successful in a bid for capital funds to procure and implement the two remaining modules of the e-Rostering system; medical locums and Safecare. Further information will be shared as it becomes available.

11. Recommendations

11.1. Trust Board is asked to note the Workforce report.

Meeting title	Board of Directors	Date: 5 th March 2020
Report title:	Nursing Staffing Report	Agenda item: 5.4
Lead director	Name: Nicky Burns-Muir	Title: Director of Patient Care/Chief Nurse
Report author Sponsor(s)	Name: Matthew Sandham	Title: Associate Chief Nurse
Fol status:		
Report summary		
Purpose <i>(tick one box only)</i>	Information <input checked="" type="checkbox"/>	Approval <input type="checkbox"/> To note <input checked="" type="checkbox"/> Decision <input type="checkbox"/>
Recommendation	That the Board receive the Nursing Staffing Report.	

Strategic objectives links	Objective 1 - Improve patient safety. Objective 2 - Improve patient care.
Board Assurance Framework links	Inadequate staffing are contributory issues for BAF risks 1.1 and 1.4.
CQC outcome/regulation links	Outcome 13 staffing.
Identified risks and risk management actions	
Resource implications	Unfilled posts have to be covered by Bank or agency staff, with agency staff having a resource implication.
Legal implications including equality and diversity assessment	None as a result of this report.

Report history	To every Public Board
Next steps	
Appendices	Appendices 1 and 2

Board of Directors Report on Nursing and Midwifery staffing levels Amalgamated report for December 2019 and January 2020

1. Purpose

To provide Board with: -

- An overview of Nursing and Midwifery staffing levels.
- An overview of the Nursing and Midwifery vacancies and recruitment activity.
- Update the Board on controls on nursing spend.

Are we safe ?

2. Planned versus actual staffing and CHPPD (Care Hours per Patient Day)

We continue to report monthly staffing data to 'UNIFY' and to update the Trust Board on the monthly staffing position.

CHPPD is calculated by taking the actual hours worked divided by the number of patients on the Ward at midnight.

$$\text{CHPPD} = \frac{\text{hours of care delivered by Nurses and HCSW}}{\text{Numbers of patients on the Ward at midnight}}$$

CHPPD	Total Patient Numbers	Registered Midwives/Nurses	Care Staff	Overall
December	14576	4.4	3.1	7.5
January	15527	4.1	2.9	7.0

Hospital Monthly Average Fill Rates for June 2019 and July 2019

Month	RN/RM Day % Fill Rate	HCA/MCA Day % Fill Rate	RN/RM Night % Fill Rate	HCA/MCA Night % Fill Rate
December	80.8%	105.1%	100.2%	134.6%
January	81.5%	102.2%	100.0%	133.0%

The ward breakdown of fill rates for December 2019 and January 2020 is included in Appendix 1.

The CHPPD hours in December is higher than January due to Wards having lower number of admissions.

Areas with notable fill rates

Department of Critical Care (DoCC) have had a stable couple of months with slightly higher numbers of admissions. No other significant fill rates to be noted.

3. Recruitment

All divisions have rolling adverts out on the NHS job site and have agreed open days for 2020. The Matron for workforce has developed an annual recruitment calendar for Trust wide recruitment events.

- March 7th
- June 20th
- November 14th

Registered Staff Vacancies

Division	WTE vacancies now	% vacancy now	Post recruited to	Residual WTE vacancy	Residual % vacancy
Women's & Children	17.97wte	11%	0wte	17.97wte	11%
Medicine	89.37wte	23.5%	6wte	81wte	20%
Surgery	34.61wte	17%	4.9wte	29.6wte	16%

Total vacancy rate for registered staff including new staff in post approx. **17.6%**

Health Care Assistant (HCA) Vacancies

Division	WTE vacancies now	% vacancy now	Post recruited to	Residual WTE vacancy	Residual % vacancy
Women's & Children	4.81wte	3%	0wte	4.81wte	3%
Medicine	27.84wte	19.5%	6wte	21.8wte	15%
Surgery	20.93wte	19%	11.3wte	9.6wte	8%

Total Trust vacancy rate for HCA's including new staff in post approx. **10%**

Please note that these figures are dynamic and so are changing daily – and recruited to posts will still be subject to leavers. The vacancies need to be validated against vacancies recorded on Electronic Staff Record (ESR) to ensure factual accuracy.

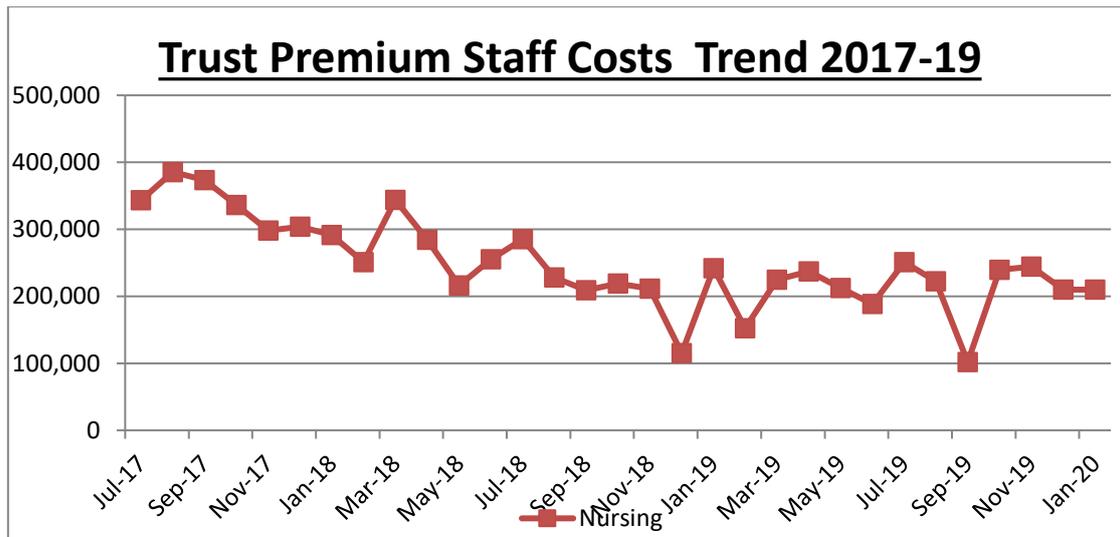
Within these figures the areas with the highest vacancy factor for Registered Nurses are – Wards 14,15,16,20 and the Emergency Department. These areas will be monitored and supported by the Heads of Nursing.

We are currently not meeting the Chief Nurse's ambition of 0% vacancies for Health Care Assistants (HCA). The focus for Health care Assistant recruitment is on Wards 2, 3, 21 and Outpatients. Medicine is also reviewing the number HCA vacancies and are planned to meet with the workforce Matron to agree a plan going forward.

Are we efficient?

4. Controlling Premium Cost

Agency nursing expenditure continues to stabilise at the £200K mark in both December 2019 and January 2020. We are still booking agency staff to open escalation beds on Day Surgery Unit, Wards 3a, 7, 19 and 12.



The premium agency cost continues to be driven by several specialist areas which include Emergency Department, Paediatrics, Theatres and Department of Critical Care. A review of the payments is being carried out by the Temporary Workforce team.

3. Retention

Retention of staff is a key issue for the NHS and is a crucial factor in securing a skilled and sustainable workforce for the future. In addressing the challenges of workforce supply MKUH is focusing on recruitment and retention by ensuring new and existing staff are being supported and encouraged to remain at MKUH.

In January as reported in the Workforce Board report Nursing and Midwifery registered staff turnover rate has continued to remain stable at 5.8 % significantly below the National average which is 11%.

This again supports the continued work carried out as part of a programme we have developed in line with the "Interim NHS Peoples plan" as set out by NHSi that supports the trust with interventions that are known to have the biggest impact in improving retention, including:

- We ensure all newly qualified staff are well supported through a two-year preceptorship programme.
- A flexible working shift pattern
- Career development opportunities such as the Band 6 Development Programme.

One area to highlight is that we are higher than the national average for staff leaving due to “relocating”. Nationally this is 21.9%, whereas in Milton Keynes it is 27.8%. Although small numbers, this requires further analysis as the information supplied is not detailed enough to make significant changes to retention plans.

4. Sickness

Sickness of staff is one of the key issues for the Trust which contributes to the requirement for temporary staff. The Divisions work very closely with their Human Resources Business Partners (HRBP) to ensure sickness management is robustly monitored. Month 10 Workforce Board report recorded registered Nursing and Midwifery sickness has remained stable at 3.74 % against the Trust target of 4%.

Are we effective?

5. HealthRoster SafeCare Tool (Allocate)

The Trust has been successful in the bid to implement “HealthRoster SafeCare Tool”. It is planned to introduce the new electronic tool in March/April 2020.

HealthRoster SafeCare Tool gives the Chief Nurse the visibility of staffing levels across wards and departments, allowing them to maintain safe and compliant patient care based on patient numbers, acuity and dependency.

The system enables day-to-day operational changes to the roster in real time and facilitates the redeployment of staff across wards to avoid under or over-staffing. As a result, the solution allows more efficient use of temporary personnel by ensuring the optimum use of substantive staff.

The SafeCare solution is part of HealthRoster (Allocate) and so considers all nursing staff, whether permanent or temporary. The solution allows the Chief Nurse and senior nursing staff to see whether wards and departments are staffed safely according to patient numbers, patient acuity and dependency and agreed Care hours-per-patient-day (CHPPD) criteria.

The tool will manage and guide their organisations through the increasingly complex task of ensuring and demonstrating that staff numbers and skills mix are at safe levels according to patient numbers, acuity and dependency. It will also:

- Provides audit and board reporting function
- Combines with HealthRoster Nursing and HealthRoster Bank Staff to build an unparalleled view of staff/patient ratios that can be used to inform not only day-to-day movements but also longer-term resource and establishment profiles
- Reduces administration, compared with other approaches that are not integrated with rostering and temporary staffing solutions

- Ensures that the Trust are always aware of whether staffing levels are in accordance with their required safe care standards in real time.
- Focuses attention on potential staffing issues in advance, allowing Chief Nurses, Matrons and ward managers to flex resources as necessary
- Provides a set of pre-built reports designed to satisfy regulatory requirements
- Provides a complete picture at ward and department level and across all staff types.
- Delivers an operational tool that allows operational changes and immediate system updates to rosters in real time
- Helps avoid over- or under-staffing and makes optimum use of substantive staff.
- Saves significant management time and helps release time for patient care
- Reduces administration tasks and saves time

Midwifery Continuity of Care Update

Midwifery Staffing

Midwifery staffing is planned in line with the national recommendation for safe staffing, which is one midwife to every 28 births. The service is currently funded to provide this level of staff and we use them effectively to follow women throughout their pregnancy to birth and the postnatal period.

We prioritise women who are giving birth by providing one to one care in labour and to those who have additional clinical needs within the hospital.

A robust and active recruitment campaign in 2019 has now come to fruition with the department having minimal vacancies.

Midwife to Birth ratio

Midwives are present at all births and are the main providers of antenatal and postnatal care. Staffing needs in both hospital and community settings depend on service design, buildings and facilities, local geography and demographic factors, as well as models of care and the capacity and skills of individual midwives. Other significant variables with an impact on staffing levels include women's choice and risk status.

To provide a safe maternity service, the Royal College of Midwives (RCM) says there should be an average midwife to birth ratio of one midwife for every 28 births. The ratio recommended by Safer Childbirth (The Kings Fund), is also 28 births to one WTE midwife for hospital births and 35:1 for home births.

At Milton Keynes the Midwife to Birth Ratio is stated on the obstetric dashboard on a monthly basis and reported at Management Board, Women's CSU meetings and Clinical Quality Board bi-monthly.

Midwife to Birth Ratio

December 2019 = 1:26

January 2020 = 1:28

The change in midwife to Birth ratio is due to an increase in births in January 2020 and will vary according to vacancies and births each month.

We celebrate

6. Announcements

1. Matrons were involved in the production and launch of the national “Matrons Handbook”. It is planned that the Matrons title will change to Matron Infection Prevention Control Lead and Safety Champion. The Matrons will be working through the handbook competencies and develop learning objectives. It is planned to hold a launch of the new Matrons title and handbook in April.
2. Following the successful Band 6 development programme we have been approached by Brian Dolan OBE whose leadership material we used on the course to be a reference site for other Trusts. The Chief Nurse is also in communication Brian to look a collaborative piece of work on Band 7 development.
3. Lesley Johnson has been appointed as the Trust’s Chief Nursing Information Officer.
4. Amara Lemard, a Staff Nurse in Paediatrics successfully gained a place on the Windrush Florence Nightingale Leadership Programme.

Appendix 1

Fill rates for Nursing, Midwifery and Care Staff December 2019

Ward Name	Day		Night		Care Hours Per Patient Day (CHPPD)			
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
AMU	82.2%	101.1%	99.9%	122.6%	716	5.3	2.5	7.8
MAU 2	80.3%	112.2%	103.1%	156.2%	779	3.9	3.4	7.2
Phoenix Unit	84.2%	90.3%	100.0%	124.1%	683	3.4	3.4	6.7
Ward 15	85.6%	114.6%	103.1%	141.9%	846	3.8	3.0	6.8
Ward 16	77.1%	119.2%	97.9%	159.1%	848	3.4	3.2	6.6
Ward 17	81.7%	121.9%	100.9%	159.7%	753	4.7	2.9	7.6
Ward 18	85.7%	103.2%	101.1%	145.6%	786	3.5	4.3	7.8
Ward 19	80.1%	109.3%	99.0%	160.2%	817	3.2	4.5	7.7
Ward 20	86.0%	121.5%	104.4%	124.8%	763	4.1	3.1	7.3
Ward 21	86.9%	131.7%	112.9%	158.1%	659	4.4	3.5	7.9
Ward 22	81.5%	139.9%	100.0%	166.1%	634	4.0	3.8	7.8
Ward 23	84.0%	115.8%	100.1%	136.2%	1040	3.8	4.8	8.6
Ward 24	81.2%	128.4%	96.7%	-	512	4.2	1.5	5.7
Ward 3	81.7%	81.0%	100.0%	102.1%	830	3.2	3.1	6.3
Ward 5	78.5%	107.8%	125.3%	110.0%	640	6.3	1.4	7.7
Ward 7	84.0%	98.6%	100.0%	128.6%	718	4.0	4.3	8.3
Ward 8	73.5%	84.7%	121.5%	111.3%	724	3.7	2.7	6.4
DOCC	71.3%	64.0%	83.1%	-	194	23.2	1.3	24.5
Labour Ward								
Ward 9	85.2%	84.6%	99.2%	83.1%	1032	2.9	1.9	4.8
Ward 10	77.2%	-	83.9%	-	208	6.1	0.0	6.1
NNU	75.5%	69.1%	89.9%	96.7%	394	10.4	1.6	12.0

Appendix 1

Fill rates for Nursing, Midwifery and Care Staff January 2020

Ward Name	Day		Night		Care Hours Per Patient Day (CHPPD)			
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
AMU	82.8%	113.6%	102.5%	128.8%	775	5.0	2.5	7.5
MAU 2	83.3%	101.2%	100.6%	151.5%	818	3.7	3.0	6.7
Phoenix Unit	86.7%	93.8%	100.0%	135.5%	732	3.2	3.3	6.5
Ward 15	87.7%	108.5%	100.0%	156.2%	882	3.6	2.9	6.5
Ward 16	76.6%	98.8%	100.0%	129.0%	882	3.3	2.6	5.9
Ward 17	76.5%	105.2%	100.5%	130.5%	776	4.3	2.4	6.7
Ward 18	81.7%	95.7%	98.9%	131.1%	829	3.1	3.8	6.9
Ward 19	79.0%	97.0%	100.2%	146.4%	910	2.9	3.6	6.5
Ward 20	88.9%	136.6%	102.8%	147.3%	797	4.0	3.5	7.5
Ward 21	80.5%	112.0%	105.5%	150.2%	746	3.7	2.8	6.4
Ward 22	80.8%	124.3%	100.0%	140.3%	643	4.0	3.3	7.3
Ward 23	83.5%	118.7%	102.5%	134.0%	1116	3.7	4.5	8.2
Ward 24	85.7%	153.4%	101.6%	-	558	4.2	2.0	6.3
Ward 3	83.8%	80.0%	100.0%	103.2%	863	3.2	3.0	6.1
Ward 5	79.9%	93.7%	117.1%	99.8%	627	6.4	1.3	7.7
Ward 7	81.0%	101.8%	101.1%	140.2%	754	3.4	4.4	7.8
Ward 8	72.4%	85.3%	102.2%	100.0%	766	3.3	2.4	5.7
DOCC	82.2%	94.2%	92.8%	-	228	23.1	1.8	24.9
Labour Ward								
Ward 9	83.4%	88.1%	98.6%	88.1%	1118	2.5	1.9	4.4
Ward 10	91.0%	-	82.6%	-	275	5.1	0.0	5.1
NNU	73.1%	75.6%	92.3%	80.2%	432	9.5	1.5	11.0

Objective	Risk Ref	Risk Appetite	Oversight Committee	Executive Lead	Risk Description	Cause	Inherent Risk Rating	Controls	Gaps in Controls	Current Risk Rating	Trend (from previous month)	SRR Link
Safety	1-1	Avoid	Quality & Clinical Risk	COO	Strategic failure to manage demand for emergency care	Lack of demand management by the local health economy Inadequate primary care provision/ capacity Inadequate community care provision/ capacity Inadequate social care provision/ capacity	4x4=16	Working with partners to manage peak demand periods (e.g expediting discharge; using full community/ social care capacity)		4x3=12		1917/2500
Safety	1-2	Avoid	Quality & Clinical Risk	COO	Tactical failure to manage demand for emergency care	Annual emergency and elective capacity planning inadequate or inaccurate Daily flow/ site management plans inadequate or ineffectual Poor clinical/ operational relationships impacting on patient flow through the organisation Poor operational/ managerial relationships impacting on escalation Ineffective engagement with stakeholders to support patient flow day-to-day	4x4=16	Introduction of ED streaming Working with UCC to manage demand Implementation of national flow improvement programmes - Red2Green; 100% Challenge; EndPJParalysis; SAFER Strong clinical and operational leadership and ownership; good team working Clear escalation and well-known and understood flow management and escalation plans Positive relationships with stakeholders through daily working and medium-term planning		4x3=12		1917/2500
Safety	1-3	Avoid	Quality & Clinical Risk	COO	Ability to maintain patient safety during periods of overwhelming demand	Significantly higher than usual numbers of patients through the ED Significantly higher acuity of patients through the ED Major incident/ pandemic	5x4=20	Clinically and operationally agreed escalation plan Adherence to national OPEL escalation management system Clinically risk assessed escalation areas available		4x3=12		1917/2500
Safety	1-4	Avoid	Quality & Clinical Risk	Medical Director	Failure to appropriately embed learning and preventative measures following Serious Incidents, complaints, claims and inquests [Reviewed March 2020]	1. Failure to appropriately report, investigate and learn from incidents and complaints 2. Lack of system to share learning effectively from incidents - both in departments/ CSUs and across the Trust 3. Lack of evidence of learning from incidents	4x4=16	Improvement in incident reporting rate and maintenance of reports/harm ratio All SIs and action plans processed through the Serious Incident Review Group (with its wide membership) Actions including handling of learning tracked Core component of all Clinical Improvement Group (CIG) Meetings Lessons communicated via Trust-wide channels including audit afternoons and Event in the Tent Debriefing embedded in specialties and corporately Training and skills programme annually Cultural work (including Greatix, FTSU programme and maturing QI methodology) GIRFT programme has raised the profile of litigation data within teams.	Evidence of learning locally at team level could be more robust A more granular view of incident reporting behaviours could help inform QI activity and focus.	4x3=12		1472

Safety	1-5	Avoid	Quality & Clinical Risk	Medical Director	Failure to recognise and respond to the deteriorating patient [Reviewed March 2020]	Non compliance with the NEWS protocols; failure to appropriately escalate NEWS scores or failure to clinically assess patients outside protocols (i.e. 'hands on, eyes on' patients who are ill but not triggering on NEWS)	4x4=16	National NEWS protocol in place Level 1 pathway fully established Successful transition to an electronic platform (eCare) Successful implementation of NEWS 2 Sepsis screening and training / awareness programme Reduction in the number of incidents / serious incidents reported where failure to recognise deterioration is a significant element	Review of rapid response / night nurse practitioner / ICU outreach functions underway with a view to unified standards and team identity. Formal audit evidence in relation to NEWS2 implementation and performance.	4x2=8		2495/2497
Safety	1-6	Avoid	Quality & Clinical Risk	Deputy CEO	Failure to manage clinical risk during significant digital change programmes	1. Inadequate assessment of clinical risk/ impact on clinical processes and safety/ experience of digital change programmes 2. Inadequate resourcing of digital change programmes (including operational support) 3. Inadequate training for clinicians and support staff on new digital systems prior to and post roll out	4x4=16	1. Robust governance structures in place with programme management at all levels 2. Thorough planning and risk assessments during scoping, testing, launch and roll out 3. Resourcing reviewed regularly at programme boards 4. Training needs established in scoping and testing phases 5. Regular reviews of progress post go-live for all digital change programmes		4x3=12		
Safety	1-7	Avoid	Quality & Clinical Risk	COO	Failure to provide sufficient capacity to match demand for elective care (as evidenced by average waiting times, appointment slot issues (ASI) and non-RTT backlog).	Increased referrals in to secondary care. Over-emphasis on provision of emergency care. Failure to optimise OPD capacity via referral management and appropriate discharge criteria. Absence of financial drivers to increase outpatient activity (in absence of PbR tariff).	5x4=20	Improved granular understanding of demand and capacity (NHSI tool). Balanced scorecard approach to performance at Trust, Divisional, CSU and service level. Integrated approach to referral management. Agreement of local standards in relation to discharge criteria from clinic and follow up to first ratios. Agreement of internal tolerance of ASI and non-RTT. Provision of additional outpatient capacity and development of new outpatient care models.		4x4=16		
Experience	2-1	Avoid	Quality & Clinical Risk	Chief Nurse	Failure to achieve improvements in the patient survey	Lack of appropriate intervention to improve patient experience (measured through the national surveys)	4x4=16	Prevent Controls Corporate Patient Experience Team function, resources and governance arrangements in place at Trust, division and department levels, including but not limited to: <ul style="list-style-type: none"> • Patient Experience Strategy • Learning Disabilities Strategy • Dementia Strategy • Nutrition steering group • Catering steering group • Domestic planning group • Discharge steering group • Induction training Detect Controls Quarterly Patient Experience Board , monthly meetings and supporting substructure of steering groups .		4x3=12		2598
Experience	2-2	Avoid	Quality & Clinical Risk	COO	Failure to embed learning from poor patient experience and complaints	Learning not captured and shared in a meaningful and impactful way among individuals and team (and across the organisation) Failure to embed an appropriate system for sharing learning consistently, in a way that can be measured/ audited and evidenced	4x4=16	Prevent Controls Corporate PALS/Complaints Team function, resources and governance in place at the Trust, division and department levels, including but not limited to : <ul style="list-style-type: none"> • Complaints policy and process • PALS policy and process • Ombusman policy and process • Complaints handling training for managers • Clinical oversight complaints/PALS process Detect Controls Quarterly Patient Experience Board, monthly meetings and integration with Patient Experience sub structure of steering groups.		4x3=12		

Experience	2-3	Avoid	Trust Board	CEO	Deterioration in patient experience of clinical oncology (radiotherapy) pathways, deterioration in access to treatment and reputational damage.	Break down in the established relationship (sub contract) between Oxford University Hospitals and the private Genesis Care facility (Linford Wood, Milton Keynes) which has provided local radiotherapy to MK residents for the last six years. This breakdown results in less choice and longer travel distances for patients requiring radiotherapy. Patients tend not to differentiate between the different NHS provider organisations. This risk materialised 16.12.2019 when the contract expired and no extension was agreed.	5x4=20	Contingency for the provision of treatment to patient in Oxford. Promotion of ongoing discussion between OUH and Genesis about the ongoing provision of palliative and prostate radiotherapy at Linford Wood (a limited contract extension). Promotion of agreement between OUH and Northampton General Hospital to facilitate access to facilities at Northampton for those who prefer treatment in this location. Promotion of rapid options appraisal and decision making at OUH and MKUH in relation to a medium to long term solution for radiotherapy provision on site at Milton Keynes University Hospital (build, operation, governance etc...) and route to capital funding. Proactive communications strategy in relation to current service delivery issues.		4x4=16		
Effectiveness	3-1	Avoid	Quality & Clinical Risk	Director Corp Aff	Failure to evidence compliance with the annual clinical audit programme	1. Lack of understanding/ awareness of audit requirements by clinical audit leads 2. Resources not adequate to support data collection/ interpretation/ input 3. Audit programme poorly communicated 4. Lack of engagement in audit programme 5. Compliance expectations not understood/ overly complex	4x4=16	1. Designated audit leads in CSUs/ divisions 2. Clinical governance and administrative support - allocated by division 3. Recruited additional clinical governance post to medicine to support audit function (highest volume of audits) 3. Audit programme being simplified, with increased collaboration and work through the QI programme 4. Audit compliance criteria being segmented to enable focus on compliance with data returns; opportunity for learning/ changing practice and communication/ engagement		4x3=12		
Effectiveness	3-2	Avoid	Quality & Clinical Risk	Director Corp Aff	Failure to embed learning and evidence action plans following clinical audit	1. Learning from audits not captured effectively 2. Learning from audit not shared effectively 3. No central record of learning from audit or ability to compare audit/ re-audit progress	4x4=16	1. Designated audit leads in CSUs/ divisions 2. Clinical governance and administrative support - allocated by division 3. Recruited additional clinical governance post to medicine to support audit function (highest volume of audits) 3. Audit programme being simplified, with increased collaboration and work through the QI programme 4. Audit compliance criteria being segmented to enable focus on compliance with data returns; opportunity for learning/ changing practice and communication/ engagement		4x3=12		
Effectiveness	3-3	Avoid	Quality & Clinical Risk	Director Corp Aff	Lack of assessment against and compliance with NICE guidance	The Trust has a number of NICE guidelines awaiting compliance declarations	3x4=12	Monthly assessments of compliance against published NICE baseline assessments Process in place to manage baseline assessments with relevant clinical lead - supported by clinical governance leads Independent review by compliance and audit lead Requires clinical engagement and ownership	Small number of breached documents	3x4=12		767
Key Targets	4-1	Avoid	Executive Management	COO	Failure to meet the 4 hour emergency access standard	The Trust is unable to meet the target to see 95% of patients attending A&E within 4 hours	4x4=16	Operational plans in place to cope with prolonged surges in demand Cancelling of non urgent elective operations New elective surgical ward open to reduce likelihood of above control Opening of escalation beds Working with partners for social, community and primary care Clinical reviews and prioritisation undertaken to prevent patient harm	Target currently being breached	4x4=16		1917/2500

Key Targets	4-2	Avoid	Executive Management	COO	Failure to meet the key elective access standards RTT 18 weeks, non-RTT and cancer 62 days	The Trust is unable to meet the 18 week RTT and 62 day cancer targets, and unable to reduce its non-RTT backlog as required	4x4=16	Regular PTL meetings to ensure clinical oversight of patient waiting times and executive ownership Work on improving administrative pathways Work with tertiary providers on breach allocations RTT and non-RTT action plans	Target currently being breached	4x4=16		2679/2589
Effectiveness	5-1	Avoid	Audit	Deputy CEO	Failure to ensure adequate data quality leading to patient harm, reputational risk and regulatory failure	Data quality governance and processes are not robust	4x4=16	Robust governance around data quality processes including executive ownership Audit work by data quality team		4x3=12		2705/2572
Sustainability	6-1	Avoid	Audit	Deputy CEO	Failure to adequately safeguard against major IT system failure (deliberate attack)	Weaknesses in cyber security leave the trust vulnerable to cyber attack	5x2=10	Investment in better quality systems GDE investment NHS Digital audits and penetration tests		4x2=8		
Sustainability	6-2	Avoid	Finance & Investment	Deputy CEO	Failure to adequately safeguard against major IT system failure (inability to invest in appropriate support systems/infrastructure)	Lack of suitable and timely investment leaves the Trust vulnerable to cyber attack	5x2=10	2 dedicated cyber security posts funded through GDE All Trust PCs less than 4 years old Robust public wifi network EPR investment		4x2=8		
Sustainability	6-3	Avoid	Executive Management	Deputy CEO	Failure to maximise the benefits of EPR	That the Trust does not derive all of the benefits in terms of efficiency and productivity from the EPR system as had been anticipated in the business cases	4x4=16	eCare operational delivery board being put into place in order to cover the spectrum of optimisation opportunities both financial and non-financial as a result of the implementation (and upcoming upgrades and changes). An initial schedule of opportunities that forecasts a level of savings in line with those in the original business case is being monitored against although there is likely to be some slippage against this when taking into account time for the new system to bed-in across the organisation.		4x3=12		2177/1185
Finance	7-1	Cautious	Finance & Investment	DOF	There is a risk that the constraints on the NHS capital expenditure limit (CDEL) lead to delays in the Trust receiving its approved capital funding or other restrictions being placed on the Trust's capital programme	The national NHS Capital Financing regime is under significant pressure, which is restricting the Trust's ability to spend on capital in line with its requirements	5x4=20	1. Capital prioritisation process in place (through the Trust's Capital Control Group (CCG) and Clinical Board Investment Group (CBIG) to ensure the Trust prioritises its capital schemes within scarce resources effectively. 2. Alternative funding sources identified to support continued investment in the Trust's estate and physical infrastructure in line with requirements. 3. Capital bids submitted where additional NHS funding streams become available.	The Trust has only limited influence on the national policy regarding the capital funding regime and the constraints on the national CDEL.	4x2=8		
Finance	7-2	Avoid	Finance & Investment	DOF	There is a risk that the Trust does not receive timely confirmation that its historical revenue loans due for repayment within 12 months have been refinanced or written off leading to a potential breach of the DHSC loan agreements and/or a going concern/cashflow risk to the Trust.	The Trust's historical deficits have been financed through revenue support loans which, under current terms, require repayment. Guidance for the 2020/21 suggests that provider revenue support loans will be written off; however this has not yet been confirmed with the Trust.	5x3=15	1. The Trust has made representations to NHSI and DHSC to make clear that it will be unable to make its loan repayments as they currently fall due. 2. The Trust is one of a number of NHS provider organisations with revenue support loans due for repayment within 12 months meaning a national resolution of the issue is more likely.	The Trust has only limited influence on the national policy for the financing regime.	4x3=12		

Finance	7-3	Cautious	Finance & Investment	DOF	There is a risk that the Trust is unable to achieve the required efficiency improvements through the transformation programme leading to an overspend against plan and the potential loss of the £5.1m of Provider Sustainability Funding in the event the Trust's control total is not met.	Unless the Trust is proactive in identifying efficiency opportunities then the transformation target would not be achieved leading to a significant financial risk to the organisation.	5x5=25	<ul style="list-style-type: none"> 1. Tracker in place to identify and track savings and ensure they are delivering against plan 2. Savings measured against Trust finance ledger to ensure they are robust and consistent with overall financial reporting 3. All savings RAG rated to ensure objectivity 4. Oversight of the transformation programme through the Transformation Programme Board and Management Board. 	The Trust requires support from external partners to support the delivery of the Transformation programme which is outside of the Trust's direct control.	3x3=9		
Finance	7-4	Cautious	Finance & Investment	DOF	There is a risk that the Trust's guaranteed income contract does not deliver the benefits expected and/or leads to an opportunity cost to the Trust in respect of unfunded activity.	An increase in activity against planned levels could lead to unfunded cost pressures at the Trust.	5x4=20	<ul style="list-style-type: none"> 1. Clearly defined monitoring of the monthly activity performance with lead commissioner 2. Escalation of issues to senior managers within the Trust. 3. Joint executive contract group to assess activity and performance and monitor the delivery of joint initiatives. 4. Risk-share arrangement included within the contract. 	The 2019/20 contract is delivering the expected benefits. Priorities for 2021/22 and the associated governance arrangements need to be agreed.	3x3=9		
Workforce	8-1	Cautious	Workforce	Director Workforce	Inability to retain staff employed in critical posts	<p>Poor working culture within certain isolated teams</p> <p>Perceived more attractive benefits elsewhere</p> <p>Proximity to tertiary centres with perceived better career development opportunities</p>	4x4=16	<ul style="list-style-type: none"> Variety of organisational change/staff engagement activities, e.g. Event in the Tent Schwartz Rounds and coaching collaboratives Recruitment and retention premia We Care programme Onboarding and exit strategies/reporting Staff survey Learning and development programmes Health and wellbeing initiatives, including P2P and Care First Staff friends and family results/action plans Links to the University of Buckingham Staff recognition - staff awards, long service awards, GEM Leadership development and talent management Succession planning Enhancement and increased visibility of benefits package Recruitment and retention focussed workforce strategy and plan to fill vacancies, develop new roles and deliver improvement to working experience/environment 		4x3=12		2499/2589

Workforce	8-2	Minimal	Workforce	COO	Inability to recruit to vacancies in short term (0-18 months)	<p>National shortages of appropriately qualified staff in some clinical roles, particularly at consultant level for dermatology and acute medicine, and at middle grade level for urology and trauma and orthopaedics</p> <p>Competition from surrounding hospitals</p> <p>Buoyant locum market</p> <p>National drive to increase nursing establishments leaving market shortfall (demand outstrips supply)</p>	4x3=12	<p>Active monitoring of workforce key performance indicators</p> <p>Targeted overseas recruitment activity</p> <p>Apprenticeships and work experience opportunities</p> <p>Exploration and use of new roles to help bridge particular gaps</p> <p>Use of recruitment and retention premia as necessary</p> <p>Use of the Trac recruitment tool to reduce time to hire and candidate experience</p> <p>Rolling programme to recruit pre-qualification students</p> <p>Use of enhanced adverts, social media and recruitment days</p> <p>Rollout of a dedicated workforce website</p> <p>Review of benefits offering and assessment against peers</p> <p>Creation of recruitment "advertising" films</p> <p>Recruitment and retention focussed workforce strategy and plan to fill vacancies, develop new roles and deliver improvement to working experience/environment</p> <p>Targetted recruitment to reduce hard to fill vacancies</p>	4x2=8	2499/2589
Workforce	8-3	Minimal	Workforce	Director Workforce	Inability to recruit to vacancies in medium to long term (19+ months)	<p>National shortages of appropriately qualified staff in some clinical roles, particularly at consultant level</p> <p>Brexit may reduce overseas supply</p> <p>Competition from surrounding hospitals</p> <p>Buoyant locum market</p> <p>National drive to increase nursing establishments leaving market shortfall (demand outstrips supply)</p> <p>Large percentage of workforce predicted to retire over the next decade</p> <p>Large growth prediction for MK - outstripping supply</p> <p>Buoyant private sector market creating competition for entry level roles</p> <p>New roles upskilling existing senior qualified staff creating a likely gap in key roles in future (e.g. band 6 nurses)</p> <p>Reducing potential international supply</p> <p>New longer training models</p>	4x4=16	<p>Monitoring of uptake of placements & training programmes</p> <p>Targeted overseas recruitment activity</p> <p>Apprenticeships and work experience opportunities</p> <p>Expansion and embedding of new roles across all areas</p> <p>Rolling programme to recruit pre-qualification students</p> <p>Use of enhanced adverts, social media and recruitment days</p> <p>Review of benefits offering and assessment against peers</p> <p>Development of MKUH training programmes</p> <p>Workforce Planning</p> <p>Recruitment and retention focussed workforce strategy and plan to fill vacancies, develop new roles and deliver improvement to working experience/environment</p> <p>International workplace plan</p> <p>Assisted EU staff to register for settled status and discussed plans to stay/leave with each to provide assurance that there will be no large scale loss of EU staff post-brexit</p>	4x4=16	2499/2589

Workforce	8-4	Avoid	Quality & Clinical Risk	Medical Director	Removal of up to 11 trainees from the department of obstetrics and gynaecology as a result of various concerns about the training environment. [Reviewed March 2020]	Poor training environment: lack of standardisation of process; variable levels of support; and, persistent concerns around behaviours by consultants perceived as belittling / inappropriate / bullying. Risk raised in November 2019 following HEE TV quality meeting. For discussion - would this risk be better managed via Quality and Clinical Risk Sub-Committee?	4x5=20	<p>Heavy involvement from clinical leaders outwith the department (DD, DME, MD).</p> <p>Change in clinical leadership model within the service.</p> <p>Formative external review (Berendt consulting).</p> <p>Substantive recruitment to consultant posts within the service.</p> <p>Close liaison with HEE TV Head of School.</p> <p>Completion of relevant HR processes.</p> <p>Developmental work underway with consultant body and other senior clinicians in relation to vision and agreement of an ambitious forward-looking programme of work.</p> <p>Agreement around further investments within the department to improve the working lives of trainees and the quality of the training environment.</p>	Whilst there is progress against the action plan (shared with HEETV), improvements will take some time to put in place and a further period until trainee feedback reflects those improvements.	4x4=16		
Estate	9-1	Cautious	Finance & Investment	COO	Insufficient capacity in the Neonatal Unit to accommodate babies requiring special care	The current size of the Neonatal Unit does not meet the demands of the service. This risks high numbers of transfers of unwell babies and potential delayed repatriation of babies back to the hospital. There is a risk that if the Trust continues to have insufficient space in its NNU, the unit's current Level 2 status could be removed on the basis that the Trust is unable to fulfill its Network responsibilities and deliver care in line with national requirements.	4x3=12	<p>Reconfiguration of cots to create more space</p> <p>Additional cots to increase capacity</p> <p>Parents asked to leave NNU during interventional procedures, ward rounds, etc to increase available space</p>		4x3=12		2570
Sustainability	9-2	Minimal	Charitable Funds	Director Corp Aff	Failure to achieve the required level of investment (including appeal funds) to fund the Cancer Centre	Lack of suitable and timely engagement with key players within the city and wider area during the private phase of the appeal, and an inability to enthuse and gain the support of potential donors more broadly, means that the Charity is unable to achieve the required level of charitable contribution to the project	4x2=8	<p>Fundraising strategy and plan in place</p> <p>Financial forecasts under very regular scrutiny</p> <p>Experienced consultancy engaged to support existing senior and experienced fundraising staff</p> <p>Tactical plan for private and public appeal phase developed and implemented</p>		4x2=8		
Strategy	10-1	Avoid	Board of Directors	CEO	Inability to progress the Milton Keynes Accountable Care System and wider ACS/STP programme	Lack of effective collaboration among all the key local partners means that the goal of a comprehensive and integrated place based health and social care solution within MK is not realised	4x3=12	Chief Executive and Executive team engagement both at ICS and MK Place levels. MK Place leaders chairing 3 of the 5 ICS priority workstreams		4x2=8		
Strategy	10-2	Avoid	Board of Directors	COO	Insufficient preparedness for disruption to workforce or supplies (including medications) following withdrawal from the European Union	Inability to recruit or retain staff; inability to prescribe or supply pharmaceuticals; inability to keep hospital stock levels (clinical and non-clinical) at required levels	5x2=10	<p>UK Government putting contingency plans in place</p> <p>Planning through Trust EPRR forums</p> <p>Trust working with NHSI/E to ensure any national directives are complied with</p>		5x2=10		2731