Board of Directors

Public Meeting Agenda

Meeting to be held at 10am on Thursday 5 November 2020 remotely via Teams in line with social distancing

Item No.	Title	Purpose	Type and Ref.	Lead
1. Introduction and Administration				
1.1	Apologies	Receive	Verbal	Chairman
1.2	Declarations of Interest • Any new interests to declare • Any interests to declare in relation to open items on the agenda	Noting	Verbal	Chairman
1.3	Minutes of the meeting held in Public on 3 September 2020	Approve	Page 4	Chairman
1.4	Matters Arising	Receive	Verbal	Chairman
2. Chair and Chief Executive Strategic Updates				
2.1	Chairman's Report	Receive and Discuss	Verbal	Chairman
2.2	Chief Executive's Report	Receive and discuss	Page 12	Chief Executive
3. Quality				
3.1	Patient Story	Receive and Discuss	Presentation	Director of Patient Care and Chief Nurse
3.2	7-day Services update	Receive and Discuss	Verbal	Medical Director
3.3	Nursing staffing update	Receive and Discuss	Page 20	Director of Patient Care and Chief Nurse
3.4	Mortality Report	Receive and Discuss	Page 29	Medical Director
3.5	Staff health and wellbeing/engagement update	Receive and Discuss	Page 40	Director of Workforce
3.6	Membership engagement	Receive and Discuss	Page 49	Director of Corporate Affairs
3.7	Engaging with Users – Maternity Voices Partnership	Receive and Discuss	Verbal	Director of Patient Care and Chief Nurse
4. Strategy				
4.1	Estates – Strategic Outline Case presentation	Receive, discuss and approve	Presentation / Page 57	Deputy Chief Executive
4.2	Winter escalation plan/Covid second wave plan	Receive and discuss	Presentation	Director of Operations

Item No.	Title	Purpose	Type and Ref.	Lead
5. Performance and Finance				
5.1	Performance Report Month 6	Receive and Discuss	Page 91	Deputy Chief Executive
5.2	Finance update Report Month 6	Receive and Discuss	Page 103	Director of Finance
5.3	Workforce update Report Month 6	Receive and Discuss	Page 112	Director of Workforce
6. Assurance and Statutory items				
6.1	Significant Risk Register Report	Receive and Discuss	Page 118	Director of Corporate Affairs
6.2	Board Assurance Framework	Receive and Discuss	Page 134	Director of Corporate Affairs
6.3	Update to the Terms of Reference of the Board and its Committees	Approve	Page 188	Director of Corporate Affairs
6.4	Board Register of Interests	Note	Page 226	Director of Corporate Affairs
6.5	(Summary Report) Finance and Investment Committee – 1 September 2020	Note	Page 232	Chair of Committee
6.6	(Summary Report) Workforce and Development Assurance Committee – 15 October 2020	Note	Page 234	Chair of Committee
6.7	(Summary Report) Audit Committee – 21 September 2020	Note	Page 237	Chair of Committee
6.8	(Summary Report) Quality and Clinical Risk Committee – 21 September 2020	Note	Page 239	Chair of Committee
6.9	(Summary Report) Charitable Funds Committee – 5 October 2020	Note	Page 242	Chair of Committee
6.10	Use of Trust Seal	Note	Page 244	Director of Corporate Affairs
7. Administration and closing				
7.1	Questions from Members of the Public	Receive and Respond	Verbal	Chairman
7.2	Motion to Close the Meeting	Receive	Verbal	Chairman
7.3	Resolution to Exclude the Press and Public	Approve	The Chair to request the Board pass the following resolution to exclude the press and public and move into private session	Chairman

Item No.	Title	Purpose	Type and Ref.	Lead
			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."*	

Milton Keynes University Hospital NHS Foundation Trust

BOARD OF DIRECTORS MEETING

Draft Minutes of the Board of Directors meeting held in PUBLIC on September 3, 2020 remotely via Teams due to pandemic

Present:	
Simon Lloyd (SL)	Chairman
Joe Harrison (JH)	Chief Executive
Ian Reckless (IR)	Medical Director
John Blakesley (JB)	Deputy Chief Executive
Emma Livesley (EL)	Director of Operations
Kate Jarman (KJ)	Director of Corporate Affairs
Danielle Petch (DP)	Director of Workforce
Mike Keech (MK)	Director of Finance
Nicky Burns-Muir (NBM)	Chief Nurse & Director of Patient Care
Sophia Aldridge (SA)	incoming Interim Director of Finance
Heidi Travis (HT)	Non-Executive Director (Chair of the Finance & Investment Committee
Helen Smart (HS)	Non-Executive Director (Chair of the Quality and Clinical Risk Committee)
Andrew Blakeman (AB)	Non-Executive Director (Chair of the Audit Committee)
Nicky McLeod (NMc)	Non-Executive Director (Chair of the Workforce Development & Assurance Committee)
Haider Husain (HH)	Non-Executive Director
John Lisle (JL)	Non-Executive Director
Luke James (LJ)	Associate Non-Executive Director
In attendance:	
Alison Marlow (AM)	Trust Secretary (minutes)
Julie Goodman (JG)	Trust Lead for Complaints (item 3.1)

1	**Welcome**
	The Chairman welcomed all present to the meeting.
1.1	**Apologies**
	Apologies were received
1.2	**Declarations of interest**
	No new interests had been declared and no interests were declared in relation to the open items on the agenda.
1.3	**Minutes of the meeting held on July 2, 2020**
	The minutes of the public Board meeting held on July 2, 2020 were accepted as an accurate record.
1.4	**Matters Arising/ Action Log**
	There were no matters arising.
2	**Chairman and Chief Executive's Reports**
2.1	**Chairman's Report** Simon Lloyd said that recruitment for his successor was well underway and that a good list of candidates had been identified with interviews and stakeholder panels taking place later in the month.

	He also explained that with the departure of John Clapham as NED representative of the University of Buckingham, a new candidate had been put forward by the university. Due to the current situation, the Governor Appointments' Panel was being to consider the candidate at a meeting later today, and their recommendation would then be emailed to the full Council of Governors for approval. SL said further details would be communicated once the formal process had been completed. The NHS People Plan was published a few weeks ago with positive references to MKUH. JH commented that it reflected again that the Trust was ahead of a lot of other places in making sure we value our staff and paid tribute to the work of DP and KJ in this regard. **Resolved**: The Board **noted** the Chairman's Report **Chief Executive's Report** JH said the Trust had seen very few Covid cases come through over the last month. However, it was clear that MK as a place has seen an increase in people testing positive. This was mainly the younger population, who didn't require hospital treatment. MK had a similar infection rate to Luton and Bedford in the community. He said that the Trust continued to enforce all the social distancing measures in the hospital. The Trust is trialling a booking system for families to visit patients in a couple of wards. If successful, it will be rolled out. He said this marked a positive step towards welcoming visitors back, provided it was safe. There is going to be a virtual Event in the Tent at this end of September over three days focusing on diversity, equality and inclusion along with the theme of 'rest, reset and recovery.' The event is open to every member of staff with some exciting speakers including an Olympian talking about resilience and a sleep expert, along with several internal speakers. JH formally announced the resignation of Mike Keech and congratulated him on his new post as Chief Finance Officer at Cambridge Hospitals. He said the Board was sorry to see him go. In the interim, his post would be covered by Sophia Aldridge, who is well known to the organisation. The recruitment process is now underway. Resolved: The Board **noted** the Chief Executive's Report
3	**Quality**
3.1	**Patient Story** NBM said the presentation was based on a complaint that came in and the purpose was to demonstrate the impact of making a complaint on both the complainant and the staff dealing with the issue. Julie Goodman explained that the complainant in question was critical of the process but did wish to be constructive and was happy to help improve and take part in this piece of work. Among the things he noted was that he felt the process was slow, with a lack of updates and feedback. When he got written responses, the language felt defensive. He felt he had to complain to get answers to his wife's death.

	After talking to clinical colleagues about the effect of knowing a complaint had been made; plus, the effect on complaint staff, JG linked with NHS Elect to request more training around communications and empathy. One training session has already been successfully held with another later in September. The complainant was so pleased we listened and did something with his feedback to hopefully improve the experience for both sides. Further plans include a more structured survey and an engagement event with complainants to find out what they want from the service so it can be further improved. SL thanked JG for her work in this important area. HS also commented on the clear presentation and the fact that it highlighted that everyone is always trying to do their very best, and that it was always important to remember that we are dealing with human beings. NM asked where the Trust's obligations regarding duty of candour fit in. KJ said it was quite a complex piece of learning and there was duty of candour around the element of harm. She stressed the importance of communicating to patients on a human level. HH said great report very worthwhile and necessary He asked about the system behind the process to manage complaints. JG explained that Datix was used to log every complaint and that it generated a timeline but this was not enough to meet a KPI and the complaints team aimed LJ commented that it was good that JG reached out to the other people involved and said he could empathise with the impact complaints had, adding that it was a very lonely place for a clinician to receive a complaint. He asked about systems in place for peer support for clinicians. JG said peer support was in place for clinicians, and also from triumvirate/CSU leads. She said the team was very open, pointing out that complaints were her team' s speciality and whereas medical expertise was theirs. NBM added that all complaints are clinically triaged, and IR is alwayshe Trust pays around £20k a year for the service and use them broadly across **Resolved:** The Board thanked Julie Goodman for her presentation.
3.2	**Nursing Staffing Update** NBM gave the update. CHPPD (Care Hours per Patient Day) have been higher due to fewer patients and agency spend has gone down as the Trust deployed staff to different areas. The situation regarding vacancies is positive. The first tranche of nursing associates are now qualified and another 20 are in training. The Safe Care Tool from Allocate is now in a pilot. It will give teams more real time assurance on acuity and staffing. NBM said it requires quite a lot of intensive inputting from staff and will enable the Trust to be more agile around staffing. It will assist in triangulating all data. Continuity of care in maternity is on track to meet national targets with positive feedback from mothers and families NMc commented that having had the presentation about continuity of care at a previous board it was great to get additional feedback on how its working and panning out even further. HH asked if there were any opportunities to get data from other equipment such as Cerner. NBM confirmed that the safe care tool did interface. DP explained that it takes a register at the beginning of a shift and works out numbers needed based on acuity of patient using a traffic light system. HH asked if it had any prediction capabilities? DP said other trusts have been using it to look back at

	how their staffing was reflected and said that once MKUH had a full year of data they would be able to do this. HS noted the positives of the report, especially in terms of recruitment through a difficult time. She asked about the Workforce matron commenting that it was innovative and unusual role. She asked if it was purely on recruitment campaigns or new roles/ways of working? NBM said recruitment was only part of it; that it was also about engaging nursing staff and looking at how they can take more ownership. The other aspect of the position was to look at new roles, nursing apprenticeships, sister practitioners, and at how the Trust does value-based recruitment and uses a standardised approach so it can be audited. HS asked if the Workforce matron looks outside of the organisation at the possibility of integrated roles. NBM said this wasn't currently the case, but that was the intention going forwards. Not currently but will be looking at that. HS asked if there were opportunities around rotation? NBM said that in the past staff had enjoyed the area they worked in and not wanted to rotate, but she agreed there were grounds for newly qualified staff to rotate and people had requested it. HS asked if NMB felt nursing staffing was at safe levels and NMB said it definitely was. IR suggested that presenting midwife to birth ratios monthly seemed inappropriate due to changing birth numbers across the months and suggested they should be presented across a rolling 12 month period. NBM agreed. Nurse staffing on ICU. NBM said it was positive that some people from other teams worked in the department during Covid and have now transferred there full time.
4.	**Strategy/Performance**
4.1.	EL explained the contents of a letter received from NHS England regarding the BLMK recovery return and expected outcomes. She wished to provide assurance to the Board that the accelerated return has worked well. The instructions were around cancer services, diagnostics and outpatients, with targets of a return to 90% of previous elective targets and 100% of outpatients. She said the major concern was diagnostics, although MKUH was ahead of many hospitals and had been used us a test site. There were local conversations about how to increase capacity and positive news that the Centre would be increasing investment to support this. 52Week Wait– in line with other Trusts, electives were put on hold for three months. There were more 52WW patients than the Trust would like but a good trajectory going forward - with 176 patients in September compared to 270 in Aug. A lot of these patients are ENT non-admission work. So, while the numbers looked high EL said this was a temporary anomaly. To put the situation into context JB explained that 52WW numbers were doubling nationally every month at moment. He said the Trust was not where it wanted to be but that it was performing better than most. EL said the temporary relocation of ICU meant day cases had been restricted, but as most activity comes on fully at the end of September the Trust would reap the benefits of the strategic activities carried out at the height of the pandemic. She said the expectation was that the Trust kept electives going through the winter whereas previously these were put on hold for four weeks in January. All bed capacity is not currently utilised – JB said this was different to other local hospitals which were at maximum bed capacity.

	HS asked if people across the hospital and community were still working well collaboratively? IR said this was the case, though the finance arrangements had changed. He said it was early days and the Trust was keeping a close eye on it. In terms of flow, a lot of capacity in nursing homes (250 beds) whereas homes in Bedfordshire were full. JL asked that as waits increased was it reasonable to expect that there will be increased complexity? IR said the issue with long waiters is more difficult in tertiary centres. In smaller hospitals, it unfortunately affected patient experience, but it was relatively rare to cause significant patient harm. He said it was important to focus on 'prehabilitation' such as encouraging smoking cessation, as the preoperative pathway becomes more important. LJ asked if the Trust received information from the CCG as to activity in primary care. JB said referral numbers were nowhere near pre-Covid levels in MK. He said the CCG didn't feedback a lot of information. EL said part of the NHSE requirement was to look across ICS and meetings were being arranged so the different health economies could share information more clearly. IR said there were a narrative regionally and nationally about GPs sitting on demand, but this didn't appear to be the case in Milton Keynes. HS asked how the executive team was forecasting around RTT and 2WWs? JH said there was a piece of work based on current GP referrals. He said there was understanding of the patient and financial incentives of treating as many as possible, but until they gainer greater understanding of the financial regime it was difficult to predict. This information was expected in the next two weeks. HS asked if the Trust was being aggressive enough or being risk averse about getting patients through. JH commented that ultimately the Trust was a hospital, not a bank. That said, there was a financial regime to work within. The executive team was very good at balancing financial need versus patient need but currently they didn't know how much money they had available to run the hospital for the rest of the year. JB said one area that had bounced back was A&E which was nearly back to pre-Covid levels with performance better than before. HS asked about bed capacity and reduction due to Covid. IR said most of the bed base was acceptable within the two metre rule. The additional challenge would be when visitors were reintroduced. **The performance report for M4 was also received and noted.**
4.2	**Estates update** JB said the formal business case for the pathway unit was completed on 15/9. This will now convert to internal business case to Management Board and then to Board in a month or so. The strategic outline case was on track for November. Some complex documents had to be fed into the spending review and the shortlisting of options was now complete. The package of enabling works for the HIP2 programme had started. The Ambulance teams are due to move off site in mid-October and demolition of the Ambulance station and Maple unit is expected to start soon afterward. The new emergency hub was not yet open due to the car park not being finished. JB said the Trust would be offering them space near A&E as a rest area for crews on hospital site. HH asked about plans regarding items such as zero-touch mechanisms and asked if these were now a priority. JB said that the Trust designs were that every patient has their own room. There would generally be more space and higher specification for things like airflow which increased cost. They also had to build in capacity of an uplift of 20% in case of another pandemic.
4.3	Digital programme update

	JB – said the Trust's Wi-Fi had been upgraded, Hospicom was no longer used and now all patients can stream channels on their own devices. Considerable progress had been made with Office 365. By 2025, 90% of information would be migrated to the Cloud. Cybersecurity was very important, and the Trust had a small team providing an effective service. There had been a number of updates for eCare. JH had been working with Cerner to try and get a more stable and enhanced relationship between the two sites. Shortly patients will be able to get access to their records via MyCare. HH asked if there had been any cybersecurity attacks in last few months? JB said there had been dozens but all picked up quickly and no damage. Every week there were attempts through phishing and links. JH said that each of the executives is getting involved in a different type of digital programme: IR robotics, DP for workforce and MK through the green agenda. The tech strategy would be revised later this year and the focus of the next Board seminar in October would be on digital.
5.2	**Finance Report M4** Mike Keech presented the M4 report. As well as the national block contract, in addition there were two forms of top up – one fixed and one variable dependent on the costs incurred. The summary table showed how the Trust was performing against plan and if using the PBR model the Trust would be significantly down on level of income received. He said this showed how important the block contract was at providing a lifeline to ensure costs could be covered. He said there were still enhanced rotas to provide sufficient capacity and technological adjustments, and that staff still weren't taking as much annual leave as they were pre-pandemic. He said the Trust didn't yet know what its income envelope was for the rest of the year, but they had been told that the current block would continue. if the Trust has the same level of income it will have a significant level of pressure for the rest of year. AB asked about the uncertainty over income. MK said they expected clarity in a couple of weeks but that the priority was to deliver the activity plan and plan resources accordingly. He said there needed to be a particular focus on productivity and to refocus on the CIP (Cost Improvement Programme), as there were still opportunities to secure revenue savings. JH added that given the situation the Trust was in in terms of restarting work, it was going full throttle, so the expectation was that when the Trust got to a point to do more work, it would know what the financial regime was. He said the aim was to get to 100% productivity as soon as possible. **The month 4 finance report was received, discussed and noted**
5.3	**Workforce M4** Danielle Petch gave an overview of the M4 report. Key points included that the absence rate for Covid was coming down with fewer staff reporting symptoms. Statutory Mandatory training and appraisal were improving/ Time to hire was moving in the right direction and was expected to continue. Manager self-service had been introduced for rostering and medical e-rostering. Paperless payslips had been introduced with a focus on areas where staff don't routinely have access to PCs. The roll out had gone well.

	One development that arose from Covid was e-learning – this would be kept to give people more flexibility. MKUH features heavily in the NHS People Plan, regarding flex and staff benefits. She was it was pleasing to see that the Trust is already doing a lot of the things suggested. She added that there were a tremendous number of actions to be considered and that her team were working on timeframes. Staff survey and flu jabs. DP said she wanted people to engage in advance and that flu jabs would be a managed process with a time slot and the campaign running for 3-4 weeks. At end of that will then have period of mop up clinics etc – people need to engage or actively opt out so we can keep track of numbers. Staff would be given their staff survey when they had their jab. The Trust had a large number of applicants for the new Inclusion Leadership Council. This is designed to have a number of members from different groups/networks so the Council can review Board papers and other particular points of note to gain views. The intention is to bring together people in networks and act as critical friend in relation to issues going forwards. NMc asked how risk assessments were going for at risk colleagues. DP said they had all been completed and everyone had returned to work with shielded people moved to safer areas. A lot of engagement had been carried out to ensure staff were involved. . HS thanked DP for her work with staff and also wanted to note the reduction in time to hire by 11 days. SL said it had been a hard year for people to date and asked how staff were feeling. JH said a number of people took some much needed time off in July and August and many said they hadn't realised how tired they were until they took that break. NBM said the pandemic situation had let a number of staff to reflect on work life balance and investigate flexible hours. **The Workforce report was received, discussed and noted.**
6	**Finance**
6.1	**Capital Programme Governance** MK said there were lots of ongoing projects, given the additional funding schemes coming into the organisation over the last few weeks. He said there would be a large number of business cases coming to Board bearing in mind the funding given to support recovery plans.
7	**Assurance and Statutory items**
7.1	**Freedom to Speak Up annual report** DP said that FTSU Guardian Philip Ball was doing a great job. She said it was an unusual year for FTSU with nowhere near level of contacts expected. She said this may be due to there being other avenues of resolving issues and that also, due to Covid there had been many more communication channels open. P2P contacts had also doubled. There had been a senior nurse on wards at all times which meant concerns could be raised straight away. There had been a similar pattern in referrals to HR colleagues and also increased use of the EA assistance programme. There had also been support groups and extra comms sessions – the majority of what went to FTSU wasn't always FTSU and people have had assistance through other routes. The Trust had recruited more people still keen to take on role of ambassadors. There was a lack of protected time and a policy to address this is in progress. She wanted to congratulate Philip for his hard work promoting the scheme and recruiting volunteers as ambassadors.

	IR said he was concerned there had only been one formal contact. While he accepted that staff had used other channels, it was imperative the profile of Guardian was raised and the accessibility of the role was demonstrated. HH asked if the Trust needed to adhere to national training. NBM said this was important and that the role of the FTSU guardian was to oversee the activity so it was important there were more champions to increase visibility. – need to demonstrate accessibility of this role. I don't think there is a problem but vital re accessibility. HH – wondering ? Need to adhere to national definition and national training. NBM – purpose is to oversee the activity, so you need more people championing.
8.	**Governance**
8.1	Changes to the constitution and Terms of Reference of Corporate Management Board and Divisional Management Board. KJ recommended some changes to management board structure to formulate Trust Exec Group (replacing Corporate Management Board). She said it helped to manage a long running incident like Covid. It wasn't a significant change, more a repurposing of committees. IR asked that the comment on page 61, the wording should be changed from doctor to clinician. Outcome: The Board approved the above changes to the constitution and Terms of Reference for Corporate Management Board.
8.2	**Summary Reports** These were noted by the Board.
9.	**Closing Administration**
9.1.	**Any Other Business** KJ reminded the Board that the AMM was at 4pm on September 22. This was hoped to be a live streaming event with the option for the public to submit questions. HT thanked the executive board for their hard work over the last six months. This was echoed by other Non-Executive Directors. JH in turn thanked the None-Executive directors for their ongoing support. HH asked if the Trust would be doing anything to support World Suicide Day on September 10. JH said there were many designated awareness days and he would discuss this with the communications team as it was often difficult to support everyone. Meeting closed at 12.05pm

Meeting title	Board of Directors			**Date:** November 202			
Report title:	Chief Executive's Report			**Agenda item: 2.1**			
Lead director	**Name:** Joe Harrison			**Title:** Chief Executive			
FoI status:	**Public**						
Report summary	A summary of information for the Board's attention not highlighted in routine reporting in-month.						
Purpose *(tick one box only)*	**Information**	x	**Approval**		**To note**		**Decision**
Recommendation	That the Board receive report						

Strategic objectives links	All
Board Assurance Framework links	All
CQC outcome/ regulation links	Governance/ Well Led
Identified risks and risk management actions	
Resource implications	
Legal implications including equality and diversity assessment	

Report history	To every Board
Next steps	
Appendices	

Chief Executive's Update November 2020

Nosocomial Infections

Nosocomial infections are closely monitored at MKUH and reported through the Quality and Risk Committee (via the Infection Prevention and Control Board). The Board is familiar with nosocomial (hospital acquired/ associated) infections including MRSA and Cdiff. Covid-19 infections are now also reviewed to assessed whether they are nosocomial. This is to ensure that all appropriate infection prevention and control measures are in place and working effectively to reduce the risk of in-hospital transmission of the virus. Since March 2020 there have been six instances where investigations have concluded that Covid-19 infections were likely to have been nosocomial in nature (March, 2; April, 1; July, 1; September, 1; October, 1). These were on five wards (two on ward 7 at different times and in different locations within the ward). Whilst we aim for zero, this low number of nosocomial infections (when compared with peer Trusts) gives assurance that infection prevention and control measures are working effectively to reduce risk.

ICS / ICP Update

Collaborative work has continued both 'at place' and at system level. An increasing amount of time is required for work with partners in place, ICS and region. Ian Reckless is now formally deputising for me in this regard, and is supported on a fixed-term basis by Jill Wilkinson (Associate Director, Partnerships).

Highlights at place include:

- Ongoing and positive engagement with the Local Authority around outbreak prevention, winter planning and the 'COVID champions' programme (day-today interface with CEO and Council Officers, attendance at HOSC)
- Work with partner organisations (primary care, CCG, CNWL and LA) on a number of transformational projects (community outpatients, specialist community rehabilitation, care home support and medicines integration)
- Briefing for key stakeholders and partners around the Trust's estates ambitions (HIP)
- Work with partners and the AHSN / LCRN around both adoption (virtual COVID wards) and research
- Further refinement of governance arrangements including an inaugural meeting of the MK Health & Care Alliance

Highlights at system level include:

- Work across the system to understand the different challenges in different places, and how we might be able to support one another (including winter planning)
- Further progress towards the formal merger of the three BLMK CCGs
- Further engagement around the Trust's HIP proposals (through BLMK Partnership Board, and a site visit and discussion with the independent chair)

Health Education England – Recognition for ITU

The work of the ITU department and clinical staff has been recognised by Health Education England – please see the letters of appreciation appended to this report.

Virtual Event in the Tent – Rest, Recovery and Resilience

MKUH held its Event in the Tent, a three-day engagement, communication and development event for all staff, in September. Usually this is held in a dedicated marquee on the hospital site, but due to Covid-19 restrictions, this year the event was virtual. Hundreds of staff joined the online sessions held each day – with subjects as diverse as sleep, menopause and men's mental health. The themes of the event were rest, resilience and recovery – themes we will take forward into the winter months as emergency and elective demand continues to increase. Keeping our staff and reducing the risk of mental or physical burnout is vitally important and will be continuing to engage with staff on the best support we can provide to care for them during the next few weeks and months.

Flu Vaccination Programme

The flu vaccination programme is covered in more detail in the workforce report, however I wanted to highlight the importance of staff receiving the vaccination this year of all years. Our take-up of the vaccine is usually very high, and this year we have started early and will continue with a sustained programme to ensure our staff our protected from flu.

Duty of Care and Candour – Working with Patients and Families

Kate Jarman (Director of Corporate Affairs) is currently scoping work to improve and extend the principle of (and our legal obligation to) ensure duty of candour when things go wrong in the provision of care and services to patients. Kate is scoping this work with Joanne Hughes, author of Mother's Instinct and co-founder of the Harmed Patients Alliance. The aim of this is to understand the needs of harmed families and work differently with patients and/ or families to involve them in investigations and complaints collaboratively and to extend a duty of care after an event that has caused harm – supporting harmed patients and families with care and the principles of restoration. This work will involve the Board and Quality and Clinical Risk Committee as it develops.

Apple

Milton Keynes University Hospital has become one of the first hospitals in the UK to enable patients to view their consolidated health care records directly within the Health app on their iPhone.

The feature, which launched at only two UK hospitals on October 7 means patients can chose to create a direct connection between the hospital and their iPhone, allowing them to see a central view of their medical record including lab results, medications, procedures, allergies, conditions, vital signs and immunizations . It also notifies patients when their data is updated.

The Health Records feature is part of the Health app, which also shows activity, heart rate, nutrition and other health data consolidated from iPhone, Apple Watch and HealthKit-enabled third-party apps.

MKUH have spent the last three years trailblazing in the digital world of health care and already have more than 70,000 patients registered to their MyCARE app which allows them to book and change appointments, access hospital correspondence and information from their smartphone. Health Records on iPhone provides another option to ensure patients have access to available hospital data from within their electronic patient record (EPR).

Patients can access Health Records from within the Health app and can download their health records by selecting Milton Keynes University Hospital and authenticating with their existing MyCARE credentials. Patients are invited to register with MKUH's MyCARE patient portal once they come into the care of specific hospital services.

Oxford University Hospitals have also launched Health Records on iPhone today, which is another positive step for Milton Keynes patients. MKUH refer some patients to Oxford's specialist services and this technology means that these patients can view their records from both hospitals in one place.

Health Records on iPhone was designed to protect patients' privacy through utilising a direct, encrypted connection between the user's iPhone and the healthcare organisation. Downloaded health records data is stored on-device and encrypted with the user's iPhone passcode, Touch ID or Face ID.

Sensyne Health

MKUH signed a Strategic Research Agreement with Sensyne Health in October 2020. This new non-exclusive agreement enables the ethical application of clinical artificial intelligence research on anonymised patient data to improve patient care and accelerate research into new medicines.

The dataset covers 650,000 unique patient records, with 55,000 annual hospital admissions from a patient population of approximately 350,000 people. The new SRA with MKUH brings the combined total of anonymised data available for analysis by Sensyne to 4.5 million patients.

Research will be undertaken to the highest standards of information governance and data security in accordance with NHS principles, the UK Government Code of Practice and data protection legislation. All data supplied to Sensyne will be anonymised by MKUH beforehand and the provision of the data will operate under an agreed Data Processing Protocol ("DPP") under MKUH ethical oversight. MKUH patient data sits securely in a Datawarehouse which will facilitate efficient data processing with Sensyne and enable immediate implementation.

MKUH will receive 1,428,571 ordinary shares in Sensyne Health plc representing 1.1% of the existing issued share capital of Sensyne. This brings the total share

ownership held by NHS Trusts in Sensyne to 10.86%. MKUH will also receive from Sensyne an investment of up to £250,000 per year over the 5-year term of the contract for specific investments in information technology to enable the curation and analysis of data under the SRA. MKUH will also receive a royalty on revenues that are generated by Sensyne from the research undertaken under the SRA. The financial return MKUH receives from Sensyne will be reinvested back into the NHS to fund patient care. MKUH has entered into a lock-up agreement whereby it has agreed not to dispose of any shares for a period of two years from the date the shares are issued.

MKUH joins existing SRAs the Company has in place with Oxford University Hospitals NHS Foundation Trust, Chelsea & Westminster Hospitals NHS Foundation Trust, South Warwickshire NHS Foundation Trust, Wye Valley and George Eliot NHS Trusts.

HIP2 Announcement – New Women's and Children's Hospital

A new Women's and Children's Hospital has been confirmed at Milton Keynes University Hospital (MKUH) as part of a nationwide hospital programme announced by Prime Minister Boris Johnson on October 2.

MKUH put in a bid for more than £200 million to improve the hospital estate, including the building of a new Women's & Children's Hospital to meet the needs of its growing population.

The hospital has been working with the Department of Health and Social Care to secure funding so services can be expanded for one of fastest growing populations in the UK.

The new Women's and Children's Hospital will be developed on the hospital's site, next to the main building, and will bring together paediatric and obstetrics services all under one roof. The new building will open in 2024.

New Director of Finance Appointed

A new director of finance has been appointed, replacing Mike Keech who leaves in November to join Cambridge University Hospitals NHS Foundation Trust. An announcement on the appointment will be made shortly to staff and via a press release.

Black History Month at MKUH

MKUH is proud to celebrate Black History Month this October. Throughout the month of October, virtual events will take place. They consist of half day workshops, lunch and learns plus a focus on well-being and mental health, led by the MKUH Black, Asian and Minority Ethnic (BAME) Network.

The BAME Network will be hosting a conversation around how to create an inclusive space and how the lived experience of BAME staff at MKUH can help lead to positive change and create a supportive environment. It was a pleasure to take part in this discussion, which was held on 19 October.

On 22 October, the BAME Network was joined by Dr Joan Myers OBE who shared her insights and experiences on leading in a culturally intelligent way, supporting BAME staff in their personal and leadership journeys and raising awareness of, and how to begin addressing health inequalities.

Virtual Staff Awards for Outstanding Contribution During 2020

We will be hosting a Virtual Outstanding Contribution Award ceremony in early December this year. Our annual staff awards – usually held at MK Dons Stadium in MK - are a fantastic way to recognise and celebrate staff achievements from across the Trust. A nomination for this award is a great way to acknowledge the work of a fellow colleague or team and there will be two winners from each division.
The deadline for receiving all nominations is Monday 9 November 2020.

NHS
Health Education England

Thames Valley Office

4150 Chancellor Court
Oxford Business Park South
Oxford OX4 2GX

Please ask for: Maxine Grout
Tel: 01865 785548
Email: maxine.grout@hee.nhs.uk

20 October 2020

Dear Jamie

This letter is to say a huge thank you for the Anaesthetics and Intensive Care Medicine Educational Supervisors' Updates Day that you and Caroline Walker ran for the School on October 2nd.

After the challenges we've all faced since March, it really was a case of triumph through adversity. The online interactive format worked incredibly well. You have set a record for attendance. And the feedback was some of the best I have ever seen for any meeting. A particular highlight for many people was the presentation about Differential Attainment.

Everyone who "attended" is very grateful for such valuable educational professional development. You have set a high bench-mark for future meetings.

Thank you also to your department and Trust for supporting the educational team in Anaesthetics and ICU. The training environment for our trainees at MK is going from strength to strength. It was great to be able to show case this for the whole region.

Best wishes

Dr Carl Morris
Head of School Anaesthetics and Intensive Care
Health Education England Thames Valley

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Dr Carl Morris
Head of School Anaesthetics and Intensive Care
Health Education England Thames Valley

Meeting title	Board of Directors	**Date:** November 5th 2020
Report title:	Nursing Staffing Report	**Agenda item: 3.3**
Lead director **Report author Sponsor(s)**	**Name:** Nicky Burns-Muir **Name:** Matthew Sandham	**Title:** Director of Patient Care/Chief Nurse **Title:** Associate Chief Nurse
FoI status:		
Report summary		
Purpose *(tick one box only)*	**Information** [x] **Approval** [ ] **To note** [x] **Decision** [ ]	
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

Board of Directors Report on Nursing and Midwifery staffing levels Amalgamated report for June and July 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.

CHPPD = hours of care delivered by Nurses and HCSW
Numbers of patients on the Ward at midnight

CHPPD	Total Patient Numbers	Registered Midwives/Nurses	Care Staff	Overall
August	9476	6.0	3.7	9.8
September	10442	5.3	3.4	8.7

Month	**RN/RM Day % Fill Rate**	**HCA/MCA Day % Fill Rate**	**RN/RM Night % Fill Rate**	**HCA/MCA Night % Fill Rate**
August	74.5%	80.7%	90.7%	101.3%
September	75.0%	83.5%	91.8%	104.8%

- *August and September 2020 data are included in Appendix 1.*

Areas with notable fill rates

During August the number of inpatients remained low and therefore increased the CHPPD to 9.8. The areas of increase were:
Ward 2 (lower bed density as the dedicated COVID ward)
Ward 21 (Newley opened after being refurbished for clean elective patients)
Intensive Care Unit (reduction in number of admissions).
In September adult inpatients numbers returned to normal levels.

Vacancies and Recruitment

Nursing and Midwifery vacancies have significantly reduced and are at the lowest they have been in over a year.

In October 2019 the Trust reported 155 WTE Band 5 vacancies in contrast to the current 55WTE vacancies reported for October 2020. This is a significant improvement and reflects the drive form divisions to actively recruit and retain staff through recruitment campaigns supported by the Workforce Matron.

A number of new starters are from the student pool which significantly increased during COVID Pandemic due to the Trust being one the very few organisations offering placements during the first wave and lock down.

The students feedback reported that they were 'really well supported and welcomed into the team at MKUH and were offered pastoral care that previously they had not experienced and made their placement so positive'. This included students who had been training in other areas of England and returning to Milton Keynes to be with their families during lockdown.

To aid recruitment the Workforce Matron developed a '5 Steps to Recruitment Plan' to assist wards and departments that had a higher vacancy factor to focus their employment offer and assist with articulating this within an attractive bespoke advert. This has been particularly successful for areas such as Accident and Emergency and Ward 17 (Acute Cardiac Care), where vacancies have reduced significantly to less than 3%.

The focus going forward is to develop bespoke adverts to attract candidates' and include educational opportunities, leadership development courses and for newly qualified registrants the recently extended 2-year preceptorship programme.

Therapies and Dietetics

Current vacancy position

Therapies & Dietetic October 2020						
Band	B7	B6	B5	B4	B3	B2
Total	0	0.6 WTE Dietician 2.0 WTE Physio	0	0	2.0 wte Therapy Assistant	0

Following a therapy service and staffing review 2.0 WTE Therapy Assistants were appointed into Band 3 to 4 development roles. These new roles will undertake an Apprenticeship Foundation Degree and are based within the inpatient team to support the therapy teams on medical and surgical wards.

Communication is being developed for a launch of these posts with the wards to optimise the opportunities for collaboration with other member of the MDT and aim to improve patient experience and patient outcomes.

A Therapy Practice Educator has been appointed and will work collaboratively with the Nursing and Midwifery Practice Educators to promote multidisciplinary training programmes

Women's and Children

Maternity continue to work successfully with the Universities to recruit newly qualified Midwives and currently have minimal vacancies within department.

Midwifery Paediatric Vacancies October 2020						
Band	B7	B6	B5	B4	B3	B2
Total	1.0 WTE	2.15 WTE	4.15 WTE			1.0 WTE

Maternity have 4% Qualified and 3% Unqualified vacancy rate.

Surgery

Theatres have currently 4 WTE out of the 6 WTE vacancies at band 6. This the lowest vacancy factor for over a year. The Intensive Care Unit has recruited to all their band 5 vacancies within their current establishment which has not been achieved for over 3 years.

Surgery Vacancies October 2020								
Band	B7	B6	B5	B4	B3	B2	Ward Clerks	Housekeeper
Total		6.0WTE	16.06 WTE			17.04 WTE		

Surgery have 8 % Qualified and 17% Unqualified vacancy rate

Medicine

Medicine have been very successful in the recruitment of Band 5's with the lowest recorded vacancy rate for over a year. The Workforce Matron is supporting the division to focus on recruiting Band 2 Health Care Support Workers.

Medicine Vacancies October 2020								
Band	B7	B6	B5	B4	B3	B2	Ward Clerks	Housekeeper
Total		1.55 WTE	28.45 WTE			30.92 WTE		

Medicine have 9% Qualified and 15 % Unqualified vacancy rate

Are we efficient?

3. Check and Challenge Meetings

To embed best practice rostering and optimise workforce efficiency formal 'Check, Challenge and Support Meetings' have been implemented with Senior Sisters/Charge Nurses , HR and the Workforce matron.

The purpose of the check and challenge meetings is to introduce principles of best rostering practice, benchmark current practice using the e-roster dashboard and develop a supportive action plan with managers to improve roster compliance going forward.

These meetings have been held monthly and were reintroduced in the summer following the initial COVID Pandemic. Meetings have been chaired by the Matron of Workforce in collaboration with the HR Systems/ E-Rostering Team. To embed compliance at all levels

The key aspects of rostering practice covered during the 'Check and Challenge' meetings include.

- Ensuring roster approval dates are being met.
- Managing annual leave in line with the required 11-17% per Rota.
- Sickness.
- Monitoring 'Bank/Agency usage'.
- A review of unused/ unassigned hour/net hours.
- The use of Auto-roster.
- Formulating action plans/areas of focus.

Ward Sisters/Charge Nurses and Matrons have been extremely engaged and have demonstrated a commitment to adopting best roster practice. Managers acknowledge the benefits that effective rostering brings the organisation:

- The ability to create Rota's in a timely fashion.
- The impact on staff satisfaction and staff retention.
- The ability to Improve Workforce efficiency
- The ability to reduce the reliance on the temporary workforce.

To date, we are seeing significant improvements. This project is monitored by the Workforce programme Board.

4. Safer Care Tool update

On the 21st September 2020, SafeCare went live within our organisation in four pilot areas (Wards 8, 17, in medical division wards 20 and 23 in the surgical division).

SafeCare is a web-based system that allows organisations to compare their staffing with the actual acuity and dependency of its patients. SafeCare provides transparency and identifies if staffing levels match current demand by combining census data, safety indicators and existing information from Healthroster to show the safety of a ward.

SafeCare will transform how we utilise our Workforce within our organisation and will assist in reducing risk, optimise patient safety and contribute to improved patient care and experience outcomes.
On 19th October 2020, a further six wards went 'live' (wards 3,7,15,16,18 and 25 and we have the next group of wards (Ward 1,2,19, 21,24 and ICU) are currently in the training phase of the project.

The aim is to have all inpatient areas 'live' by mid December 2020 and the project remains on track to achieve this delivery.

5. Nurse supply

A business case for two nurse supply pipeline routes has been approved by the Trust Executive Group.

The first supply route will support a small cohort of registered nursing associates to commence the undergraduate nursing degree via the nurse apprenticeship programme recently approved nationally. This is a two-year programme and will enable us to grow from our existing talent pool of nursing associates.

The second supply route is the expansion of our current trainee nursing associate programme. This will be offered to new and existing employees as a route into nursing and is a two-year programme.

6. Midwife to Birth ratio

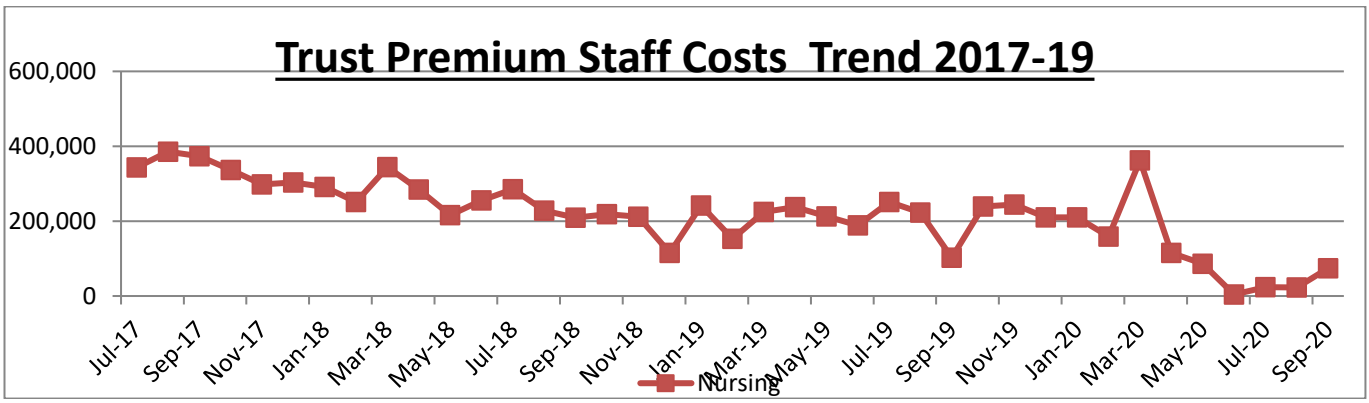
Midwives are present at all births and are the main providers of antenatal and postnatal care. Staffing needs in both hospital and community settings depend on service design, buildings and facilities, local geography and demographic factors, as well as models of care and the capacity and skills of individual midwives. In September 2020 the Midwife to Birth Ratio was 1:28.

The maternity unit continues to work to the national maternity agenda to deliver Continuity of Care teams for all women by March 2021 with the implementation of geographical caseload teams.Four continuity teams are already in place additional to our home birth team and one additional continuity team is confirmed to start from 16th November 2020. This signifies we are on track to meet the national target and achieve 39.26% by March 2021.

Feedback from both staff and women is extremely positive and has enhanced staff and patient experience with a reduction in complaints related to communication and the giving of conflicting information.

Are we effective?

7. Agency graph



During the period of August the premium staff cost remained the same as the previous month. This was due to the redeployment of staff and staff returning from shielding in August. The Agency spend has risen slightly in September as the Trust returns to normal activity and as the chart demonstrated remains below the spend in the same period of 2018 and 2019.

We celebrate

- Thames Valley Health Research Network Awards – Amy Oakley awarded Research Rising Star and Louise Mew awarded a Highly Commended for Research Nurse of the Year.
- Trust Executive Group approval for investment in Senior Nurse Leadership on Wards. This involves increasing the band 6 sister establishment on each ward to ensure every shift 24/7 has a band 6 sister in the Nurse in Charge role. This will drive quality by improving safety and patient experience outcomes and also support junior staff with clinical decision making and patient care.
- Chief Nurse Fellowship programme has recommenced due to being paused during lock down.
- The Corporate Safeguarding team have appointed a learning disabilities nurse which is a new position to support the Trust to develop skills and expertise for patient who have additional needs.
- We successfully gained funding for a Mental Health Practice Educator post from Health Education England. Due to the increasing number of patients attending the Trust with mental health concerns and difficulties we need to equip out staff with knowledge and understanding of how to care for this vulnerable and often challenging group of patients.

for Nursing, Midwifery and Care Staff August 2020 (Appendix 1)

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	84.9%	85.2%	104.3%	98.4%	445	8.9	3.3	12.2
MAU 2	62.4%	60.6%	95.7%	95.2%	238	10.6	6.3	16.9
Phoenix Unit	-	-	-	-	0	-	-	-
Ward 15	81.1%	110.1%	97.7%	156.5%	504	5.7	5.1	10.9
Ward 16	76.8%	91.9%	98.4%	112.9%	524	5.4	3.9	9.3
Ward 17	74.9%	87.6%	97.7%	112.9%	652	4.8	2.4	7.2
Ward 18	76.1%	101.1%	102.2%	136.6%	746	3.4	4.4	7.8
Ward 19	68.3%	75.7%	100.0%	95.3%	799	3.0	3.0	6.0
Ward 20	83.6%	99.0%	101.1%	117.4%	650	4.7	3.3	8.0
Ward 21	57.5%	27.7%	50.0%	19.4%	104	18.2	3.7	21.9
Ward 22	85.0%	49.9%	100.0%	67.8%	440	6.8	4.2	11.0
Ward 23	85.8%	86.8%	101.6%	110.1%	929	4.6	4.2	8.8
Ward 24	77.5%	84.3%	89.9%	88.7%	310	6.8	4.5	11.3
Ward 3	79.7%	80.7%	98.9%	102.7%	797	3.3	3.2	6.5
Ward 5	67.9%	64.8%	95.9%	58.1%	193	17.3	2.6	19.9
Ward 7	72.1%	84.6%	98.0%	102.6%	477	5.1	5.5	10.6
Ward 8	77.8%	83.4%	97.9%	106.5%	646	4.1	2.9	7.0
ICU	70.8%	90.8%	77.6%	-	115	37.8	2.5	40.3
Labour Ward								
Ward 9	70.7%	93.2%	75.4%	95.8%	510	5.6	4.4	10.0
Ward 10	75.9%	78.0%	100.0%	-	114	7.5	1.5	9.1
NNU	64.9%	73.1%	72.9%	109.7%	283	12.6	2.7	15.2

for Nursing, Midwifery and Care Staff September 2020 (Appendix 1)

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	81.4%	106.2%	99.2%	104.9%	502	7.3	3.3	10.6
MAU 2	59.3%	70.3%	94.6%	86.7%	339	7.1	4.5	11.5
Phoenix Unit								
Ward 15	84.2%	96.2%	94.2%	136.7%	669	4.4	3.3	7.7
Ward 16	80.2%	91.1%	99.1%	103.3%	725	3.9	2.6	6.5
Ward 17	68.0%	91.6%	99.2%	113.0%	692	4.3	2.3	6.5
Ward 18	79.2%	97.7%	100.0%	136.2%	758	3.4	4.1	7.5
Ward 19	74.5%	76.8%	101.6%	97.8%	790	3.1	3.0	6.1
Ward 20	82.8%	92.7%	99.6%	114.4%	662	4.4	3.0	7.4
Ward 21	58.9%	45.7%	68.3%	36.7%	196	10.7	3.3	14.0
Ward 22	85.3%	49.1%	103.4%	71.5%	447	7.0	4.1	11.1
Ward 23	83.7%	102.8%	100.0%	123.3%	978	3.9	4.4	8.4
Ward 24	81.5%	82.7%	91.1%	99.8%	395	5.3	3.5	8.8
Ward 3	79.7%	83.1%	102.2%	103.3%	816	3.1	3.1	6.2
Ward 5	72.9%	76.8%	92.5%	80.0%	283	11.7	2.2	13.9
Ward 7	70.9%	85.8%	101.1%	111.1%	589	4.0	4.5	8.5
Ward 8	79.7%	92.4%	95.6%	135.3%	679	4.2	3.2	7.3
ICU	70.9%	99.0%	85.9%	-	164	26.6	2.2	28.8
Labour Ward								
Ward 9	73.2%	82.5%	75.7%	90.0%	540	5.0	3.6	8.7
Ward 10								
NNU	64.6%	70.2%	72.5%	96.7%	218	15.6	3.0	18.5

Milton Keynes University Hospital NHS
NHS Foundation Trust

Meeting title	**Mortality Board**	**Date: 05 November 2020**
Report title:	**Mortality Report**	**Agenda item: 3.4**
Lead director **Report author** **Sponsor(s)**	**Dr Ian Reckless** **Dr Bina Parmar**	**Medical Director** **Associate Medical Director**
FoI status:	**Publically disclosable**	

Report summary				
Purpose *(tick one box only)*	**Information** ☐	**Approval** ☐	**To note** x	**Decision** ☐
Recommendation	Receive and comment			

Strategic objectives links	Improve patient safety
Board Assurance Framework links	Risk register ID reference 616
CQC outcome/ regulation links	Trust objective – patient safety **This report relates to CQC:** **Regulation 12 – Safe care & treatment** **Regulation 17 – Good governance**
Identified risks and risk management actions	Mortality data outside the expected range would be of public & regulatory body concern
Resource implications	None
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	Regular update
Next steps	Receive and comment
Appendices	N/A

Medical Director's Foreword

Given the volatility in various mortality metrics as a result of COVID, and in particular the deterioration evident in SHMI over time, I thought that it would be helpful to provide a short overview to the report for context to discussions at Trust board. The issues described were also discussed in detail at QCRC in September 2020.

Mortality in hospital is reviewed quantitatively and qualitatively. The quantitative measures (SHMI, HSMR and RAMI) each have significant limitations. Their prominence has reduced over the last 5 years on account of the significant improvements in the qualitative review of deaths over that same timeframe (structured M&M, structured judgement reviews and the implementation of the Medical Examiner System). The qualitative information provides significant assurance when considering potential quality flags within the quantitative data.

The SHMI and HSMR are generally expressed as 12 month rolling averages. The table below describes some of the key features of each metric. These features are important in then determining how and why our position may have changed overtime.

Indicator	Numerator	Denominator	Comment
Crude Mortality	All hospital deaths	All admissions	There is no risk adjustment
SHMI	All hospital deaths plus out of hospital deaths within 30 days of discharge	All SHMI included spells (excludes elective day cases)	Looks at the primary diagnosis for the first and second episodes of clinical care (finished consultant episodes, FCE) within a spell. First episode – or 'slice' – prioritised unless it is a sign / symptom (as opposed to a diagnosis). Adjusted for various elements including comorbidity (coding depth) and demographics.
HSMR	Deaths in hospital within one of 56 identified diagnostic groups or 'baskets' (which account for 80% of in-hospital deaths nationally)	All spells covered by those 56 diagnositc groups	Same rules as SHMI but adjustments for additional factors (including palliative care involvement).

Over the last couple of years, our HSMR deteriorated by 8 or 9 points and typically lies a little below 100. It is now statistically firmly 'in the expected range' whilst previously it was intermittently 'lower than expected'. The HSMR increased (deteriorated) for approximately 12 months from Summer 2018 to Summer 2019, and then stabilised at a new baseline.

SHMI has also increased (deteriorated) although this deterioration lagged behind that in HSMR and has taken us from at or around 1.04 (2016/17) ('in the expected range') to the current position of 1.16 ('higher than expected').

The following factors are likely to have played a significant part in the changes seen in these two metrics:

Introduction of the electronic patient record (eCare) from May 2018. There will have been a lag in the impact of eCare as longer stay patients will have had hybrid notes into the summer of 2018.

eCare seems to have had two distinct impacts: (1) increase in the number of episodes or 'slices' per admission or spell and (2) reduction – at least temporary – in the depth of coding for comorbidities.

The increase number of 'slices per admission' is positive as it better reflects the passage of patients from specialty to specialty, and from lead consultant to lead consultant. The patient's pathway has not changed but our recording of its granularity has improved. An unhappy consequence of this change and the 'thinner slides' has been that the patient's entire admission diagnosis will be coded on the basis of earlier and less specific information. For example, the same patient may have a diagnosis based on the first few hours of an admission, whereas previously that diagnosis may have been based on several days of an admission. Over time, the return of diagnostic information allows the working diagnosis to become more specific and secure.

The depth of coding of comoribidities is all important in the calculation of the expected number of deaths for the hospital (in relation to its activity levels). Put crudely, a patient who is frail and elderly, lives in a particularly deprived postcode and has active cancer, diabetes, advanced liver disease and a previous coronary artery bypass would be far more likely to die from pneumonia than a younger patient from an affluent community without any of these comorbidities. The more comorbidities we record for our patients, the higher the expected number of deaths in the HSMR and SHMI models, and the better Trust performance appears.

Categorisation of admissions. Whilst there are rules and definitions defining which epsiodes of care do and do not amount to an 'admission', these are not entirely clear cut for non-elective (emergency) care. For example, the same patient might be admitted to a bed via the Emergency Department for investigation of their breathlessness, or that patient might be seen in an ambulatory setting (potentially making use of a trolley or bed) pending the same investigations. Whether or not this episode of care is defined as an admission is important from the perspectives of HSMR and more particularly SHMI. In SHMI, such short stay admissions would count in the denominator (and would typically be associated with a low likelihood of death). The categorisation of admissions has also been important historically for commissioning and payment purposes: an admission is paid according to an inpatient tariff, and an outpatient attendance is paid at a much lower tariff unless a specific 'same day emergency care' tariff is negotiated with commissioners. Historically, such elements may have acted as perverse disincentives to promoting ambulatory care within the wider NHS.

Locally, the categorisation of specific attendances has varied over recent years on account of: new services (seated observation unit and emergency surgical clinic); eCare (where typically inpatient admissions are recorded on eCare, outpatient attendances on paper); and, commissioner factors (a guaranteed income / block contract).

The working hypothesis in relation to the position of HSMR is that the 'thinness of slices' and reduced coding depth following implementation of eCare led to a deterioration in HSMR over the period from mid-2018 to mid-2019 which subsequently stabilised. **Evidence:** across the financial year 2018/19, 12.04% of spells had 'symptoms or signs' as a primary diagnosis rather than a definitive ICD-10 diagnosis. This compares to <0.75% for 2017/18 and previous years. This figure has reduced back down to 0.82% for 2019/20. In relation to co-morbidities, 66% of admissions had a comorbidity score of 0 (no relevant comorbidities recorded) in 2017/18. In 2018/19, this increased to 70%. In 2019/20, it reset to 66%. The adverse impact on coding depth may have been temporary following focus and training (although we are still below median). The impact of the 'thin slices' will be enduring.

The working hypothesis in relation to the position of SHMI includes the issues identified for HSMR above. In addition, the number of episodes of care described as 'emergency admissions' has varied over the last 24 months as a result of eCare use (current default position being that an episode of care recorded on eCare over this period equated to an admission unless subsequently adjusted in back

office), changes in pathways (specifically the volumes, casemix and length of stay for patients seen in the Emergency Department's bedded observation unit following the introduction of the seated observation unit), and commissioner behaviour and expectations. Work is currently ongoing in order to establish the relative contributions of these elements including back office adjustments in order to understand the movement in SHMI. Of note, there were an additional 8,000 zero day length of stay admissions in 2018/19 when compared to spells in 2019/20. This is complex work, given it overlays the HSMR elements described above. Updates will be provided to Board as they occur.

Finally in this foreword, it is important to describe how COVID is accounted for. Deaths as a result of COVID will be reflected in crude mortality and, in time, within SHMI. However, they are not seen in HSMR (as 'viral infections' do not feature in the 56 diagnostic groups or baskets). Dr Foster's 'all diagnoses SMR' increased to higher than statistically expected in 6 of 9 hospitals within the MKUH peer group for the 12 months upto May 2020 (including MKUH). In addition, changes in mortality metrics will be influenced rather more by the denominator (reduced emergency activity in hospitals, and deaths taking place in other environments) than by the numerator.

In the face of all of these variables, the routine involvement of a trained medical examiner in the review of all deaths which occur at MKUH offers real and substantial assurance. If members of Trust Board would like to spend some time with a medical examiner, this can be arranged.

Ian Reckless
Medical Director

Executive Summary

This paper summarises the Trust's current position in relation to mortality based on the latest Dr Foster data available and as discussed through the Trust's mortality and morbidity (M&M) meeting framework.

The Trust's current HSMR is statistically 'as expected'. The SHMI has increased over recent months and has now statistically flagged as 'higher than expected'. HSMR data are being adjusted / 'rebased' and will incorporate COVID-19 deaths in future reports. COVID-19 activity recorded in the primary diagnosis field of the diagnosis dominant episode will fall into the diagnosis group 'Viral Infection' and diagnosis sub group 'Other and unspecified viral infection'. This diagnosis group does not fall within the 56 diagnosis groups included in the HSMR. However, the SMR for this diagnosis group can be selected within the Dr Foster's Healthcare Intelligence Portal (HIP).

The Medical Examiner System will continue to comply with Coronavirus Act which is expected to be in place for 2 years. Mortality and Morbidity Meetings have recommenced in all specialties following the initial peak of the COVID-19 crisis. There is ongoing work on the backlog of cases. We have asked that SJR requests prompted by Medical Examiners, the Serious Incident Review Group and the complaints function will be prioritised for Medicine. Surgery and Women's Health will continue to review all of their deaths.

The Medical Examiner System is to remain cost neutral. Central Medical Examiner funding was approved for 2019/20. For April 2020 to September 2020 invoicing by trusts has been suspended and instead payments are made through trust-level block and retrospective top-up process.

Mortality Platform – The Clinical Outcome Review System (CORS) is in the installation phase.

One of the common problems nationally is identifying LeDeR patients. There has been a working group meeting at MKUH to discuss identification of learning disability patients by collaborating with community teams to build a patient database. These patients will then be incorporated in our hospital records system to 'flag up' learning disability in our e-care records for identification. Progress has been made seeing an improvement in reporting of 9 deaths since March 2020.

SHMI has become a focus for MKUH since it moved into a 'higher than expected' banding at Trust level. There are a number of contextual factors which should be taken into consideration and these have been discussed in the last report. It is believed that the increase does not represent care quality concerns but that it is a function of unintended consequences of eCare (reduced coding depth and an increase in uncoded epsiodes due to selected outpatient encounters being considered as admissions). Assurance is gained from the qualitative review of all deaths by medical examiners and mortality alerts are identified and taken to Mortality Review Group meeting where required actions are identified.

Definitions

Out of hours – Nights/weekends and bank holidays

Case mix – Type or mix of patients treated by a hospital

Morbidity – Refers to the disease state of an individual or incidence of ill health

Crude mortality – A hospital's crude mortality rate looks at the number of deaths that occur in a hospital in any given year and then compares that against the amount of people admitted for care in that hospital for the same time period. The crude mortality rate can then be set as the number of deaths for every 100 patients admitted

SMR - Standardised Mortality Rate (HSMR). A ratio of all observed deaths to expected deaths.

HSMR – Hospital Standardised Mortality Rate (HSMR). This measure only includes deaths within hospital for a restricted group of 56 diagnostic groups with high numbers of national admissions; it takes no account of the death of patients discharged to hospice care or to die at home. The HSMR algorithm involves adjustments being made to crude mortality rates in order to recognise different levels of comorbidity and ill-health for patients cared by similar hospitals.

SHMI – Summary Hospital-level Mortality Indicator (SHMI). SHMI indicates the ratio between the actual number of patients who die following treatment at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated. It includes deaths which occur in hospital and deaths which occur outside of hospital within 30 days (inclusive) of discharge.

Relative Risk – Measures the actual number of deaths against the expected number deaths. Both the SHMI and the HSMR use the ratio of actual deaths to an expected number of deaths as their statistic. HSMR multiplies the Relative Risk by 100.

- A HSMR above 100 = There are more deaths than expected
- A HSMR below 100 = There are less deaths than expected

Dr Foster

Third-party tools used to report the relative position of Milton Keynes University Hospital NHS Foundation Trust (MKUH) on national published mortality statistics. The trust recently renewed its relationship with Dr Foster Intelligence - therefore some of the graphs may look different.

HSMR Data from April Report
Data period: Jul 2019 – Jun 2020

Key Highlights:

- HSMR relative risk for 12 month period = 97.4 'as expected' range.
- The Trust has was in the 'as expected' banding in the last report.
- Crude mortality rate within HSMR basket = 3.4% (MK peer group rate 3.5%).
- Palliative Care Coding for 20/21 has increased 3.8% compared to 2.84% in 19/20. Nationally the palliative care coding rate has increased from 2.06% in 19/20 to 2.41% 20/21
- May 20 shows a relative risk which is statistically higher than expected. This is likely due to the pandemic and the lower volumes in the HSMR basket plus higher crude rate. COVID 19 activity is not been included in the HSMR however an increase in acuity of patients who did choose to attend hospital may account for this elevated risk during this period.
- Both weekend and weekday emergency HSMR relative risks are 'within expected' No individual day is considered statistically 'higher than expected'

Divisional HSMR performance for rolling year
Data period Jul 2019 – Jun 2020

Divisional HSMR relative risk (RR) scores have been developed by attributing deaths in the Dr Foster basket of 56 diagnostic groups to the most appropriate division. A significant caveat must be provided when the data are dis-aggregated in this way. This is intended for information / screening purposes only, rather than purporting to provide any significant assurance in any direction.

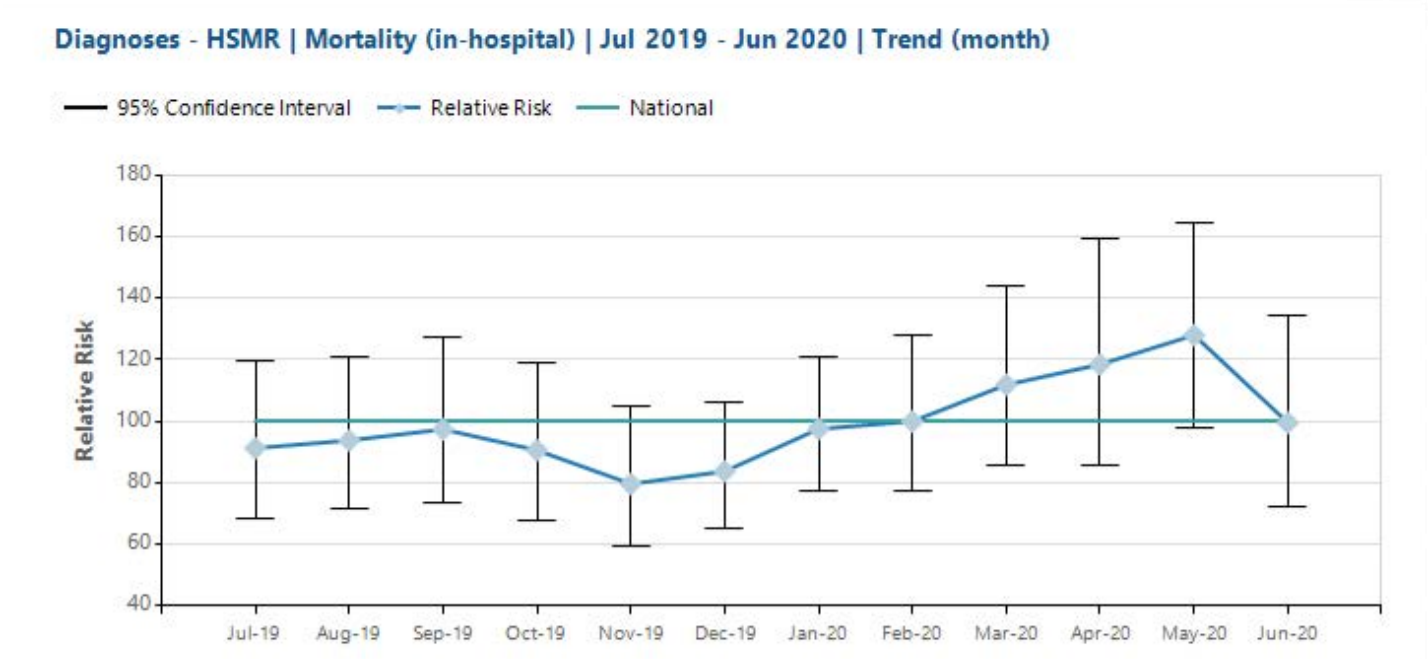
Medical Division RR = 100.4 'as expected'. One outlying diagnosis group: Other circulatory disorders (i.e. significantly higher than expected deaths).

Surgical Division RR = 88.6 'as expected'. One alert Pulmonary Heart Disease

Women's and Children's Division RR = 55.8 'below expected'. There were 0 negative outliers.

HSMR Rolling Trend

Data period Jul 2019 - Jun 2020



HSMR vs National Peers

Data period Jul 2019 – Jun 2020

SHMI

Jun 2019 – May 2020 - SHMI 118.00 'Higher than expected'

The Summary Hospital-level Mortality Indicator (SHMI), which includes out of hospital deaths occurring within 30 days of discharge, is measured by the Health and Social Care Information Centre (HSCIC). The SHMI relative risk is the ratio between the actual number of patients who die following treatment at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated. A SHMI score below 1.00 is better than average.

SHMI is not itself a measure of quality of care. A higher then expected SHMI should be viewed as a 'screening flag' which requires further investigation. The table below shows noteworthy areas where the trust is not in line with the all England average, namely, palliative care coding, spells with either an invalid primary diagnosis or signs and symptoms recorded as the primary diagnosis and depth of coding.

SHMI Contextual Indicators

Indicator	**Jun 2019 – May 2020**	
Palliative Care	MKUH	England Average
% Provider spells with palliative care coding	2.8	1.9
% Deaths with palliative care coding	53.0	36.0
Admission Method		
Crude % mortality rate for elective admissions	1.0	1.0
Crude % mortality rate for non-elective admissions	3.6	3.5
In and out of hospital deaths		
% deaths which occurred in hospital	67.0	68.0
% deaths which occurred outside hospital within 30 days of discharge	33.0	32.0
Primary diagnosis coding		
% Provider spells with invalid primary diagnosis	0.0	0.6
% Provider spells with primary diagnosis that is a symptom or a sign	11.9	13.0
Depth of coding		
Mean depth of coding for elective admissions	4.5	5.1
Mean depth of coding for non-elective admissions	4.9	5.3

It is apparent from reviewing the areas above there are valid explanations for why the performance may be different for MKUH to the England average. Reviewing the historical data, it is evident that the position has been similar since the implementation of eCare, Phase B – this is evidentially a key milestone in the change of the SHMI performance. Given the complexity and the inter-relationship between the areas the key factor areas as follows:

- Impact on depth of coding as a result of the implementation of eCare Phase B, with a reduction and inconsistency in the recording of comorbidities in the patient record on eCare.
- The impact of ambulatory care pathway changes on SHMI performance as a result of a reduction in short stay emergency admissions.
- The management of ambulatory care pathways from a reporting perspective and a submission perspective to SUS.

Investigations of Deaths

The provisional data for Q1 and Q2 are illustrated in the table below. It is this information which should be markedly improved (in terms of learning and sharing) following implementation of the Clinical Outcome Review (CORS) System.

All deaths undergo review by the Medical Examiner System. The system will offer a point of contact for bereaved families or clinical teams to raise concerns about care prior to the death. Concerns can also be raised by the Medical Examiner following Medical Record review. Deaths with concerns will undergo a formal Structured Judgement Review.

Structured Judgement Reviews are carried out by trained reviewers who look at the medical records in a critical manner and comment on all specific phases of care. The Stuctured Judgement Review is presented at the Mortality and Morbidity Meetings. If a death is deemed avoidable a 2nd Structured Judgement Review is carried out at which point this will be graded to judge avoidability of death score (Score of 3 or less). This form will conclude with key learning messages from the case and actions to be followed.

Score 1 Definitely avoidable
Score 2 Strong evidence of avoidability
Score 3 Probably avoidable (more than 50:50)
Score 4 Possibly avoidable but not very likely (less than 50:50)
Score 5 Slight evidence of avoidability
Score 6 Definitely not avoidable

Investigations of Deaths

	Q1 Apr-Jun 2020/2021	**Q2 Jul-Sep**
No. of deaths	289	176
No. of deaths reviewed by Medical Examiner†	100%	100%
No. of investigations (% of total)	20.4%	36.9%
No of Coroner Referrals (%of total)	25.3%	29.5%
No. of deaths with Care Quality concerns (%)	1	0
No. of potentially avoidable deaths (%)	1	0

† All deaths reviewed by Medical Examiner Scrutiny process

* Data are provisional and are still subject to further modification (as formal review processes occur)

Through discussion with peer organisations, the low frequency with which care quality concerns are noted following review of a case (via structured judgement review, +/- highlighting via the medical examiner) is not uncommon. However, this low frequency is not credible in terms of the known incidence of patient harms associated with healthcare (well established patient safety research). The Medical Director proposes to write to all doctors, and the Medical Examiners specifically, reminding them that identifying and labelling sub-optimal care (even where it was not felt to have had an impact on outcome) is a valuable product of case review. We need to redouble efforts to celebrate a learning culture in which error is openly – and positively – discussed at every turn. Only if we identify areas for improvement with confidence, will we be able to tailor effective improvement interventions.

Milton Keynes University Hospital NHS Foundation Trust

Meeting title	**Trust Board**	**Date: 6 November 2020**
Report title:	**Staff Health and Wellbeing Report**	**Agenda item: 3.5**
Lead director **Report author**	**Name: Danielle Petch** **Name: Danielle Petch**	**Title: Director of Workforce** **Title: Director of Workforce**
FoI status:	**Public**	

Report summary	This report provides a summary of the support available to staff throughout the Covid-19 pandemic.			
Purpose *(tick one box only)*	**Information** [x]	**Approval** [ ]	**To note** [x]	**Decision** [ ]
Recommendation	Trust Board is asked to note and receive the report.			

Strategic objectives links	Objective 8: Investing in our people
Board Assurance Framework links	BAF risks 19-24
CQC outcome/ regulation links	Well Led Outcome 13: Staffing
Identified risks and risk management actions	
Resource implications	
Legal implications including equality and diversity assessment	
Report history	
Next steps	
Appendices	

1. Introduction

1.1. The Trust has made many changes to the workforce and health and wellbeing processes and procedures during the pandemic. The workforce at MKUH was most likely slightly better prepared than other Trusts for Covid-19 as the Trust had run the Wuhan repatriation facility prior to the widespread UK pandemic. As a result, the workforce had a better idea of what to expect than perhaps staff at other Trusts. Numerous MKUH colleagues had already been trained and fitted for PPE and were familiar with taking swabs. The workforce had also had the opportunity to consider and process the personal implications of possible Covid-19 exposure. However, when the pandemic took hold in the UK it became apparent that, although slightly ahead of other Trusts, much more support would be needed to help the workforce through this very difficult time.

1.2. The welfare of our workforce has been at the forefront of our minds throughout the pandemic. A number of initiatives have been put in place in order to ensure our staff are looked after and cared for while they are looking after and caring for our patients.

2. Psychological and Physical Support

2.1. A large number of psychological and physical health initiatives have been put in place.

a) <u>Close monitoring of any staff sickness and welfare calls to those who are unwell</u>

Throughout the pandemic 1580 colleagues were at home either off sick or working from home as a result of self-isolating due to suspected Covid-19. At its peak at over 450 were absent at one time due to Covid-19 related illness/self-isolation.

All staff who are absent with Covid-19/suspected Covid-19 or isolating due to a family member being suspected of having Covid-19 are contacted each day by one of the team via telephone. These calls are to check on the welfare of our staff, making sure they are in good spirits and that they have basic necessities, such as food and medication. Where a need is identified volunteers are made aware of the issue and the necessary supplies are collected and delivered. These daily calls are especially vital for staff who live alone as this may be the only person they speak with that day.

The average number of welfare calls each day has been as high as 400. Almost 9000 outgoing calls have been made to MKUH staff since March.

b) <u>Staff Covid-19 inbound call line</u>

We introduced a 7 day a week inbound call line which staff can ring to ask any Covid-19 related questions. The questions include topics such as PPE, self isolation, Covid-19 symptoms, child care issues and many more. At its height this call line received on average between 100 and 150 calls a day. In total approx. 3500 calls have been received.

c) Extensive Health and Wellbeing Services

Alongside our regular telephone counselling service, Employee Assistance Programme (EAP) we introduced a secondary telephone EAP and a face to face counselling service. These have been in regular use throughout the pandemic. Alongside these local offerings there are also national services in conjunction with groups such as the Samaritans. These services are well publicised to our staff and are readily available to both the outbound welfare call handlers and the inbound staff Covid-19 call handlers.

In addition to this some areas also engaged the services of a Clinical Psychologist to help the staff work through and manage their experiences. This additional support was most useful in Covid-19 high impact areas such as ICU.

Many staff also made use of the existing staff support services such as the Peer2Peer listening service, the mental health first aiders and attendance at Schwartz Rounds.

d) Creation of the staff hub & ED quiet room

The Trust created a staff hub, originally in the old Macmillan Unit and more recently in its new permanent home near the Eaglestone Restaurant. This is a safe space staff can attend to take a few moments to relax and recharge with colleagues. This is especially important given the distressing progress of this illness and the recovery rate. It is vital staff have a safe place to process their feelings or simply to have a quiet place to reflect.

As well as the staff hub there is also the recently introduced quiet room in the Emergency Department.

e) Staff food parcels & donations

Baskets of essentials and small treats were delivered to each ward and department to keep staff refreshed and hydrated during this time. These were very well received by staff and were much appreciated. The contents of the baskets were largely a result of the many donations of items we received from the population and companies of Milton Keynes.

The workforce particularly enjoyed the large number of Easter Eggs and Lindt bunnies which were donated, enough for one per staff member.

Most recently the Trust has received some monies from the Capt. Sir Tom campaign, which has been used to create “goody bags” for staff. These have also been well received and much appreciated.

f) Staff swabbing

The Staff Health and Wellbeing team have swabbed all staff off with Covid-19 who met the national criteria for swabbing. The Trust had sufficient swabbing capacity to support demand throughout the pandemic; over 850 staff swabs had been taken across the Trust's Wards, the Ward 12 hub and a standalone Pod outside the Paediatric Accident and Emergency Department. Most recently the staff swabbing facility has been located at the rear of the Academic Centre.

In April, the Trust participated in an NHS England initiative to swab asymptomatic staff. The majority of the first 500 booking slots were filled within the first hour of the call centre opening. The Trust increased capacity shortly thereafter and over 1000 staff were swabbed during the 2 day event.

The Trust also participated in two research based antibody screening programmes. Close to 1300 staff were screened in the first programme, followed by a further 2700 staff in the second.

g) BAME Workforce & Covid-19

It emerged during the pandemic that the BAME workforce were more severely impacted by Covid-19 than the non-BAME workforce. There was a national response published in relation to this and the Trust followed this guidance. In addition to this MKUH held BAME Q&A sessions and engaged with the local British Association of Physicians of Indian Origin (BAPIO) Lead and the Medical Advisory Committee (MAC) to discuss the issues. Following this early engagement, the formation of the MKUH BAME network was accelerated and most recently agreement has been reached for a Leadership Inclusion Council. Recruitment to this council is currently underway.

h) Risk assessment and reasonable adjustments to "at risk" staff

All staff were asked to complete a Covid-19 workforce risk assessment. In fact, MKUH was the first Trust to reach 100% of staff assessed or opted out. The risk assessments were carried out by the staff member and their manager and for staff with certain medical these were reviewed by the Divisional Triumvirate and then forwarded to the Trust Risk Assessment Panel, which consists of an Executive Director, Occupational Health and HR. This panel reviews the Divisional recommendation and then makes the final recommendation as to whether the staff member may continue with no adjustments, be moved to a lower risk area, either in the department, Division or elsewhere in the Trust, or work from home.

Following feedback from BAME engagement events any colleagues who were BAME, over 55 years of age and in an aerosol generating procedure area, or over 60 and in an aerosol generating procedure area were invited to have a risk discussion with the Occupation Health Physician. An appeal process has also been developed to review cases further.

The outcome of the risk assessment panel requires people to continue as normal, move to a lower risk area or work from home (during shielding times only). Any colleagues who are unable to adhere to the outcome in their regular work area are passed to the Covid-19 redeployment pool who identify an alternative suitable work location.

To date, 1175 risk assessment forms have been reviewed by panel. All staff have had a risk assessment with their manager or have opted out. New starters now receive a risk assessment as part of their onboarding.

i) Redeployment Pool

Where it has not been possible for colleagues to continue in their current role, either as a result of there being no "lower risk area" for them following panel review, or because their regular work is not taking place, a process is in place to allow the Trust to assess their skills and move them to another role on a temporary basis. This includes roles such as switchboard and the welfare call lines. In addition, this group have also surveyed 500+ administrative staff asking them to identify which areas of front line work they would be able to undertake, should the need arise. This includes tasks such as cleaning, unpacking and delivering stores etc.

j) Care Support Circles

When shielding came to an end it became clear that the majority of the shielded staff were very worried about returning to site. The Trust undertook a series of engagement events with these staff members, led by the Director of Workforce, to ensure their concerns were heard and that they were briefed about and reassured that all necessary steps to safeguard their return to the workplace had taken place. These included full workplace risk assessments to ensure all measures had been taken to make our workplaces safe and secure.

To ensure these team members did not feel alone Care Support Circles were formed to provide a peer support mechanism. These were very well received and a similar model is being put in place for those suffering with the condition Long Covid.

3. Financial & Practical Support

3.1. A series of financial and practical support programmes were also put in place to help staff during this time.

a) Work from home/agile working

The Trust allowed staff the flexibility to work from home, another location at the hospital or from Witan Gate at their discretion, providing they could carry out their duties from the new location. This was especially valued by staff as it allowed many staff, including shielding staff, to continue to work through the pandemic and contribute to the Covid-19 response.

b) Hotel Accommodation

MKUH arranged a contract with the local Holiday Inn for staff to use the hotel during the pandemic. Any staff member who was unable to return home, either due to shielding a family member or a desire to be close to site was able to use this facility. 899 nights of hotel were used and this is testament to the dedication of Team MKUH.

c) Covid-19 sick/isolation pay

The regular NHS terms and conditions were enhanced during Covid-19 ensuring no staff member lost out financially as a result of being unable to work due to Covid-19. Substantive staff who were shielding/isolated also had any regular overtime/bank elements of their pay protected during the time they were absent.

d) Enhanced special leave/carer's leave

Prior to the pandemic the Trust had recently expanded the special leave and carer's leave policy to be more generous than the NHS standard. This has been especially helpful during the pandemic, offering another avenue of flexibility for staff.

e) Quarantine flexibilities

In order to assist MKUH colleagues to take advantage of the travel corridors or to visit relatives abroad in non-corridor countries the Trust was one of the first to introduce flexible arrangements for those who found they had to quarantine upon return from abroad. This process is now mandatory for all staff travelling abroad, including those using travel corridors, as it ensures plans are put in place for any eventuality. The staff member must agree with their manager prior to their leave that in the unfortunate circumstance they do need to quarantine they either:

- Work from home (either undertaking their regular duties or duties the manager has arranged for them specially to facilitate their leave)
- Use additional annual leave
- Owe the hours back to the Trust
- Use paid leave

This flexibility ensures all colleagues can take leave to go abroad, including to countries which require quarantine upon return.

This same approach is used for staff who need to isolate as a result of a loved one isolating pre-surgery or if they need to be at home for childcare reasons. In this instance they may also use carer's leave.

f) Domestic abuse policy

In response to the rising number of domestic abuse cases being reported nationally the Trust implemented at pace a generous domestic abuse policy. It is hoped no member of staff will need to use it but it is in place if required.

g) Selling or carrying forward annual leave

The Trust recognised that not all staff will be able to use all their annual leave this year. To ensure staff do not lose their leave, either this year or next, the Trust has introduced a policy which allows all staff to carry over up to 20 days leave or to sell back any unused leave down to 20 days. These two initiatives allow colleagues to avoid losing any annual leave.

Alongside these initiatives the Trust is also encouraging all staff to take leave when they can and asked that all staff take at least 2 weeks leave (pro rata) over the summer.

h) Training moved online

Alongside allowing remote access to key clinical systems the Trust also moved a large portion of statutory and mandatory training online. Whilst this may seem small in the scope of the general pandemic it was actually quite valuable for staff as it presented an opportunity for even entirely ward based staff to undertake some activity at home, very valuable for those needing to quarantine at home. This was another way staff could continue to fulfil some of their duties from home and so avoid the need to use unpaid leave.

4. Recruitment and Staffing

4.1. Alongside the support arrangements for our existing workforce we also undertook a series of additional activities to boost our workforce numbers.

a) Fast track of 300 volunteers

During the first wave 300 volunteers approached the Trust to offer their services. These were cleared by recruitment and once ready to work passed to the volunteer team for deployment.

b) Fast track of 100+ new bank workers

Over 100 people registered to work via our Bank during this time. These were cleared by recruitment and once ready were passed to the clinical teams for deployment to service areas.

c) Substantive offer to bank staff

At the beginning of the pandemic Bank staff were offered the option to migrate to a substantive contract (vacancies allowing) as this allowed them to be rostered in advance and to benefit from full NHS terms and conditions. A reliable and regular supply of experienced staff was essential during this time and we were pleased a large number of bank workers chose this option.

d) Bring Staff Back

The Trust was an active participant in the national Bring Staff Back Campaign and benefited from a number of previously retired workers who returned to the NHS.

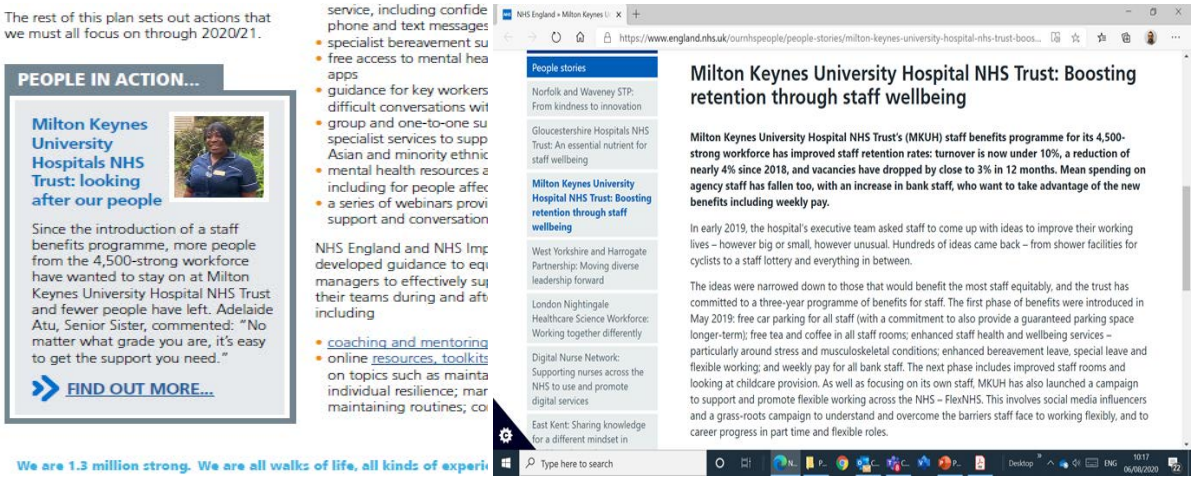
e) Overseas recruitment

Throughout the pandemic the team continued to clear overseas recruits. Unfortunately, upon arrival in the UK these new team members had to quarantine for 14 days. As they were new to the UK and usually did not have family in the area, most took up residence in our staff accommodation. The health and wellbeing call handlers made regular contact with these staff and the Workforce and Accommodation teams ensured they had access to everything they could need to isolate immediately upon arrival in a new country. We made sure they felt welcomed and valued at what was doubtless a very daunting time.

5. NHS People Plan

5.1. Most recently the NHS People Plan has been published – the full People Plan builds on Interim People Plan (June 2019) and the developing post-Covid-19 world – how best to deliver aspirations in the context of a renewed national support for NHS.

5.2. #TeamMKUH features in the People Plan in respect of retention and the impact of our benefits programme, and most notably its key role in @FlexNHS, as led by Kate Jarman, our Director of Corporate Affairs.



5.3. The Trust has a comprehensive Workforce Strategy (2018-21) in place which has delivered many of the actions outlined by the People Plan. It is testament to all the good works which have taken place over recent months and years that MKUH is in an admirable position in terms of already having implemented or is in the process of implementing a lot of the People Plan recommendations, including those relating to Covid-19.

6. Recommendations

6.1. Trust Board is asked to note and receive the report.

Trust Board		
Date of Meeting	5 November 2020	
Agenda item	3.6	
Document Title	Reinvigorating the Trust's membership	
Lead Director	Kate Jarman, Director of Corporate Affairs	
Report Author	Julia Price, Acting Assistant Trust Secretary	
Purpose	For Information	
	For Discussion	YES
	For Agreement (prior to decision elsewhere)	
	For Decision	
Input requested from meeting	Trust Board is asked to support the proposals within the report.	
Comments / Questions from Lead Director	The report was shared with Governors at an informal meeting of the Council on 14 October 2020 and a sub-group is being established to develop the strategy and action plan. Progress will be monitored through formal Council of Governor meetings.	

TheMKWay
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NHS
Milton Keynes
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NHS Foundation Trust

Reinvigorating the Trust's Membership

September 2020

Executive summary

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

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

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

Background

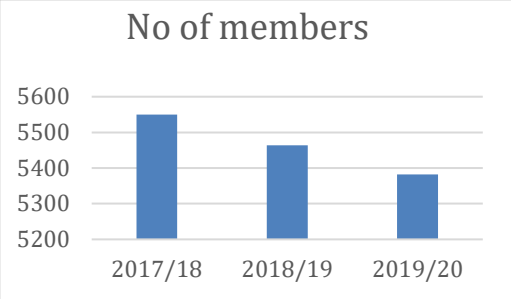
In 2019/20, there were 5382 public members of the hospital. This represents 2% of the total population of Milton Keynes (269,000 : ONS, 2020).

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

(Department of Health, 2005).

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

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



Possible reasons for reduction in numbers

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

The current situation

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

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

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

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

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

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

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

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

Proposals

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

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

2. Increasing governor involvement

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

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

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

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

3. Increasing the Membership

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

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

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

  (Open University, 2005).

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

Conclusion

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

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

Recommendations

The Trust is asked to support these proposals.

References

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

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

Milton Keynes University Hospital, 2017, Constitution

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

APPENDIX 1

Governor Communications with members and the public

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

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

Problems:

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

Suggestions:

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

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COLLABORATE. CONTRIBUTE.

NHS
Milton Keynes
University Hospital
NHS Foundation Trust

Milton Keynes University Hospital NHS Foundation Trust

HIP Programme
Strategic Outline Case

Executive Summary

DRAFT – v7.1 – For Issue
29th October 2020

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FOREWORD

Milton Keynes General Hospital opened in 1984 when the New Town had an established population of only 125,000 citizens. The recent history of Milton Keynes is one of growth. In 2015 the then Hospital Trust created jointly with Buckingham University the country's first independent medical school and Milton Keynes University Hospital was created. The town now has a population of 273,000 and is forecast to grow by a further 72% to 469,000 over the next 30 years at an average rate of 2.4% per annum. To put this in a National context the Office of National Statistics expects that the UK will grow by an average of 0.84% per annum in the thirty years to 2043.

A growth rate of almost three times the National average brings real challenges to our Hospital. Even with the advances of modern medicine moderating the need for beds and inpatient interventions the Trust will need to grow its estate to accommodate this phenomenal increase in demand.

Nowhere is this seen more clearly than in the growth in the numbers of children, with the council responding by building 7 new primary schools in a 3-year period. The number of maternities over the planning period is expected to grow by 50% to 6,000 and the need for planned surgery to keep the population heathy will more than double from a baseline where the Trust already relies heavily on the independent sector to provide routine capacity.

Our intention is to build a new Women and Children's Hospital to provide world class local facilities, including the creation of new birthing suites incorporating for the first time a Midwifery Led Unit, together with dedicated obstetric theatres and a paediatric inpatient and assessment unit, which supported by outpatient and ambulatory areas, will provide services fit for a modern city.

The Trust has recently introduced 2nd generation robotic surgery and now intends, based on evidence from the research carried out by Prof. Tim Briggs, to build separate planned surgical space including new theatres, critical care and inpatient and day case beds to accommodate the increase in demand.

As the place of Milton Keynes grows, so does the need for inpatient medical beds especially for the over 70's which will see a three-fold increase in numbers as the population of the New Town of Milton Keynes ages into retirement. Some of this extra capacity will come from space freed up from the creation of the Women and Children's Hospital and some will come from extensive refurbishment of clinical and non-clinical space into for example an Intermediate Care Centre to support the community services as patients step down from acute care.

The Trust is a passionate advocate of digital technology in healthcare, we have already achieved HIMMS Level 5 for our clinical Electronic Patient Record and are in the forefront of empowering patients through intuitive patient centric apps to make and change appointments and gain access to their medical records. We will continue our digital journey through the opportunities that this redevelopment programme brings to improve the patient experience and place them at the heart of all that we do.

The redevelopment and expansion of the Hospital is seen as a key enabler to ensure that the place of Milton Keynes can continue to grow to meet the challenges of the Government's ambition to build a million new homes within the Oxford, Milton Keynes, Cambridge Arc on top of the already planned growth of Milton Keynes as it moves towards becoming a city of half a million citizens.

Professor Joe Harrison
Chief Executive

Simon Lloyd
Chairman

INTRODUCTION

1. Milton Keynes University Hospital NHS Foundation Trust ("the Trust") has developed proposals to significantly expand and enhance its clinical facilities through delivering a capital investment programme aimed at meeting future projected capacity needs.

2. The Trust's proposed programme incorporates a new:

   - Women & Children's Hospital;
   - Surgery Block;
   - Intermediate Care Centre; and
   - Imaging Centre.

3. The need for new facilities at Milton Keynes University Hospital (MKUH) is driven primarily by the extensive forecast population growth in the town – current projections from Milton Keynes Council are that the local population will increase by 72% from circa 273,000 to circa 469,000 by 2050. The Trust does not have sufficient physical capacity to deliver acute hospital services to a population of that projected scale and will need to significantly expand its facilities to meet the expected demand for local healthcare.

4. In addition, the Trust needs to make major improvements to its facilities for maternity, neonatal and paediatric services in order to meet national standards and provide an environment of appropriate quality for patients, carers, families and staff. The development of a new Women & Children's Hospital, alongside expanded surgical, critical care and dedicated intermediate care facilities, will significantly enhance the patient experience and deliver tangible benefits.

5. The Trust's capital investment programme is expected to cost in the region of £244m, with the majority of the funding [£239m] coming from the Government's Health infrastructure Plan (HIP) programme [as advised by the DHSC in October 2020]. The MKUH HIP programme will be delivered in full by the end of 2025, with the majority of capital works expected to be completed in 2024/25.

6. The Trust's proposals are supported in principle by the Milton Keynes CCG, NHS EI Specialised Commissioning and the Bedfordshire Luton & Milton Keynes ICS and are clearly aligned with all relevant Trust, ICS, DHSC and Government policies and strategies. In particular, the Trust's proposals reflect its commitment to achieving the Government's targets for Net Zero Carbon, use of Modern Methods of Construction, repeatable design and the HIP digital blueprint.

7. The draft Strategic Outline Case (SOC) for the MKUH HIP programme has been developed in full accordance with the HMT Green Book, the NHSEI capital investment guidance and the NHSEI fundamental assessment criteria.

8. This version of the draft Strategic Outline Case Executive Summary is submitted to the BLMK ICS, MKUH Finance & Investment Committee and Trust Board for consideration.

9. When approval is given, the MKUH HIP Programme Strategic Outline Case will be submitted to NHS England and Improvement (NHSEI), ideally in November 2020, to request confirmation in principle of HIP capital funding and approval to proceed to development of the Outline Business Case (OBC).

10. The Executive Summary is written as a stand-alone document. Further information and supporting evidence for all sections is given in the Strategic Outline Case and appendices.

STRATEGIC CASE

11. The strategic case articulates the case for change, setting it in both the local and national context, and confirms that the Trust's proposals for its HIP programme are fully aligned with Trust, BLMK STP/ICS, DHSC and Government policies and plans. This section of the Strategic Outline Case also sets out the scope of the MKUH HIP programme, the investment objectives, the associated benefits and the key risks that have been identified at this stage. The structure of the strategic case follows the guidance set out in the Green Book.

Strategic Context

12. The strategic context section of the Strategic Outline provides an overview of the Trust and its local health system and explains how the MKUH HIP programme will contribute to delivering organisational, system and NHS-wide goals and objectives.

Organisational Overview

13. Milton Keynes Hospital NHS Foundation Trust was founded on 1 October 2007. The Trust entered into a partnership with the University of Buckingham to establish the first independent Medical School in the country and in April 2015 the Trust changed its name to Milton Keynes University Hospital NHS Foundation Trust to reflect this status.

14. The hospital has around 600 beds and employs around 3,500 staff, providing a full range of acute hospital services and an increasing number of specialist services to the growing population of Milton Keynes and surrounding areas. The Trust typically has circa 90,000 emergency department attendances, more than 58,000 emergency/elective admissions and 383,000 outpatients attendances (some activity was lower in 2019/20 due to the impact of Covid-19). All inpatient services and most outpatient services are provided on the main hospital site.

15. In 2019/20, after adjusting for specific items relating to Covid-19, the Trust met its agreed financial control total for the seventh consecutive year. The most recent CQC assessment of the Trust (in 2019) rated it as "good", overall. The Trust's vision, strategy and objectives and a summary of its estates strategy are set out in section 2.2 of the SOC document.

16. The population of Milton Keynes was estimated to be 261,750 in 2015 by the Office for National Statistics (ONS) and 273,429 in 2020. The last two decades has seen double digit growth; the historical trend between 2001 and 2013 showed a population growth of 20.2% compared with a growth rate of 8.9% for England during the same period. With increased housing being built, more families are expected to move to the area, with Milton Keynes Council predicting a population of 500,000 by 2050 [see "case for change" below and section 2.2 of the SOC document]. Milton Keynes is a mostly urban area with significant diversity in its ethnic communities.

17. The Trust's principal commissioner is Milton Keynes CCG, which covers the entire Milton Keynes local authority area, as well as two additional wards in Aylesbury Vale. The CCG has formed a commissioning collaborative with the Bedfordshire and Luton CCGs – the three CCGs are applying to NHSEI to merge in April 2021.

18. The Trust is part of the Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care System, formerly known as the Sustainability and Transformation Partnership (STP). The population of the four local areas of Bedford Borough, Central Bedfordshire, Luton and Milton Keynes is circa 1m. The number of people aged 85 and over is projected to double by 2035 and there will be higher than average growth in the number of adults aged 65 and over and the number of children and young people aged 10-19 years old.

Alignment with Local and National Policies/Strategies

19. This Strategic Outline Case demonstrates that the Trust's proposals for its HIP programme fully align to MKCCG's commissioning strategy, wider BLMK STP/ICS plans, including the STP estates strategy, and DHSC/Government policies, as summarised below.

Figure 1 – MKUH HIP Programme Strategic Alignment

Strategy/Policy	How the MKUH HIP Programme Aligns
BLMK CCG Collaborative Commissioning Strategy (2020)[1]	▪ Enables the Trust to improve maternity and neonatal services, one of the CCG's commissioning priorities for improving quality and outcomes ▪ Improves accommodation for children's & young people's services, also a key CCG priority for improving quality and outcomes ▪ Supports implementation of the Trust's digital strategy, which aligns with the CCG's approach to transform care through digital (a commissioning priority for 2021 – 2024)
BLMK STP Longer Term Plan for Wellbeing and Health (2020)[1]	▪ Contributes to improving maternity care (one of the strategic priorities for the Milton Keynes "place") ▪ Enables the Trust to provide a "better patient experience for children and young people and their families" and improve outcomes for children ▪ Provides the capacity at Milton Keynes needed to ensure that people in BLMK will have a greater choice of provider and earlier access to treatment ▪ Supports implementation of the STP's "Direct Digital Care" strategy
BLMK STP Estates Strategy (2018 & 2019)	▪ Contributes to delivering a "sustainable secondary care estate", which is a key component of the STP's vision for the BLMK estate ▪ The new Women's & Children's Hospital, including neonatal unit expansion, is identified as a priority "estates enabler" for the "sustainable secondary care" strategic priority ▪ Replacing CT & MRI scanners at MKUH is included in the "sustainable capacity" strategic estates initiative
NHS Long Term Plan (2019)	▪ Enables the Trust to achieve the "Better Births" standards, a key component of the strategy for improving outcomes in maternity services ▪ Delivers additional neonatal critical care capacity needed to improve the safety and effectiveness of neonatal services ▪ Supports the expansion of facilities needed to ensure that children are able to access high quality services as close to home as possible ▪ Increases the capacity and responsiveness of local intermediate care services, helping to reduce bed-days and unnecessary hospital admissions
DHSC Health Infrastructure Plan (2019)	▪ Provides a modern estate equal to delivering new models of care and aligning with current and future clinical service strategies ▪ Reduces backlog maintenance at MKUH and eradicate any critical safety issues ▪ Delivers the digital technologies and data sharing capabilities needed to provide better care
Other Government/DHSC Policies	▪ Enables the Trust to deliver the NHSX "blueprint for digitally advanced hospitals", a key objective of the HIP capital investment programme ▪ The use of Modern Methods of Construction will be regarded as the default position for the MKUH HIP programme ▪ The new build facilities will be designed to be Net Zero Carbon (NZC) and the Trust's programme will fully reflect the local and national NZC targets

[1]The BLMKCCG and ICS service strategies are not yet publicly available documents and therefore represent "work in progress"

Investment Objectives

20. The Trust has established a clear set of investment objectives for its HIP programme, as shown in Figure 2 below.

Figure 2 – MKUH HIP Programme Investment Objectives

1) **To provide the additional physical capacity required to deliver core medical and surgical services** to manage a population growth of circa 72% within 30 years, taking into account changes in demographic profiles and population health needs.
2) **To expand and enhance maternity and neonatal facilities**, to accommodate an increase of 66% in deliveries within 30 years and 68% in neonatal admissions within 30 years, whilst ensuring compliance with all relevant national standards for maternity and neonatal care.
3) **To increase capacity for paediatric services** to accommodate an increase of 86% in admissions within 30 years and enhance the quality of facilities through achieving compliance with all relevant national standards for children's services.
4) **To develop, in partnership with primary care and community services, an intermediate care unit** by 2025, to enhance rehabilitation services [xxx% of patients returning to normal place of residence within xxx days] and reduce acute inpatient bed-days [by xxx%], 'avoidable' short stay admissions [by xxx%] and readmissions [by xxx%] – *target metrics to be determined at OBC stage.*
5) **To reconfigure inpatient and critical care services** to ensure segregation of elective and emergency pathways, strengthen operational resilience and accommodate short term activity growth of 20% by 2025.
6) **To enhance the quality, future flexibility and safety of healthcare facilities** for patients and staff and improve the 'patient experience' [measured by improvements of xxx% on xxx% of patient survey feedback data metrics] – *target metrics to be determined at OBC stage.*
7) **To improve the long-term physical condition, fitness for purpose and sustainability of the MKUH estate** through eradicating all critical backlog maintenance at the MKUH site by 2025, achieving a minimum rating of "category B" on all elements of the NHS Six-Facet Survey by 2030 and delivering Net Zero Carbon on all new buildings by 2025.
8) **To create the infrastructure needed to maximise the use of new digital/technological solutions** to facilitate innovation, enable the implementation of new models of care and achieve HIMSS level 6 by 2025.

Business Needs

21. The case for the MKUH HIP programme is based on the need to significantly expand the Trust's capacity to meet the projected demand driven by the planned housing growth and to make major improvements to the quality of the Trust's facilities for maternity, neonatal, children's and older people's services in particular.

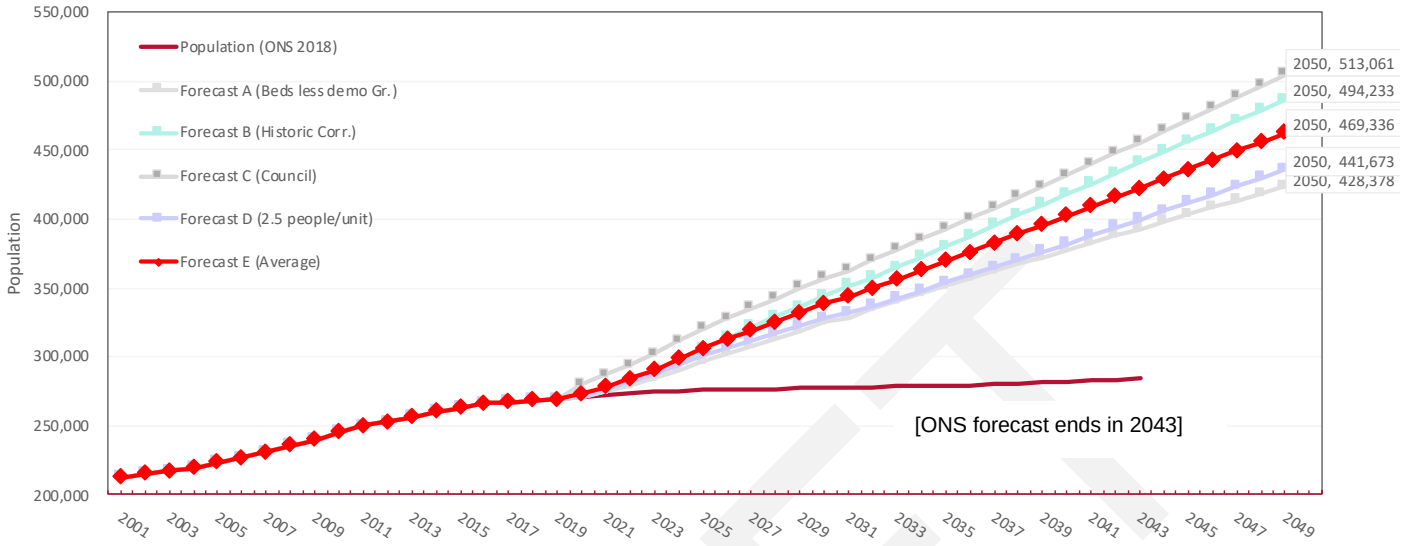
Capacity

22. As explained above, the population of Milton Keynes is forecast to grow by 72% to circa 469k over the next 30 years [Figure 3]. By 2035, i.e. ten years after the new facilities become operational, the catchment population is forecast to have increased by circa 35% to circa 369k. For the purposes of the HIP programme proposals, the Trust has planned to meet its future capacity needs over a 15-year timeline (with the exception of maternity facilities, which have been planned to accommodate the circa 5,800 - 6,000 births per annum projected by 2050 – given the specialist nature of the facilities, this approach is considered more prudent).

23. The Trust's forecast activity volumes are based on historic activity growth trends relative to population growth [Appendix 2-A], which have been applied to the projected local population, at five-year intervals. High-level assumptions have been made regarding the extent to which the demand for hospital care can be mitigated through reducing length of stay, increasing day-case rates, treating more patients out of hospital and other similar measures.

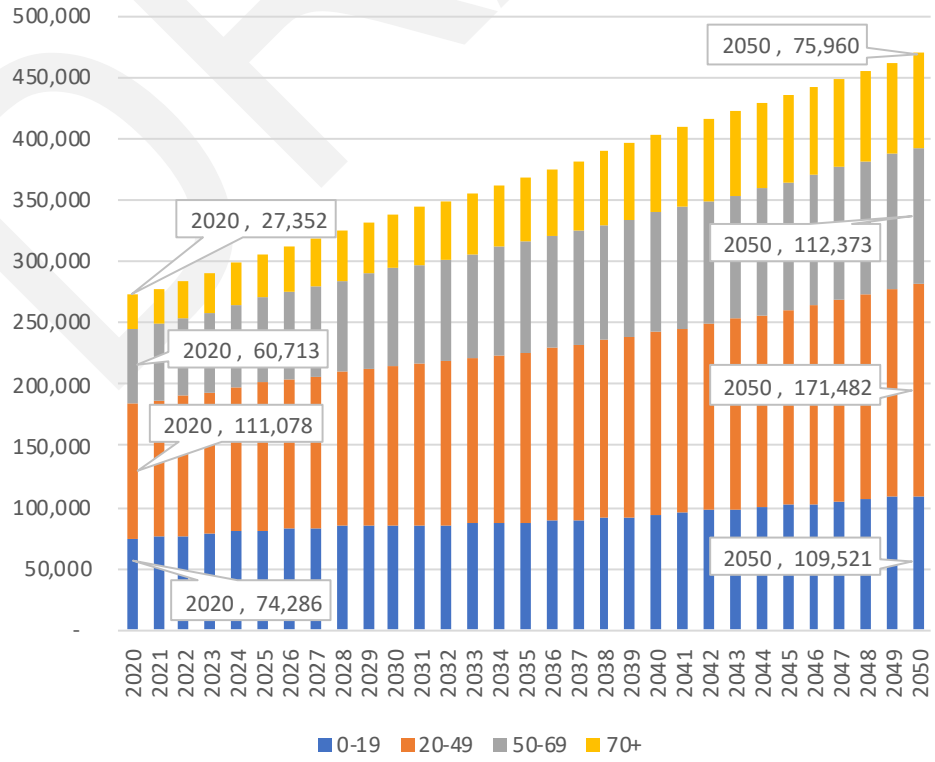
24. The diagram below [Figure 3] illustrates the various population growth scenarios that the Trust has modelled for the Strategic Outline Case. The demand and capacity model [Appendix 2-B] is based on the average of the growth scenarios (i.e. "Forecast E").

Figure 3 – Projected Milton Keynes Population Growth Scenarios to 2050



25. The initial demand and capacity modelling undertaken at SOC stage indicates that the Trust will need to increase its total bed capacity from circa 600 to circa 900 by 2050 (with the application of demand mitigations as explained above) in order to meet projected population growth and changes to the demographic profile (e.g. the proportion of patients over 70 is projected to increase from 10% to 16%, as shown in Figure 4). The Trust proposes to increase capacity through developing new buildings and refurbishing space that will be vacated when services are transferred to the new facilities [see the "scope and service requirements" section below].

Figure 4 - Projected Milton Keynes Population Growth to 2050 By Age Group



26. Details of the demand and capacity modelling exercise are provided in Appendix 2-B and section 2.6 of the SOC document. More detailed capacity modelling will be undertaken for the Outline Business Case for the MKUH HIP programme.

Quality

27. The majority of the Trust's estate is in relatively good condition and the critical infrastructure/backlog maintenance liability is not high for a hospital of the size of MKUH [c.f. Trust Estates Strategy - Appendix 2-C]. However, the quality of some of the facilities, particularly for maternity, neonatal and children's services, is significantly lower than is required to meet the minimum national standards.

28. For example:

- There is no dedicated Midwifery-Led Unit, which reduces choice for women giving birth.
- The obstetric theatres can only be accessed across a main hospital thoroughfare, which can be a distressing experience for women required to have sections/interventions.
- The Neonatal Unit does not comply with current space standards and concerns have been raised regarding the impact on service delivery and especially the risk of infection.
- The proportion of single rooms on the children's wards is very low, which means that children and families can witness/be aware of other children's illnesses conditions, which can be distressing/traumatic.
- There are no high-dependency facilities on the children's wards, but the Trust provides high dependency care to circa 500 children per year (bed-days are equivalent to circa 5 – 6 beds).
- The lack of space on the children's wards creates health & safety risks for patients, families and staff.

29. In addition, the adult intensive care unit is significantly under-sized for its current capacity [which will need to be increased to accommodate the projected demand growth] and patients requiring level 1 critical care are dispersed throughout the inpatient wards, which presents challenges in terms of staffing, continuity of care, etc.

30. Further, there is a shortage of purpose-built intermediate care/rehabilitation facilities in the community, which means that patients (typically frail elderly) who require step-up/step-down care have to be treated on dispersed acute wards, which acts against active rehabilitation and early discharge. The general acute wards do not include the rehabilitation facilities typically provided in dedicated intermediate care units, an omission which the Trust intends to address in the design of the Intermediate Care Centre.

31. The development of a new Women & Children's Hospital, Surgical Block and Intermediate Care Centre will enable the Trust to address these, and other, issues/concerns and to make the required improvements to the quality of its facilities at MKUH. The patient experience will be enhanced through measures such as providing significantly more single bedrooms, thus improving privacy and dignity, creating environments that can be adapted to meet patients' specific needs (e.g. in the delivery suite) and meeting modern space standards.

32. The Trust's commitment to improving the quality of its hospital facilities will be reflected in the clinical briefing, design development and design quality appraisal processes outlined in the Commercial Case.

Scope and Service Requirements

33. The clinical services included in the scope of the HIP programme are shown below, along with the projected capacity to be provided in the new facilities [an overview of the clinical model is given in the draft Models of Care document [Appendix 2-D].

Figure 5 – MKUH HIP Programme Scope

Services	Capacity	
▪ Medical services ▪ Surgical services ▪ Critical care ▪ Intermediate care ▪ Maternity ▪ Neonatal ▪ Paediatrics ▪ Imaging	**Surgery Centre** 92 x inpatient and day case beds 16 x critical care beds 4 x operating theatres **Imaging Centre** 4 x scanners (MRI & CT)	**Women & Children's Hospital** 51 x maternity beds/birthing rooms 2 x maternity theatres 26 x neonatal cots 48 x paediatric beds Paediatric assessment unit **Intermediate Care Centre** 40 x intermediate care beds

34. It should be noted that although medical services are not directly included in the scope of the preferred way forward for the MKUH HIP programme at present, additional beds are planned to be created through the refurbishment of space that will be vacated when the new facilities have been completed. This is part of the Trust's longer-term strategy for developing the hospital to accommodate the projected population growth [see Appendix 2-A].

Benefits

35. The clinical teams have worked with the programme team to identify the benefits, against each investment objective, that would be expected to arise from the investment in new and reconfigured/refurbished facilities at MKUH. These expected benefits have been captured in a Benefits Realisation Plan [Appendix 2-E] and classified in line with the Green Book guidance [see the Economic Case]. Some key benefits are highlighted below [further detail is provided in section 2.7 of the Strategic Outline Case].

Figure 6 – MKUH HIP Programme Highlighted Benefits

- Continued access for population of Milton Keynes to acute hospital services at MKUH
- More choice of birthing environment for women in Milton Keynes
- Improved patient wellbeing and reduced anxiety/stress
- Enhanced privacy and dignity for patients and families
- Reduced average length of stay
- Reduced readmissions to hospital
- Reduced wating times for elective surgery
- Improved outcomes for patients
- Improved infection control (through increased provision of single rooms)
- Improved staff wellbeing/morale
- Improved operational efficiency and productivity
- Reduced energy costs (per m^2)

Risks

36. A risk register has been produced for the MKUH HIP programme [Appendix 2-F], adopting the structure and approach set out in the CIA model risk log. The “red” risks with total scores above 15 (based on probability and expected impact) are listed below [details of all identified risks are provided in Appendix 2-F].

Figure 7 – MKUH HIP Programme High Probability/Impact Risks

Ref	Risk/Description	Score
A2	Continuing development of design: site constraints, refurbishments, infrastructure requirements etc are likely to lead to changes in design beyond changes to brief	16
A3	Change in requirements of the NHS Trust: given potential strategic changes at national/regional level, post-pandemic guidance, etc, it is likely that the Trust's requirements will change	16
B25	Inflation due to Brexit/Covid 19 uncertainty: current inflation indices may not fully reflect impact on market of Brexit deal/no deal or ongoing economic impact of Covid-19	16
E3	Changes in the allocation of resources for the provision of healthcare: given uncertainties regarding the future of PBR, block contracts etc, there is a revenue risk to the Trust	16
E4	Changes in the volume of demand for patient services: uncertainty relating to population projections, hospital activity rates and proportion of local demand that would come to MKUH	16
E6	Unexpected changes in the epidemiology of the people in the catchment area: uncertainty relating to the age/demographic profile and health needs of the projected population growth	16

37. The Trust has put in place a risk management strategy for its HIP programme in line with the programme governance arrangements and the Trust’s risk management approach – further details are provided in section 6.5 of the SOC document.

Engagement and Consultation

38. The Trust can confirm that there is no requirement for public consultation in relation to its HIP programme as it does not involve any reconfiguration of services. This conclusion is fully supported by MKCCG [Appendix 2-G].

39. The full engagement of internal and external stakeholders is critical to the success of the MKUH HIP programme. Clinical and operational management teams have been involved in the development of the brief for the new facilities, the design principles, the schedules of accommodation and the indicative designs. The clinical and management leads for each service participated in the options identification and appraisal process and contributed to the development of the benefits realisation plan. Clinicians and other key internal stakeholders will be working on the development of the Outline Business Case for the programme though individual project groups.

41. The Trust has engaged closely with its key external stakeholders throughout the development of this Strategic Outline Case:

- Discussions have been held with the Central and North West London NHS Foundation Trust (CNWL), both in its capacity as a tenant of facilities at MKUH and as a partner in the provision of intermediate care services (CNWL is the community service provider for the Milton Keynes area).
- A series of meetings has been held with MKCCG, focussing particularly on the population, demand and capacity modelling and the financial assumptions – all projections have been reviewed and agreed with the CCG.
- Regular updates on the HIP programme have been provided to the BLMK ICS Strategic Estates Group and CEOs group and the Trust has ensured that its proposals are fully aligned with the ICS's Estates Strategy and emerging Long-Term Plan.
- The NHSEI regional team and Strategic Estates Lead have been fully engaged throughout the development of this programme to date and discussions have also been held with key DHSC personnel, particularly in relation to the application of the CIA model and the key assumptions for the financial model.

42. Confirmation of support from MKCCG and the wider BLMK ICS for the Trust's capital investment proposals will be provided in Appendix 2-G. The letter of support from the CCG has been written in accordance with the requirements of Annex 12 of the NHSE Service Change Guidance.

ECONOMIC CASE

43. The economic case explains the approach the Trust has taken to establishing and appraising a short-list of options for its HIP programme and to determining a "preferred way forward" at Strategic Outline Case stage. The case demonstrates that the Trust has fully applied the methodologies set out in the Green Book, including the Options Framework, and has used the Comprehensive Investment Appraisal model to assess the indicative costs, risks and benefits of each short-listed option.

Critical Success Factors

44. The Trust identified its critical success factors for its HIP programme, reflecting the agreed investment objectives, through engagement with the lead clinicians and other key stakeholders. The agreed critical success factors are listed below.

Figure 8 – MKUH HIP Programme Critical Success Factors

1) **Provide additional capacity** to accommodate the projected growth in medical, frail elderly, surgical, critical care, maternity, neonatal, paediatric and imaging activity.

2) **Enable service transformation**, performance improvement, delivery of new models of care and **implementation of the Trust's digital strategy**.

3) **Demonstrate alignment with national and local strategies**, including the BLMK Long-Term Plan, and have the support of the BLMK ICS, commissioners and other key stakeholders.

4) **Enhance the patient, carer and staff experience** through provision of high-quality services in the best possible environment.

5) **Deliver an estate that is functionally suitable, adaptable, environmentally sustainable [net zero carbon on new buildings]** and compliant with statutory and regulatory requirements and that supports the delivery of new models of care.

6) **Facilitate the application of Modern Methods of Construction** in the delivery of new healthcare facilities.

7) **Demonstrate capital affordability** in relation to the available HIP and other sources of capital funding for the Trust and the BLMK ICS.

8) **Achieve revenue affordability** and long-term financial sustainability for the Trust and the BLMK ICS.

9) **Demonstrate achievability** in terms of planning constraints, stakeholder consent, operational disruption, Trust resources and other factors.

10) **Enable the implementation of the HIP programme by the end of 2024/25** [with 70% completion by the summer of 2024].

Options Framework

45. The Green Book Options Framework has been used to develop a long-list of options to meet the established investment objectives and critical success factors for the MKUH HIP programme. The Options Framework [Appendix 3-A] was developed at a workshop held in September 2020 with clinical and operational management input.

Options Long-List

46. The long-list of options [Figure 9] includes varying combinations of individual capital projects covering the agreed "priority services" that were incorporated into the scope of the MKUH HIP programme [see Strategic Case above]. A summary of each long-listed option is provided in Figure 10 below.

Figure 9 - MKUH HIP Programme Options Long-List

1	Business As Usual
2	Whole hospital - refurbishment
3	Whole hospital - new build
4	Priority services[1] - refurbishment
5a	Priority services - new build + refurbishment + enabling works - Scenario A [Do Minimum]
5b	Priority services - new build + refurbishment - Scenario B [Do Minimum]
5c	Priority services - new build + refurbishment + enabling works - Scenario C [Recommended Option]
5d	Priority services - new build + refurbishment + enabling works - Scenario D [Intermediate Option]
5e	Priority services - new build + refurbishment + enabling works - Scenario E [Intermediate Option]
6a	Priority services + other services – new build + enabling works – Scenario A [Do Maximum Option]
6b	Priority services + other services – new build + enabling works – Scenario B [Do Maximum Option]

[1]The "priority services" are listed in Figure 5 [Scope and Service Requirements section] above

Figure 10 – MKUH HIP Programme Options Long-List Configuration

Capital Scheme	Long-List Options										
	1	2	3	4	5a	5b	5c	5d	5e	6a	6b
Backlog maintenance	√	√	Whole hospital new build	√	√	√	√	√	√	√	√
Contracted capital schemes [as at 31/10/20]	√	√		√	√	√	√	√	√	√	√
New Imaging Centre – MRI scanner		Whole hospital refurbishment		Priority services refurbishment			√	√	√	√	√
New Women's & Children's Hospital – Oak House car park					√		√		√	√	
New Women's & Children's Hospital – block 3/EHC								√			√
New Surgery & Critical Care Centre – postgraduate centre						√	√	√	√	√	√
Intermediate Care Centre – refurbishment of wards 11 & 14					√	√	√				
New Intermediate Care Centre – Oak House car park								√			√
New Intermediate Care Centre – block 3/EHC									√	√	
Medical Inpatient Beds – refurbishment of vacated space					√	√	√	√	√		
New Medical Inpatient Wards – Oak House car park											√
New Medical Inpatient Wards – block 3/EHC										√	

Options Short-List

47. The options long-list was assessed against the critical success factors and reduced to a short-list of five options for further appraisal, as summarised below.

Figure 11 – MKUH HIP Programme Options Long-List RAG Assessment

Critical Success Factor	Long-List Option										
	1	2	3	4	5a	5b	5c	5d	5e	6a	6b
1 Additional bed/theatre capacity	x	x	√	x	-	-	√	√	√	√	√
2 Service transformation/new models of care	x	x	√	x	-	√	-	√	-	-	√
3 Strategic alignment/stakeholder support	x	-	x	x	-	-	√	√	√	√	√
4 Enhanced patient and staff experience	x	-	√	-	-	-	√	√	√	√	√
5 Fit for purpose, sustainable estate	x	-	√	-	-	-	-	√	√	√	√
6 Modern Methods of Construction	x	-	√	-	-	-	-	√	√	√	√
7 Capital affordability	√	x	x	√	√	√	√	-	-	x	x
8 Revenue affordability	√	x	x	√	√	√	√	-	-	x	x
9 Ease of deliverability	√	x	x	-	√	√	√	-	-	-	-
10 Implementation by end 2024/25	√	x	x	√	√	√	√	-	-	x	-

Figure 12 – MKUH HIP Programme Options Short-Listing Summary

Option	Commentary	Short-List
1	Does not meet 60% of CSFs but retained as the baseline option in line with the CIA Model	YES
2	Does not provide additional bed/theatre capacity [which is the priority objective/CSF]	No
3	Significantly exceeds capital affordability envelope and cannot be delivered within required timescale – unlikely to represent value for money given recent capital investment at MKUH	No
4	Does not provide additional bed/theatre capacity [which is the priority objective/CSF]	No
5a	Meets 50% of CSFs – delivers some additional capacity but does not provide additional elective theatre or clinical care capacity	No
5b	Meets 50% of CSFs – delivers additional elective theatres and critical care capacity – represents the 'Do Minimum' option required for the short-list	YES
5c	Meets 70% of CSFs – current recommended option/Preferred Way Forward	YES
5d	Meets 60% of CSFs – may not be affordable in capital terms and may not be implemented by 2024/25	YES
5e	Meets 50% of CSFs – less beneficial than options 5b and 5d in terms of models of care	No
6a	Unlikely to be affordable in first phase of HIP but provides significant additional capacity [the priority objective/CSF] – represents the 'Do Maximum' option required for the short-list	YES
6b	Unlikely to be affordable in first phase of HIP and does not achieve the required implementation timeframes for the Women's & Children's Hospital	No

48. The scope of each short-listed option is as follows [N.B the options have been renumbered in order to align with the fixed numbering system used in the NHS CIA model].

Figure 13 – MKUH HIP Programme Options Short-List

Long-List Number	Short-List Number	Option	Description
1	0	**Business As Usual**	– Backlog maintenance and essential minor works
5b	1	**Do Minimum**	– New Surgery Block [postgraduate centre site] – Intermediate Care Centre [refurbishment of wards 11/14] – Enabling works [including multi-storey car park and site infrastructure works]
5c	2	**Recommended/ Preferred Way Forward**	As Option 1, with: – New Imaging Centre on the MRI scanner site – New Women's & Children's Hospital on the car park site
5d	3	**Intermediate**	As Option 1, with: – New Imaging Centre on the MRI scanner site – New Women & Children's Hospital on the Eaglestone Health Centre site – New Intermediate Care Centre on the car park site
6a	4	**Do Maximum**	As Option 2, with: – New Medical Ward Block on the Eaglestone Health Centre site

Comprehensive Investment Appraisal

50. A Comprehensive Investment Appraisal (CIA) model has been developed for the MKUH HIP Strategic Outline Case, in accordance with the NHSEI fundamental assessment criteria, to determine a Net Present Social Value (NPSV) for the short-listed options. At this stage, the assessment of costs, risk and benefits for the short-listed options is indicative and the CIA model [Appendix 3-B] is presented in draft form – the NPSVs are therefore illustrative.

51. The Trust recognises the importance of undertaking a coherent and robust assessment of value for money of a range of options and will therefore develop the CIA model further for the Outline Business Case.

Costs Appraisal

52. The estimated capital costs for each short-listed option are shown in Figure 14 below.

Figure 14 – Short-Listed Options Capital Costs

All costs £m	Option			
	1	2	3	4
Total Cost for Approval Purposes	81.97	154.79	162.23	219.38
Optimism Bias	13.02	24.98	25.81	35.14
Inflation	13.84	27.31	28.08	49.64
VAT	19.29	36.57	38.16	53.64
Total Outturn Cost	**128.12**	**243.65**	**254.28**	**357.80**

53. For the purposes of the Strategic Outline Case, no capital costs have been attributed to Option 0 (Business As Usual). Typically, the baseline option can include backlog maintenance costs, however these have been omitted from the CIA model for the MKUH HIP programme following discussion with DHSC staff.

54. Full details of the capital cost estimates are provided in the OB forms [Appendix 3-C] and cost advisors report [Appendix 3-D]. The estimated lifecycle and recurring revenue costs for each option are outlined in section 3.4 of the SOC document and appendices 3-E and 3-F.

Risk Appraisal

55. As outlined in the Strategic Case, the Trust has produced a risk register for the MKUH HIP programme and has made an initial assessment of the probability and impact (on cost, time and quality) of each risk for the preferred way forward [Appendix 2-F], using the CIA model risk log structure.

56. Taking account of the relevant guidance and discussions with NHSEI and DHSC staff, it has been agreed that the risk quantification exercise, and the assessment of risk probability/impact for all short-listed options, will be undertaken at the Outline Business Case stage. At this stage, the costs of each option have been risk-adjusted to reflect the cost of the alternative capacity provision that would be needed elsewhere in the system to meet the forecast population growth if the Trust did not develop the planned new facilities.

Benefits Appraisal

57. The Trust has identified the expected benefits to be realised through its HIP programme and has made an initial classification of the expected benefits following the CIA model approach [see Strategic Case and Appendix 2-F].

58. At SOC stage, a preliminary quantification of selected societal benefits has been made, to enable completion of an indicative CIA model (this approach has been agreed with NHSEI/DHSC staff). A full quantification of expected benefits for each short-listed option will be undertaken for the Outline Business Case, alongside a review of the classification of each benefit (i.e. as cash releasing, non-cash releasing, societal and unmonetisable).

Preferred Way Forward

59. The results of the preliminary economic appraisal to determine an indicative NPSV of the short-listed options, using the CIA model, are as follows:

Figure 15 – Short-Listed Options Indicative Net Present Social Value

Option Long-List Number	5b	5c	5d	6a
Option Short-List Number	**1**	**2**	**3**	**4**
Total Incremental Costs[1] (£m)	-271.27	-373.91	-385.07	-599.25
Total Incremental Benefits (£m)	261.97	467.33	456.07	717.13
Risk-Adjusted NPSV (£m)	**9.30**	**93.42**	**70.99**	**117.87**
Benefit-Cost Ratio	**0.97**	**1.25**	**1.18**	**1.20**

[1] Costs include capital, lifecycle and revenue costs

60. The risk-adjusted costs and quantified benefits shown above are presented as incremental changes from the baseline "Business As Usual" option, i.e. they are not the actual estimated costs and benefits for each option – these are shown in the CIA model [Appendix 3-B].

61. As shown, the indicative economic appraisal using the CIA model indicates that Option 4 has the highest NPSV. In determining the preferred way forward for the MKUH HIP programme the Trust has also considered the following factors [commentary to be revised when figures in figure 15 have been updated]:

- Option 2 has the highest indicative benefit-cost ratio;
- Options 1 and 3 have a significantly lower NPSV than Option 2;
- Option 4 has an estimated capital cost of £358m [Figure 14], which is circa £114m higher than Option 2;
- The estimated capital cost of Option 4 is significantly higher than the capital affordability envelope previously discussed with NHSEI;
- Option 4 could not be delivered by 2025; and
- It would be possible to develop the new medical ward block included in Option 4 as a second phase of the MKUH HIP programme at some point in the future if additional capacity was required (i.e. proceeding with Option 2 does not preclude implementing Option 4 at a later date).

62. On this basis, the Trust has determined that Option 2 (i.e. the development of a new Surgery Block, Women & Children's Hospital and Imaging Centre and creation of an Intermediate Care Centre in refurbished space) is the "preferred way forward" in the SOC for the MKUH HIP programme.

63. It should be emphasised that the SOC stage economic appraisal is indicative only, as described in the NHSEI fundamental assessment criteria and agreed through discussions with DHSC staff (e.g. it does not include quantified cash releasing/non-cash releasing benefits which could impact on the NPSVs shown above).

64. The Trust will run the CIA model in full at the Outline Business Case stage to determine the NPSV of the short-listed options and to test the Strategic Outline Case conclusion that Option 2 is the "preferred option".

COMMERCIAL CASE

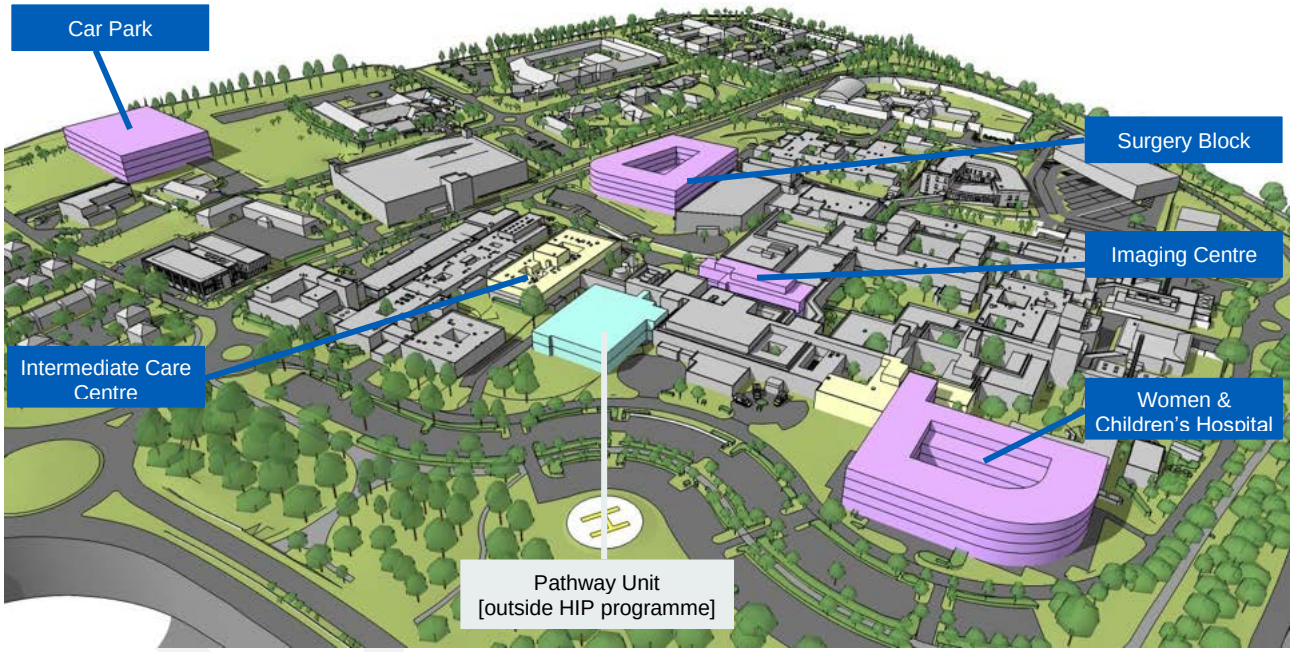
65. The commercial case outlines the design development status of the MKUH HIP programme and confirms the Trust's commitment to the application of Modern Methods of Construction and to achieving the new NHS Net Zero Carbon targets for its planned new developments (the Women & Children's Hospital, Surgery Block and Imaging Centre). This section of the Strategic Outline Case also addresses planning approval, asset disposal and the Trust's proposed procurement strategy.

Development Control Plan

66. The Trust has produced a Development Control Plan that reflects the MKUH HIP programme proposals [Appendix 4-A] and has updated its Estates Strategy, which was produced in 2018 [Appendix 2-C].

67. The following image shows the proposed location on the MKUH site of the planned new development and illustrates the indicative massing of each building:

Figure 16 – MKUH HIP Capital Schemes



68. Initial engagement has been held with the planning department at Milton Keynes Council. The entire MKUH site is allocated for healthcare use and, based on previous capital development, the Trust does not anticipate any significant difficulties in securing planning approval for the HIP schemes.

69. The Trust intends to enter into a new Planning Agreement with the Council for its HIP Programme and to make a planning application for each scheme in summer 2022 [a planning application for the Imaging Centre may be submitted in 2021 if the timescales for the scheme are accelerated – see the "early enabling funding" section of the financial case].

Design Development

70. The designs for the three new buildings and the refurbished facilities have been developed to RIBA Stage 1 – draft 1:500 layout drawings for each scheme are provided in Appendix 4-B. The 1:500 designs are based on indicative schedules of accommodation [Appendix 4-C] that have been produced by the Trust's healthcare planners, with clinical engagement, in line with the relevant HBNs, other best practice guidance and the design principles that have been established for the MKUH HIP programme [Appendix 4-E]. The principles of standardisation and repeatable design are embedded in the indicative schedules of accommodation and emerging designs.

71. A design appraisal, using the Construction Industry Council Design Quality Indicator for Health (DQI) tool, has commenced, with the first, "briefing" stage, assessment being undertaken by the programme team, lead clinicians and design team at a workshop held on 21st October 2020 [Appendix 4-F].

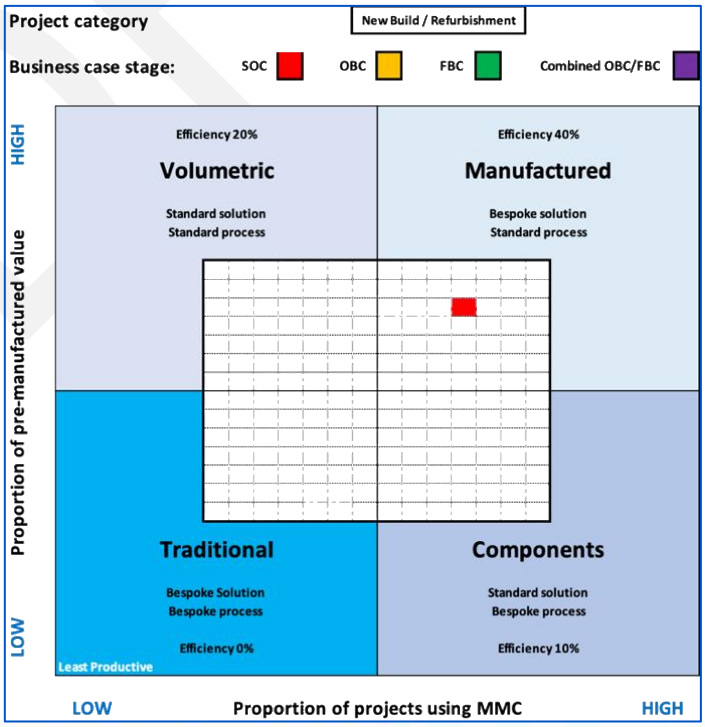
72. The briefing stage assessment focuses on what the Trust is aiming to achieve with its new buildings and establishes the "required", "desired" and "inspired" criteria as a baseline. At the next stage, the Trust will assess the outline designs for the MKUH HIP projects against the DQI criteria, under the headings of "functionality", "build quality" and "impact".

Modern Methods of Construction

73. The Trust is committed to maximising the application of Modern Methods of Construction on its HIP programme and to complying with Government policy in this respect. The designs for the three new build schemes in the MKUH HIP programme are at an early stage of development, but a preliminary assessment has been made of the scope for using MMC.

74. The following tracker, completed in accordance with NHSEI guidance issued in August 2020, shows the projected proportionate use of MMC on the MKUH HIP programme. Further details of the Trust's proposed approach to MMC are provided in section 4.5 of the SOC and Appendix 4-G.

Figure 17 – NHSEI Business Case Construction Tracker



75. At this Strategic Outline Case stage, the Trust's expectation is that up to *xxx% [to be confirmed prior to final submission to NHSEI]* of the total estimated outturn cost, excluding VAT and inflation, of the MKUH HIP programme may be attributed to MMC. An updated analysis will be undertaken for the OBC.

Sustainability and Net Zero Carbon

76. The Trust is putting in place plans to achieve the new targets set out in *'Delivering a net zero national health service'* (DHSC, 2020), and to support Milton Keynes Council's aspiration to be net zero carbon by 2030. Delivering a sustainable estate is captured in the Trust's investment objectives and critical success factors for its HIP programme and the Trust is committed to offsetting residual carbon emissions resulting from the construction and operation of its HIP capital schemes. The Trust plans to refine its solutions for delivering net zero carbon on its three new facilities through the Outline Business Case stage.

77. The Trust has commissioned the development of a robust and scalable Energy and Infrastructure Strategy that will be completed by the end of November 2020. The strategy will align with the MKUH HIP proposals described in this Strategic Outline Case and will support the delivery of net zero carbon new buildings and refurbishments. It will also demonstrate how a programme of fabric and servicing improvements to the residual estate can be delivered. In particular the strategy will outline the route map to removing gas heating from the site, articulate how smart technologies can be utilised to minimise energy demand and articulate how renewable energy and storage technologies can be incorporated on site.

78. The Trust's current Sustainable Development Management Plan was produced in 2013 and covers the period to 2020, in line with the guidance existing at the time. Following the updated guidance, the Trust will produce a Green Plan in 2021.

79. The sustainability target set by the Trust for its HIP programme is BREEAM "outstanding" - the pre-assessment [Appendix 4-H] indicates that at the SOC stage the Trust is in a position to secure the credits required to achieve this target.

Asset Disposal

80. The MKUH HIP capital investment proposals do not enable the release of any land for disposal. All the land within the MKUH site boundaries is required for the current and future provision of healthcare and academic services by the Trust and its partner organisations/tenants (including CNWL, Oxford University Hospitals and the University of Buckingham). Full details of the usage of the MKUH site are set out in the Trust's Estates Strategy [Appendix 2-C].

Digital Strategy

81. The Trust is developing its digital strategy, which will set out how the Trust will meet its objective of achieving HIMSS Level 6 by 2025 (it is currently at level 5) and delivering the key components of the NHSX "HIP Blueprint for Digitally Advanced Hospitals" (2020). The Trust is aiming to maximise the application of digital technologies to support how the new facilities are built, commissioned and used, enabling provision of patient-responsive environments.

82. The emerging digital priorities that have informed the MKUH HIP programme to date are summarised in Appendix 4-I. The Trust's full digital strategy will be reflected in the Outline Business Case stage proposals.

Procurement Strategy

83. The Trust has agreed to work closely with the NHSEI/DHSC central support teams on the appointment of professional advisors, consultants and contractors to ensure consistency, value for money and pooling of intellectual property. Small elements of the schemes in terms of enabling works will be delivered by established construction and engineering partners.

Contractor

84. The HIP programme consists of a series of individual new build and refurbishment projects, supported by a package of enabling works (including site infrastructure enhancements, fit-out of office space for decant purposes and development of a new multi-storey car park to release land for the Women & Children's Hospital). The Trust's intention at this stage is to procure a single contractor for the Women & Children's Hospital and Surgery Block schemes [with separate contracts for each project] and a separate, single contractor to deliver the Imaging Centre and Intermediate Care Centre schemes, if approval, and funding, to accelerate these two projects is confirmed by NHSEI [see Financial Case].

85. Given the need to progress the first phase of the HIP enabling works by the end of March 2021 (in order to achieve the target completion date of end 2025), the contract has been awarded to Galliford Try, the P22 PSCP that is currently supporting the Trust with the Pathway Unit scheme.

86. The two main current routes for procuring a contractor for NHS publicly funded schemes are the OJEU appointment process or use of a national/regional framework. Given the timescales for the HIP programme and the desire to minimise procurement costs, the Trust has determined that use of a framework is the optimum procurement route. The principal options available are to appoint a:

- Principal Supply Chain Partner (PSCP) from the existing P22 framework;
- PSCP from the proposed new P2020 framework;
- contractor from the Crown Commercial Services framework; or
- contractor from an alternative framework (e.g. Pagabo, Scape, etc).

87. The procurement route for the Women & Children's Hospital and Surgical Block will be agreed with the NHSEI/DHSC central support teams as part of the national strategy for HIP projects and will be built into the Trust's collaboration agreement.

88. If the Trust receives approval from NHSEI to fast track the Intermediate Care refurbishment, Imaging Centre new build and remaining enabling works (including a multi-storey car park) in 2021/22 (see above), the current intention is to appoint a contractor from the Pagabo framework.

Design Team & Professional Advisors

89. The Trust will work closely with the national NHSEI/DHSC teams to appoint the design team for the development of the Outline Business Case either directly or as part of a national procurement process.

90. The appointments of project/programme managers, healthcare planners and business case authors are expected to be made by the end of 2020.

FINANCIAL CASE

91. The financial case considers both the capital and revenue affordability of the preferred way forward as it pertains to the Business as Usual ("Do nothing") option. It also includes the required Statements of Comprehensive Income, Cashflows and Financial Position. The financial evaluation will be revisited at the OBC stage, at which point it will include updated and standardised inflationary assumptions as well as reflecting the financial implications of more detailed service specifications, capacity plans and models of care.

92. It should be noted that the full impact of Covid-19 has not been included in the financial modelling so far. The forecast for Yr0 (2020/21) has not been adjusted to reflect the impact of the centralised national approach in order to avoid it impacting all future years of the Strategic Outline Case financial model.

Capital Affordability

93. The total estimated capital cost of the MKUH HIP programme preferred way forward is circa £243.65m [Figure 18]. This includes provision for risk of circa £9m relating to planning contingency (6.1%) and circa £25m relating to optimism bias (16.1%).

94. The associated cash flows and sources of capital are set out below.

Figure 18 – MKUH HIP Programme Preferred Way Forward Cash Flow and Funding

	PDC Funding	Trust Funding[1]	Total
2020/21	10,452,608		10,452,608
2021/22	37,534,057	5,000,000[1]	42,534,057
2022/23	8,067,550		8,067,550
2023/24	110,755,362		110,755,362
2024/25	69,399,921		69,399,921
2025/26	2,445,442		2,445,442
Total	**238,654,941**	**5,000,000**	**243,654,941**

[1]Trust own capital funding relates to part funding of the Imaging Centre.

95. The Trust has worked closely with both DHSC and NHSEI throughout the development of the options, their scope and capital costing. On 2 September 2020, the Trust submitted to NHSEI a draft capital cost estimate of circa £233.90m. Due to the requirement to minimise derogations from NHS standards together with iterations on the scale of facilities required to meet future capacity, the capital cost estimates were revised to a current PDC funding requirement of £238.65m. in the context of discussions with the NHSEI regional teams to date, the Trust believes that £238.65m represents an affordable level of capital investment.

Early Enabling Funding

96. A key requirement of the Health Infrastructure Plan is early delivery. The Trust has agreed HIP-funded accelerated enabling works in discussion with NHSEI and DHSC. The proposed enabling works clear the land available that will be used for the major HIP schemes by moving ground level parking into a new car park and by undertaking some demolition work. The other elements of the scheme provide for reliant oxygen supply and start creating the necessary electrical infrastructure to support the final schemes. The enabling schemes include the items and values set out below and are part of the costs of the preferred way forward.

Figure 19 – Agreed Early Enabling Funding Schemes

Project	Cost (£k)
LV5/6 Sub Station Upgrade	736
Medium voltage generator No 3	808
Oxygen VIE flask no 2	426
Site wide HV system upgrade	250
Office fit out Admin block	2,800
South Site Infrastructure	937
Car Park 3 Development	1,800
Total	**7,800**

97. The Trust is also in discussion with NHSEI regarding potential additional early funding of up to £22m to support completion of the multi-storey car park, refurbishment works to create the Intermediate Care Centre and development of the new Imaging Centre. The Trust is awaiting confirmation of this additional early enabling funding and the associated governance processes. If the funding is available, the Trust intends to commence construction of the Intermediate Care Centre and Imaging Centre in 2021/22 [see "Key Milestones" in the Management Case].

Revenue Affordability

Revenue Costs

98. Revenue costs for the preferred way forward have been calculated based on a series of assumptions applied to a normalised baseline position. The key assumptions include:

- Activity Growth Cost – rising in line with activity levels, beginning at 4% per annum and reducing to approx. 1% per annum towards 2040 as ICS demand management initiatives are introduced and care is delivered in alternative settings.
- General cost inflation – rising in line with most recent NHS Improvement guidance at 2% for the duration of the model.
- Staff Cost Inflation – rising in line with most recent NHS Improvement guidance at 2.9% for the duration of the model.
- Clinical Negligence inflation – rising outside of standard inflation assumptions at 12%, reflecting actual recent experienced YOY changes.
- Drug Cost Inflation – rising outside of standard inflation assumptions at 4 %, reflecting actual experienced YOY changes.
- Pay CIP – varies through the life of the model, recognising the opportunities available at various points in the build process, generally between 2-4%.
- Non-Pay CIP – varies through the life of the model, recognising the opportunities available at various points in the build process, generally between 2-4%.

100. Additional income in the financial model is driven by the following assumptions:

- Activity Growth - rising in line with population levels, beginning at 4% per annum and reducing to approx. 1% per annum towards 2040 as ICS demand management initiatives are introduced and care is delivered in alternative settings.
- Net Tariff – at 0.9% for the duration of the model in line with both pay and general cost inflation – assumed to be offset by CIP.
- Parking Volumes – rising in line with parking availability given increase in Multi-Storey provision.

101. Further detail is provided in the Financial Case section of the Strategic Outline Case.

Business As Usual

102. The Business As Usual (i.e. "do nothing") option shows the Trust's financial position to improve as the Trust's activity meets its capacity but recognises that in the latter years the opportunities to flex and mitigate increases in costs through inflation and/or regulatory requirements become severely limited and lead to increasing deficits. As recognised in the Economic Case, the BAU/Do Nothing option does not meet the requirements of a growing city and would leave MK residents with insufficient hospital capacity both within the City and in neighbouring areas.

Figure 20 – BAU Option Projected Revenue Position

Year	Income	Pay	Non-Pay	Finance Costs	Profit/Loss
2021	276	-181	-82	-16	-3
2022	291	-190	-87	-16	-1
2023	308	-200	-92	-16	0
2024	325	-211	-97	-16	1
2025	342	-222	-103	-16	2
2026	354	-229	-107	-16	2
2027	364	-234	-111	-16	2
2028	370	-238	-115	-16	2
2029	374	-239	-117	-16	1
2030	377	-242	-120	-16	-1
2031	380	-244	-123	-16	-2
2032	384	-246	-126	-16	-3
2033	387	-248	-128	-16	-5
2034	391	-250	-132	-15	-5
2035	394	-252	-135	-14	-6
2036	398	-252	-139	-14	-7
2037	402	-252	-142	-15	-8
2038	405	-252	-147	-15	-8
2039	409	-251	-152	-15	-8
2040	413	-249	-157	-15	-8

Preferred Way Forward

103. The financial position of the preferred way forward shows MKUH reaching full capacity at 2025/26, then expanding into the new facilities in the following years. The additional income generated by this activity, predominately from the forward building programme of MK Council, has been discussed and is recognised by the BLMK CCG collaborative. Discussions are ongoing with NHSE Specialist Commissioners, though they hold a much smaller proportion of MKUH income.

Figure 21 – Preferred Way Forward Revenue Position

Year	Income	Pay	Non-Pay	Finance Costs	Profit/Loss
2021	276	-181	-82	-16	-3
2022	291	-190	-87	-16	-1
2023	308	-200	-92	-15	1
2024	325	-210	-97	-16	2
2025	342	-221	-103	-16	3
2026	355	-228	-107	-251	-230
2027	367	-234	-111	-18	5
2028	378	-239	-116	-18	4
2029	386	-243	-121	-18	4
2030	396	-248	-127	-19	2
2031	403	-252	-132	-20	-1
2032	410	-255	-138	-18	-1
2033	417	-257	-143	-19	-2
2034	425	-259	-149	-17	0
2035	432	-260	-155	-20	-2
2036	439	-259	-161	-17	2
2037	445	-257	-167	-18	2
2038	452	-256	-174	-17	5
2039	459	-254	-182	-18	5
2040	466	-253	-189	-18	5

104. Modest surpluses are anticipated to be realised in 2022/23+ and the Trust experiences a continuation of small surpluses as normal ongoing maintenance / replacement costs are reduced and efficiencies gained following colocation of services.

105. In 2026 the new buildings become operational and the initial costs are written down to the Alternative Site Valuation level, showing an in-year deficit of £230m.

106. In 2031 a period of borderline deficits is shown and recognises the introduction of larger scale life-cycle spend as a result of the new buildings, although this is anticipated to be increasingly mitigated towards the end of the model.

107. The Trust has been on an upward trajectory with regards to its financial position and while the initial write-down of the capital investment will impair the organisation's results it is not anticipated that this will adversely impact the Trust in the longer-term. The underlying improvement in the financial performance of the organisation is expected to continue as the build develops and as operations commence.

Statement of Comprehensive Income

To be completed prior to submission of the Strategic Outline Case to NHSEI

Statement of Cashflows

To be completed prior to submission of the Strategic Outline Case to NHSEI

Statement of Financial Position

To be completed prior to submission of the Strategic Outline Case to NHSEI

MANAGEMENT CASE

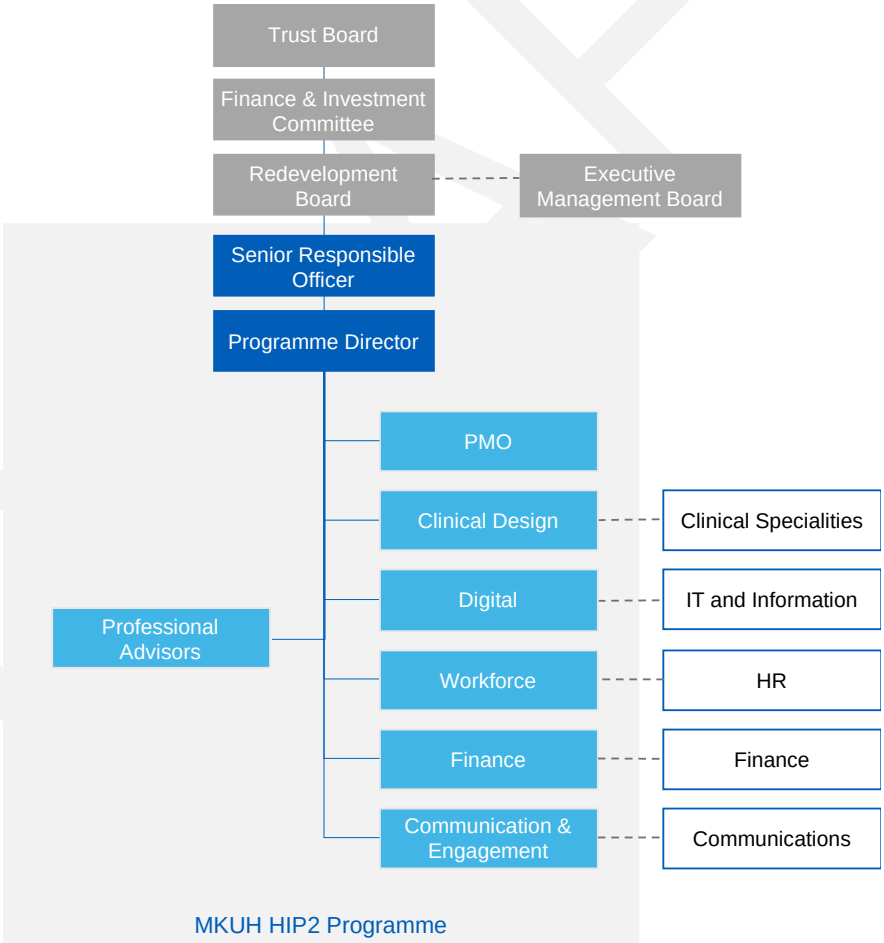
108. The management case provides an overview of the governance and management arrangements the Trust has put in place for its HIP programme and includes details of the key personnel, including the SRO, and projected programme budgets. The key milestones and critical path for the programme are set out and the case demonstrates that the Trust has the ability and capacity to manage its HIP programme to completion by 2025/26 with 70% of the programme completed by the end of 2023/24.

Programme/Project Management and Governance

109. The Trust adopts a robust management approach for all its major strategic programmes and capital projects. It is currently intended that the “agile project management” methodology will be adopted for the MKUH HIP programme.

110. A clear governance structure for the MKUH HIP programme is in place, as illustrated below, and is fully aligned with the BLMK ICS estates governance structure [see section 6.2 of the SOC document].

Figure 21 –MKUH HIP Programme Governance Structure



Programme/Project Resources

111. The Trust has resourced its HIP programme to date through a combination of an internal team dedicated specifically to the programme, supplemented by input from the clinical and operational management teams, and external specialist support.

Programme Team

112. The MKUH HIP Programme Team currently incorporates the following key roles:

Figure 22 - MKUH HIP Programme Team

Senior Responsible Officer	John Blakesley, Deputy Chief Executive
Programme Director	Christopher Todd, Programme Director Strategic Estates
Clinical Lead – Imaging	Tracy Reid, Imaging Services Lead
Clinical Lead – Intermediate Care	Dr Victoria Alner
Clinical Lead – Surgery & Critical Care	Dr Hamid Manji
Clinical Lead – Women's & Children's	Dr James Bursell
Finance Lead	Sophia Aldridge, Interim Director of Finance
Estates Lead	Phil Eagles, Associate Director of Estates
Workforce Lead	Louise Clayton, Head of HR Business Partnering
Communications Lead	Kate Jarman, Director of Corporate Affairs
Clinical Design Lead	Rebecca Grindley, Briefing and Commissioning Manager
Digital Lead	Claire Orchard, Digital & Information Manager
Programme Support	Emma Nilsen; Strategic Estates Programme Support

113. The Trust is planning to recruit additional programme team members to support the development of the Outline Business Case and to co-opt additional representatives from key specialist disciplines as required.

External Advisors

114. External advisors have been engaged at Strategic Outline Case stage to provide specialist business case development, healthcare planning, cost advisor, energy and sustainability advisor and design team services. The Trust is in the process of procuring the external support required to develop the Outline Business Case.

Programme Budget

115. The Trust has secured seed funding of £1.15m from the DHSC to resource the programme to Strategic Outline Case stage [a breakdown is provided in section 6.3 of the SOC document]. The current projection is that expenditure against the seed funding budget will be £710k by December 2020.

116. The preliminary budget for the development of the Outline Business Case is circa £5m. This programme management budget has been included in full in the estimated capital costs for the MKUH HIP programme.

Key Milestones

117. The Trust set a "critical success factor" of implementing its HIP programme by the end of 2024/25 [with 70% completion by the end of 2023/24]. The key milestones to achieve this target are set out in Figure 23 below – a detailed project plan is shown in Appendix 6-B.

118. Achieving the target milestones for the HIP programme is dependent on the critical path of:

- securing Outline Business Case approval by the end of 2021;
- procuring a contractor [for refurbishment works] by autumn 2021;
- completing all enabling works by the end of 2021/2022;
- achieving planning approval [for the new builds] by the end of 2022; and
- starting on site by spring 2023.

119. The Trust will apply robust programme/project methodologies and engage the resources necessary to ensure these milestones are met.

Figure 23 – MKUH HIP Programme Target Milestones

Year	Activity	>70% Completion	Milestone
2020/2021	SOC submission to NHSEI		November 2020
	SOC approval by NHSEI		March 2021
	Early enabling works completion		March 2021
2021/2022	Start on site: Intermediate Care Centre[1]		April 2021
	Start on site: Imaging Centre[1]		June 2021
	Contractor procurement		September 2021
	OBC submission to NHSEI		September 2021
	OBC approval by NHSEI		November 2021
2022/2023	**Completion: Intermediate Care Centre**		**April 2022**
	Completion: Imaging Centre		**December 2022**
	Planning approval		October 2022
	FBC submission to NHSEI		December 2022
	FBC approval by NHSEI		February 2023
	Start on site: Surgery Block		March 2023
	Start on site: Women & Children's Hospital		March 2023
2024/2025	**Completion: Surgery Block**	**April 2024**	**August 2024**
2025/2026	**Completion: Women & Children's Hospital**	**April 2024**	**January 2025**

[1] The start dates for the Intermediate Care Unit refurbishment and the Imaging Centre new build are dependent on agreeing the funding drawdown and the approvals process with NHSEI – see the "early enabling funding" section of the financial case

Deliverability

120. The Trust has a proven track record of delivering significant capital developments in the past few years, including the new Cancer Centre (opened in 2020), the trauma & orthopaedic ward, the academic centre, new main entrance (MMC offsite construction) and multi-storey car park. The Full Business Case for the new Pathway Unit (funded through STP Wave 4 capital) will be submitted to NHSEI in November 2020 and the facility is due to be operational by September 2022.

121. The Trust's capability to manage a programme of this scale to completion is evidenced by:

- Active clinical engagement, with clearly designated clinical leadership for each project;
- An established internal team with senior resources dedicated to the programme;
- Access to experienced specialist health professionals;
- Early enabling funding secured, with works starting on site by the end of 2020;
- Minimal obstacles in terms of planning, land ownership, etc;
- Strategies in place for risk management and benefits realisation;
- The full backing of the Trust Board; and
- Full support from commissioners and BLMK ICS partners.

122. The Trust can confirm that it is in a position to deliver the MKUH HIP programme to time and budget and that the programme represents the highest strategic priority for the organisation.

CONCLUSIONS

123. This Strategic Outline Case demonstrates that:

- There is a robust case for the MKUH HIP capital investment programme, based firmly on significant projected population/activity growth and the need to improve facilities for maternity, neonatal, paediatric and intermediate care services;
- The MKUH HIP programme is expected to deliver an extensive range of benefits to patients, carers, families, staff and the wider local health economy;
- The Trust's proposals are clearly aligned to Trust, CCG, ICS, DHSC and Government strategies and policies;
- Modern Methods of Construction will be applied as the default approach;
- The Trust is committed to achieving Net Zero Carbon on its new build schemes;
- An ambitious digital strategy will be embedded in the MKUH HIP programme;
- The MKUH HIP programme is considered at this stage to be affordable to the Trust in both capital and revenue terms;
- Clinicians have been actively engaged in the development of the Strategic Outline Case;
- MKUH capability to deliver its HIP programme by 2025; and
- This Strategic Outline Case has been produced in compliance with the HMT Green Book and the NHSEI fundamental assessment criteria.

124. The immediate priorities in terms of next steps (following business case approval) are to:

- Procure the design team and professional advisors;
- Establish project teams for each scheme in the programme;
- Engage with NHSEI to establish the approvals process/timescales for the Intermediate Care Centre, Imaging Centre and enabling works (i.e. early enabling funding);
- Progress the design development process for the Intermediate Care Centre and Imaging Centre schemes; and
- Develop a detailed plan for producing the Outline Business Case for the MKUH HIP programme.

125. This final draft version of the MKUH HIP Strategic Outline Case Executive Summary is presented to the BLMK ICS, the MKUH Finance & Investment Committee and the MKUH Trust Board for approval.

126. Following internal and external approval of this Strategic Outline Case, the Trust will proceed with developing the Outline Business Case for the MKUH HIP programme. The Trust's intention is to submit the Outline Business Case to NHSEI by the end of September 2021.

APPENDICES

1-A	NHSEI Fundamental Criteria Checklist
2-A	Population Projections
2-B	Demand & Capacity Model
2-C	MKUH NHSFT Estates Strategy
2-D	Draft Models of Care
2-E	Draft Benefits Realisation Plan
2-F	Draft Risk Register
2-G	Letter of Supports
3-A	Options Framework
3-B	Draft CIA Model
3-C	OB Forms
3-D	Cost Advisors Report
3-E	Lifecycle Costs
3-F	Revenue Costs
3-G	Optimism Bias Assessment
4-A	Development Control Plan
4-B	Draft 1:500 Drawings
4-C	Schedules of Accommodation
4-D	Derogations Schedule
4-E	Design Principles
4-F	DQI Report
4-G	Modern Methods of Construction Assessment
4-H	BREEAM Pre-Assessment Report
4-I	Digital Priorities
6-A	Redevelopment Board Terms of Reference
6-B	MKUH HIP Programme Plan

The appendices are provided in separate files and are available from the Trust

GLOSSARY

BLMK	Bedfordshire, Luton and Milton Keynes
BREEAM	Building Research Establishment Environmental Assessment Method
BRP	Benefits Realisation Plan
CCG	Clinical Commissioning Group
CEO	Chief Executive Officer
CIA	Comprehensive Investment Appraisal
CIC	Construction Industry Council
CNWL	Central and North West London
CQC	Care Quality Commission
CSFs	Critical Success Factors
CT	Computerised Tomography
DHSC	Department of Health and Social Care
FBC	Full Business Case
GP	General Practice
HBN	Health Building Notes
HIMSS	Healthcare Information and Management Systems
HMT	HM Treasury
HIP	The Health Infrastructure Plan
ICS	Integrated Care System
MRI	Magnetic Resonance Imaging
MKCCG	Milton Keynes Clinical Commissioning Group
MKUH	Milton Keynes University Hospital
MMC	Modern Methods of Construction
NHS	National Health Service
NPSV	Net Present Social Value
NZC	Net Zero Carbon
NHSE	NHS England
NHSEI	NHS England and NHS Improvement
NHSX	NHS Digital
ONS	Office for National Statistics
OJEU	Official Journal of the European Union
OBC	Outline Business Case
PSCP	Principal Supply Chain Partner
P2020	ProCure2020
P22	ProCure22
RIBA	Royal Institute of British Architects
SEG	Strategic Estates Group
SRO	Senior Responsible Officer
SOC	Strategic Outline Case
STP	Sustainability and Transformation Partnership

Trust Performance Summary: M06 (September 2020)

1.0 Summary

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

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

Restoration and the recovery of services following the first surge of the pandemic continues across the Divisions. The impact of COVID-19 and the subsequent contraction and closure of some services during April to June has had a significant impact on the delivery and performance of certain key NHS targets from the summer and continues into September 2020. To ensure this is reflected, the monthly trajectory of ED 4 hour and RTT have been amended to ensure the revised trajectory is reasonable and reflect a level of recovery for the Trust to achieve and sustain the target set out in the NHS Constitution over the next 12 months.

2.0 Sustainability and Transformation Fund (STF)

Performance Improvement Trajectories

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

ID	Indicator	Target 20-21	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
4.1	ED 4 hour target (includes UCS)	90.0%	90.0%	97.5%	96.0%	✓	▼	✓	
4.2	RTT Incomplete Pathways <18 weeks	79.0%	67.0%		53.0%	✗	▲		
4.9	62 day standard (Quarterly)	85.5%	85.5%		74.4%	✗	▼		

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

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

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

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

The Trust has put in place recovery plans across all services, which will support further improvement in RTT performance and a reduction in the cancellation of non-urgent activity and treatment for patients on an incomplete RTT pathway.

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

For Q1 2020/21, the Trust's provisional 62-day standard performance (from receipt of an urgent GP referral for suspected cancer to first treatment) was 74.4% against a national target of 85%.

The provisional performance of the percentage of patients who started treatment within 31 days of a decision to treat was 94.7% against a national target of 96%. The percentage of patients who attended an outpatient appointment within two weeks of an urgent referral by their GP for suspected cancer was 86.4% against a national target of 93%.

3.0 Urgent and Emergency Care

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

ID	Indicator	Target 20-21	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
2.4	Cancelled Ops - On Day	1.0%	1.0%	0.10%	0.04%	✓	▲	✓	
3.2	Ward Discharges by Midday	27%	27%	20.4%	18.5%	✗	▼	✗	
3.4	30 day readmissions			9.1%	8.8%		▲		
3.6.2	Number of Super Stranded Patients (LOS>=21 Days)	53	53		42	✓	▼		
3.9	Ambulance Handovers >30 mins (%)	5%	5%	2.5%	2.4%	✓	▲	✓	
4.1	ED 4 hour target (includes UCS)	90.0%	90.0%	97.5%	96.0%	✓	▼	✓	

Cancelled Operations on the Day

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

Readmissions

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

Delayed Transfers of Care (DTOC)

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

Length of Stay (Stranded and Super Stranded Patients)

The number of super stranded patients (length of stay of 21 days or more) at the end of the month was 42. This was an increase compared to previous months and likely to have been directly influenced by the recent circumstances in the hospital as a result of Covid-19 as community partners also restored their services and where less able to focus specifically on discharge as had been the

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

Ambulance Handovers

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

4.0 Elective Pathways

ID	Indicator	Target 20-21	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
3.1	Overnight bed occupancy rate	93%	93%	68.3%	79.3%	✓	▼	✓	
3.5	Follow Up Ratio	1.50	1.50	1.85	1.59	✗	▲	✗	
4.2	RTT Incomplete Pathways <18 weeks	79.0%	67.0%		53.0%	✗	▲		

Overnight Bed Occupancy

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

Follow up Ratio

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

RTT Incomplete Pathways

The Trust's RTT Incomplete Pathways <18 weeks at the end of September 2020 was 53.0% which was an improvement on the August 2020 value of 49.0%. At the end of September 2020, the number of patients waiting more than 52 weeks without being treated was 393. These patients were in Surgery (364 patients), Women and Children (26 patients) and Medicine (three patients).

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

Diagnostic Waits <6 weeks

The Trust did not meet the national standard of less than 1% of patients waiting six weeks or more for their diagnostic test at the end of September 2020, with a performance of 79.3%. Whilst lower than the national standard the Trust continues to recover more quickly than neighbouring organisations.

5.0 Patient Safety

Infection Control

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

ENDS

Appendix 1: ED Performance - Peer Group Comparison

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

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

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

July to September 2020 ED Performance Ranking

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

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

Board Performance Report 2020/21
September 2020 (M06)

Milton Keynes University Hospital NHS Foundation Trust

OBJECTIVE 1 - PATIENT SAFETY									
ID	Indicator	Target 20-21	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
1.1	Mortality - (HSMR)	100	100		97.4	✓	▲		
1.2	Mortality - (SHMI)	100	100		116.5	✗	▲		
1.3	Never Events	0	0	0	0	✓	▬	✓	
1.4	Clostridium Difficile	15	<8	1	0	✓	▬	✓	
1.5	MRSA bacteraemia (avoidable)	0	0	0	0	✓	▬	✓	
1.6	Falls with harm (per 1,000 bed days)	0.12	0.12	0.21	0.21	✗	▼	✗	
1.7	Midwife : Birth Ratio	28	28	27	26	✓	▲	✓	
1.8	Incident Rate (per 1,000 bed days)	40	40	75.26	75.95	✓	▲	✓	
1.9	Duty of Candour Breaches (Quarterly)	0	0	0	0	✓	▬	✓	
1.10	E-Coli	20	<10	8	2	✓	▼		
1.11	MSSA	8	<4	7	0	✓	▲	✓	
1.12	VTE Assessment	95%	95%	98.0%	97.5%	✓	▲	✓	

OBJECTIVE 2 - PATIENT EXPERIENCE									
ID	Indicator	Target 20-21	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
2.2	RED Complaints Received			0	0		▬		
2.3	Complaints response in agreed time	90%	90%	91.9%	88.6%	✗	▼	✓	
2.4	Cancelled Ops - On Day	1.0%	1.0%	0.10%	0.04%	✓	▲	✓	
2.5	Over 75s Ward Moves at Night	2,000	1,000	345	72	✓	▼	✓	
2.6	Mixed Sex Breaches	0	0	0	0	✓	▬	✓	

OBJECTIVE 3 - CLINICAL EFFECTIVENESS									
ID	Indicator	Target 20-21	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
3.1	Overnight bed occupancy rate	93%	93%	68.3%	79.3%	✓	▼	✓	
3.2	Ward Discharges by Midday	27%	27%	20.4%	18.5%	✗	▼	✗	
3.3	Weekend Discharges	70%	70%	65.0%	60.2%	✗	▼	✗	
3.4	30 day readmissions			9.1%	8.8%		▲		
3.5	Follow Up Ratio	1.50	1.50	1.85	1.59	✗	▲	✗	
3.6.1	Number of Stranded Patients (LOS>=7 Days)	198	198		149	✓	▼		
3.6.2	Number of Super Stranded Patients (LOS>=21 Days)	53	53		42	✓	▼		
3.7	Delayed Transfers of Care	25	25		11	✓	▲		
3.8	Discharges from PDU (%)	15%	15%	9.0%	8.1%	✗	▲	✗	
3.9	Ambulance Handovers >30 mins (%)	5%	5%	2.5%	2.4%	✓	▲	✓	

OBJECTIVE 4 - KEY TARGETS									
ID	Indicator	Target 20-21	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
4.1	ED 4 hour target (includes UCS)	90.0%	90.0%	97.5%	96.0%	✓	▼	✓	
4.2	RTT Incomplete Pathways <18 weeks	79.0%	67.0%		53.0%	✗	▲		
4.4	RTT Total Open Pathways	18,878	21,310		23,610	✗	▲		
4.5	RTT Patients waiting over 52 weeks		0		393	✗	▼		
4.6	Diagnostic Waits <6 weeks	99%	99%		79.3%	✗	▼		
4.7	All 2 week wait all cancers (Quarterly)	93.0%	93.0%		86.4%	✗	▼		
4.8	31 days Diagnosis to Treatment (Quarterly)	96.2%	96.2%		94.7%	✗	▼		
4.9	62 day standard (Quarterly)	85.5%	85.5%		74.4%	✗	▼		

OBJECTIVE 5 - SUSTAINABILITY									
ID	Indicator	Target 20-21	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
5.1	GP Referrals Received	Not Available		21,411	3,979	Not Available	▼	Not Available	
5.2	A&E Attendances			35,650	6,958		▼		
5.3	Elective Spells (PBR)			6,043	1,594		▼		
5.4	Non-Elective Spells (PBR)			11,133	2,124		▼		
5.5	OP Attendances / Procs (Total)			127,150	26,301		▼		
5.6	Outpatient DNA Rate			5.1%	6.9%		▲		

OBJECTIVE 7 - FINANCIAL PERFORMANCE									
ID	Indicator	Target 20-21	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
7.1	Income £'000	Not Available		140,609	23,071	Not Available	▼	Not Available	
7.2	Pay £'000			(93,727)	(15,355)		▲		
7.3	Non-pay £'000			(39,105)	(6,659)		▼		
7.4	Non-operating costs £'000			(8,172)	(1,124)		▲		
7.5	I&E Total £'000			(395)	(67)		▼		
7.6	Cash Balance £'000				49,456		▲		
7.7	Savings Delivered £'000			0	0		▬		
7.8	Capital Expenditure £'000			3,515	454		▼		

OBJECTIVE 8 - WORKFORCE PERFORMANCE									
ID	Indicator	Target 20-21	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
8.1	Staff Vacancies % of establishment	10%	10%		10.6%	✗	▼		
8.2	Agency Expenditure %	4.1%	4.1%	2.7%	2.4%	✓	▬	✓	
8.3	Staff Sickness % - Days Lost (Rolling 12 months)	4%	4%		4.5%	✗	▼		
8.3b	Staff Sickness % - Days Lost (Monthly - Including Covid-19)	4%	4%	4.4%	3.6%	✓	▼	✗	
8.3c	Staff Sickness % - Days Lost (Monthly - Excluding Covid-19)	4%	4%	3.9%	3.4%	✓	▼	✓	
8.4	Appraisals	90%	90%		92.0%	✓	▬		
8.5	Statutory Mandatory training	90%	90%		95.0%	✓	▬		
8.6	Substantive Staff Turnover	10%	10%		8.8%	✓	▲		

OBJECTIVES - OTHER									
ID	Indicator	Target 20-21	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
O.1	Total Number of NICE Breaches	10	10		35	✗	▬		
O.2	Rebooked cancelled OPs - 28 day rule	95%	95%	76.5%	NULL	✓	▬	✗	
O.4	Overdue Datix Incidents >1 month	0	0		8	✗	▲		
O.5	Serious Incidents	45	<23	40	8	✗	▼	✗	
O.8	Completed Job Plans (Consultants)	90%	90%		86%	✗	▼		

Key: Monthly/Quarterly Change

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

YTD Position

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

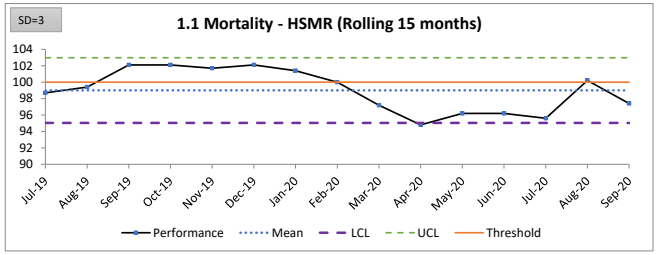
Data Quality Assurance Definitions

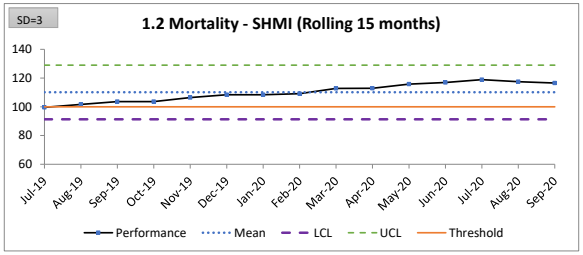
Rating	Data Quality Assurance
Green	Satisfactory and independently audited (indicator represents an accurate reflection of performance)
Amber	Acceptable levels of assurance but minor areas for improvement identified and potentially independently audited * /No Independent Assurance
Red	Unsatisfactory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

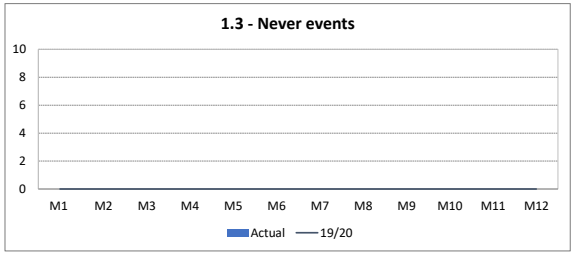
* Independently Audited – refers to an independent audit undertaken by either the Internal Auditor, External Auditors or the Data Quality Audit team.

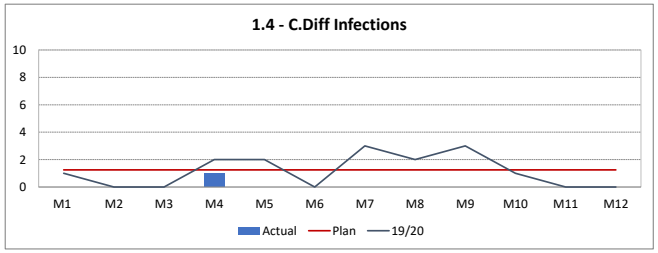
Date Produced: 12/10/2020

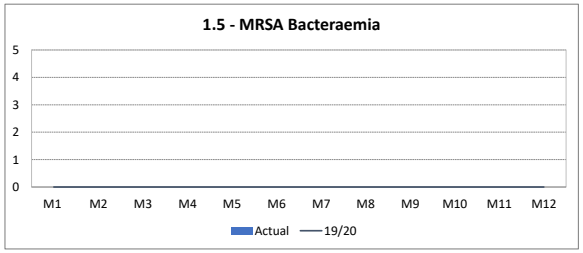
OBJECTIVE 1 - PATIENT SAFETY

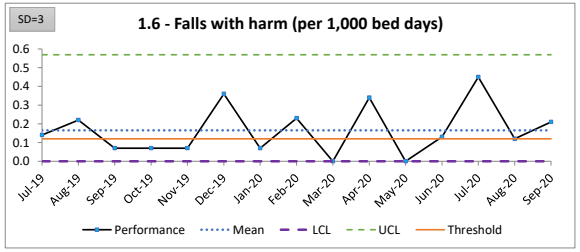


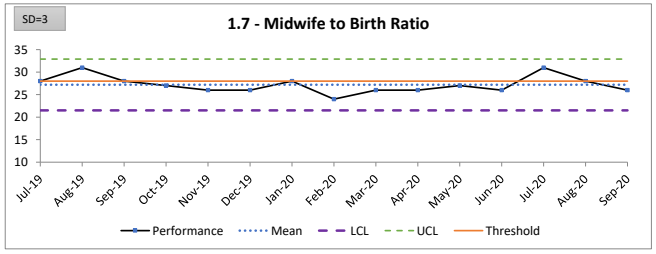


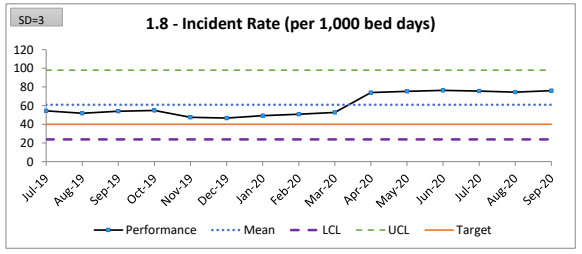


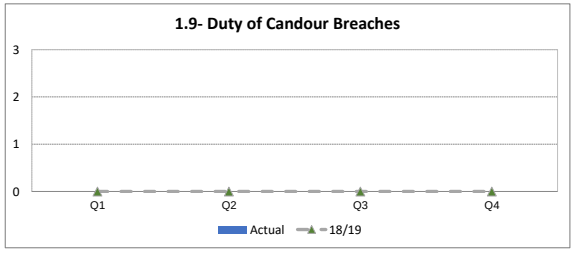


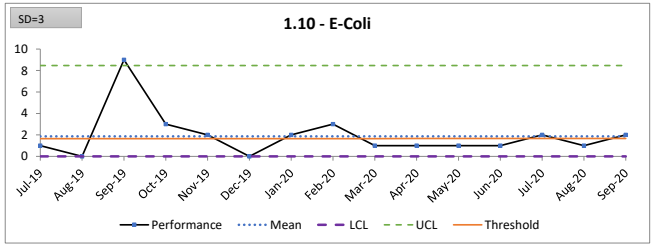


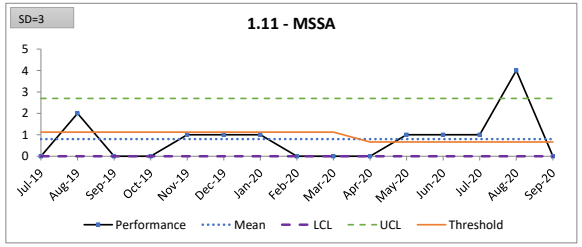


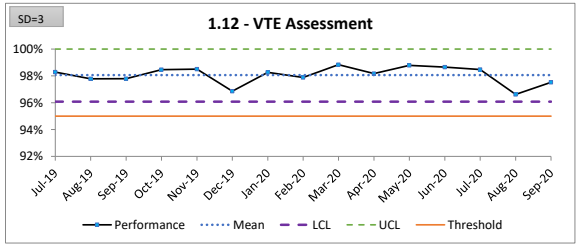












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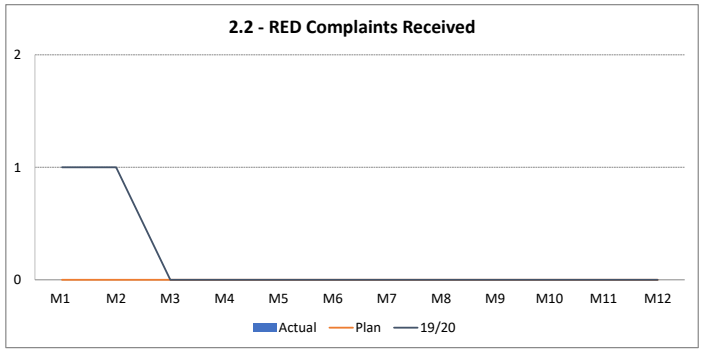
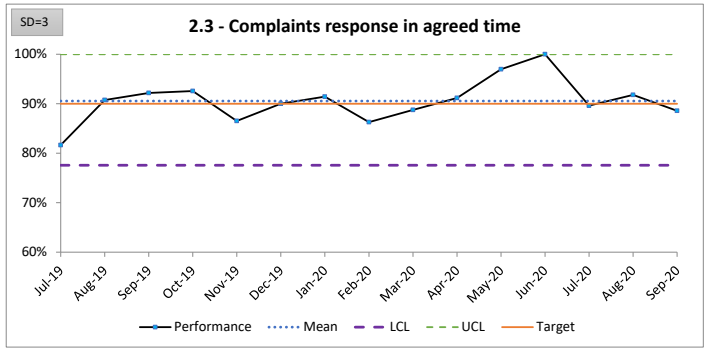
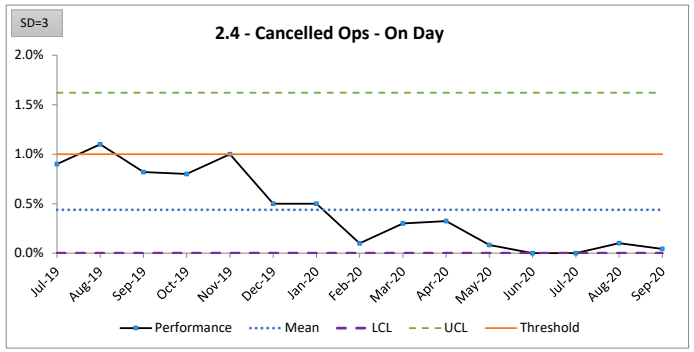
Board Performance Report 2020/21

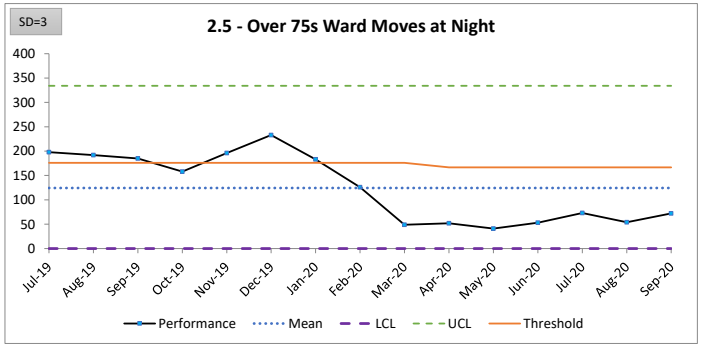
OBJECTIVE 2 - PATIENT EXPERIENCE

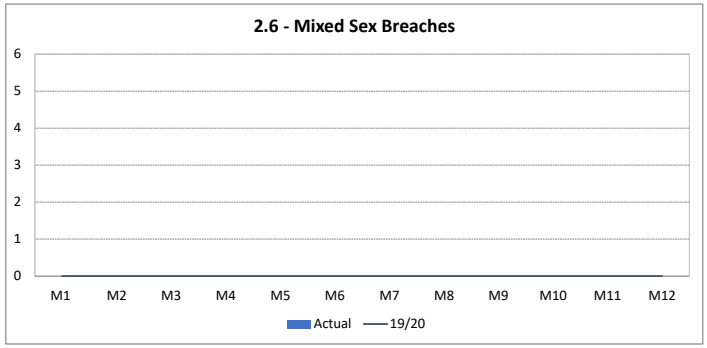
Milton Keynes University Hospital NHS Foundation Trust











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Board Performance Report 2020/21

OBJECTIVE 3 - CLINICAL EFFECTIVENESS

Milton Keynes University Hospital NHS Foundation Trust

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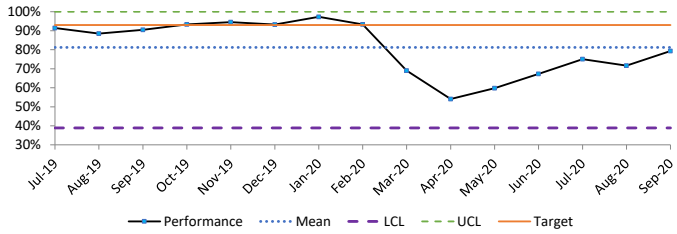
3.1 - Overnight bed occupancy rate



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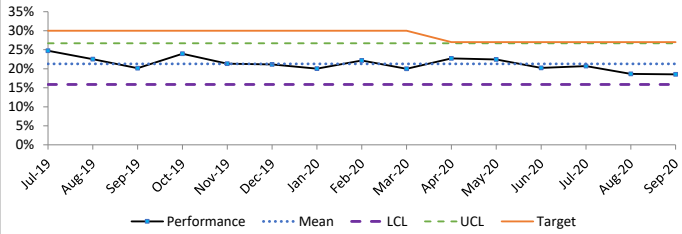
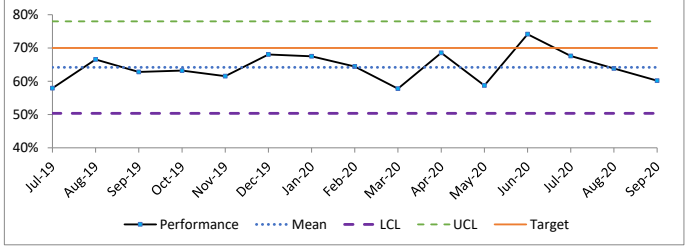
3.2 - Ward Discharges by Midday



SD=3

3.3 - Weekend Discharges



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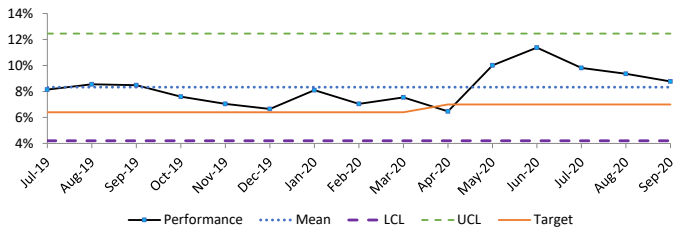
3.4 - 30 Day Readmissions



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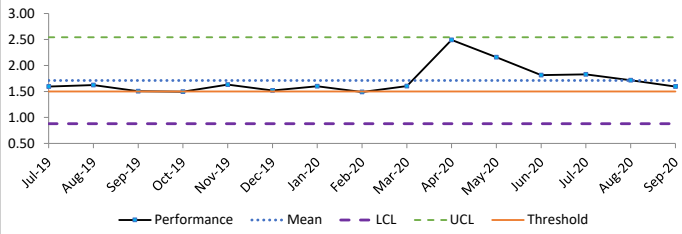
3.5 - Follow-up Ratio



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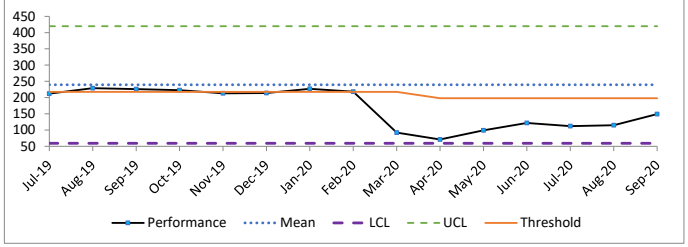
3.6.1 - Number of Stranded Patients (LOS>=7 Days)



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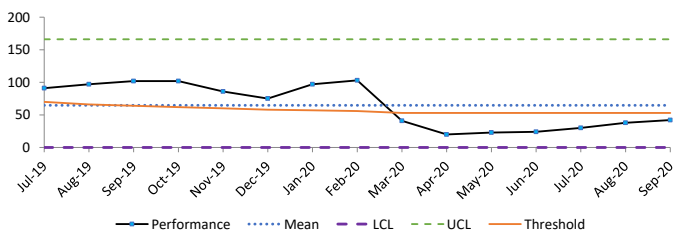
3.6.2 - Number of Super Stranded Patients (LOS>=21 Days)



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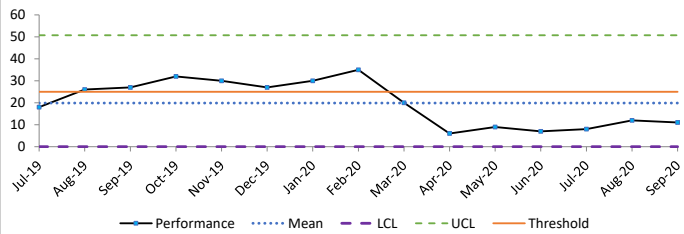
3.7 - Delayed Transfers of Care



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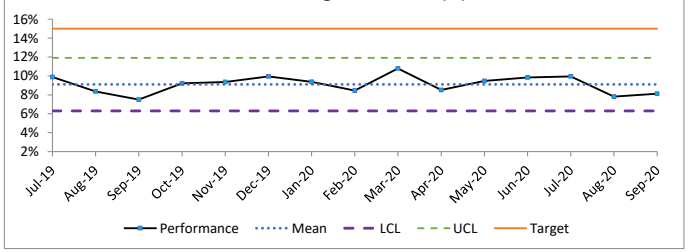
3.8 - Discharges from PDU (%)



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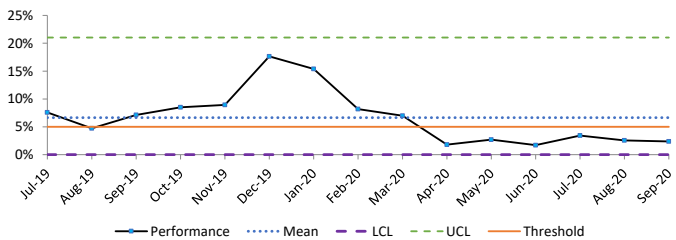
3.9 - Ambulance Handover > 30 mins(%)



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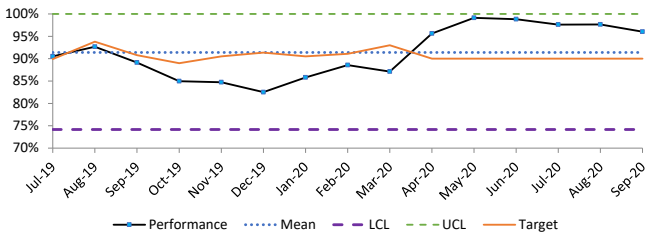
Board Performance Report 2020/21

OBJECTIVE 4 - KEY TARGETS

Milton Keynes University Hospital NHS Foundation Trust

SD=3

4.1 - ED Hour Target (includes UCS)



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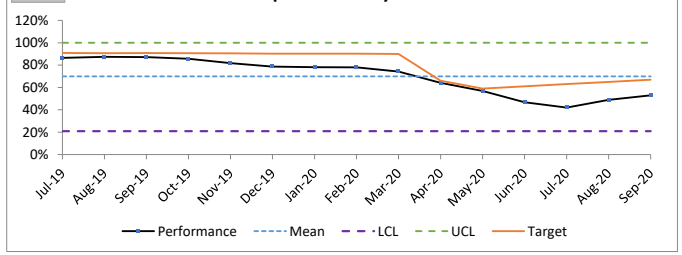
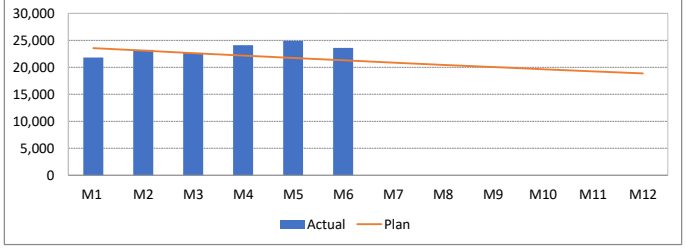
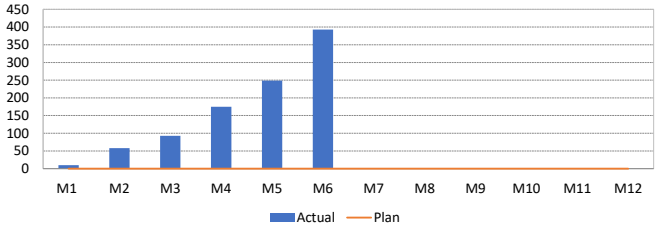
4.2 - RTT Incomplete Pathways <18 weeks



4.4 - RTT Total Open Pathways



4.5 - RTT Patients Waiting Over 52 weeks



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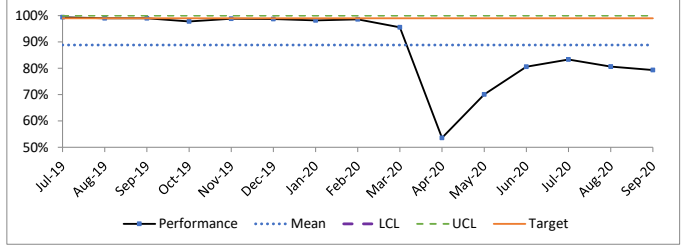
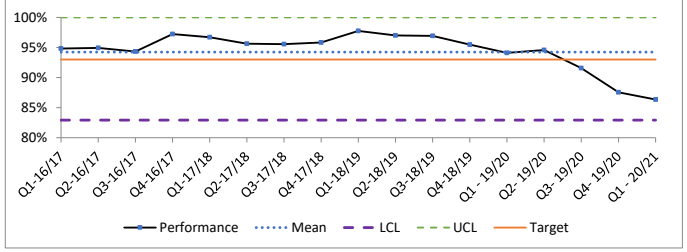
4.6 - Diagnostic Waits < 6 weeks



SD=3

4.7 - 2ww Waits - Cancer



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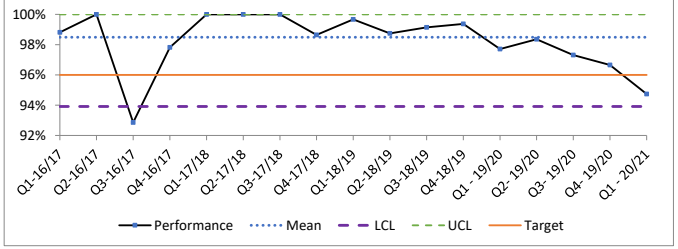
4.8 - 31 day diagnosis to treatment - Cancer



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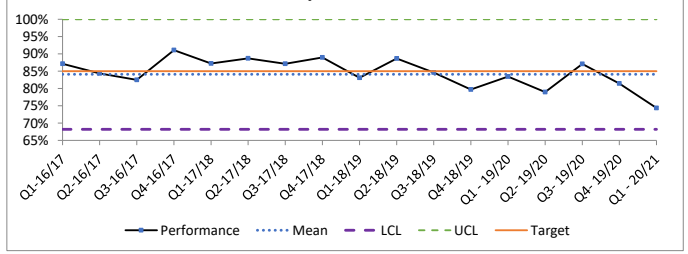
4.9 - 62 day standard - Cancer



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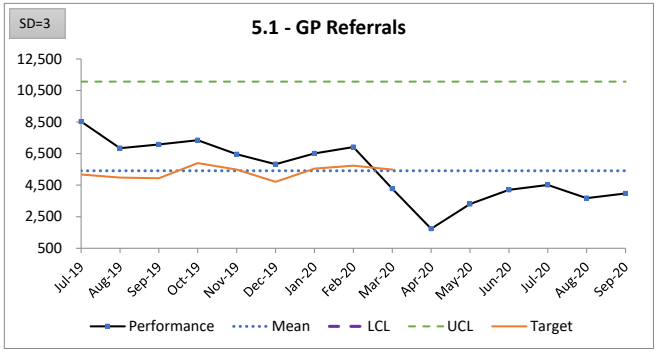
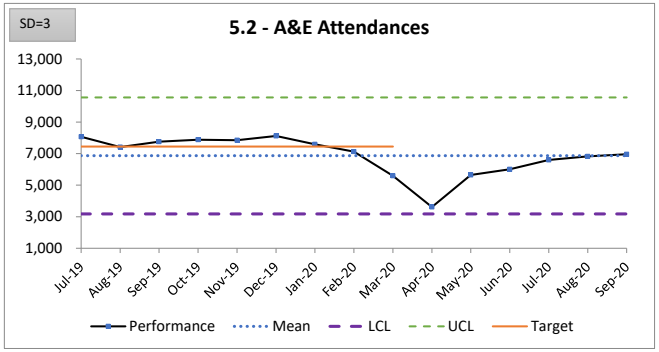
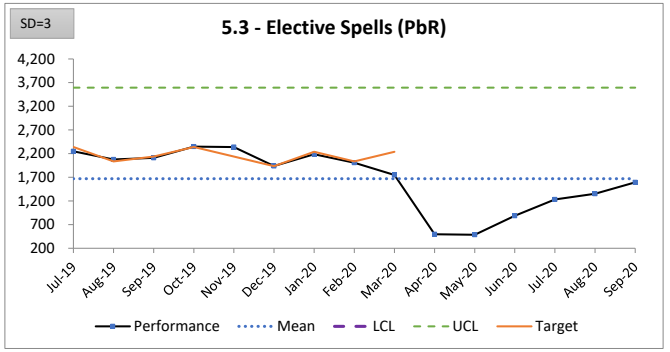
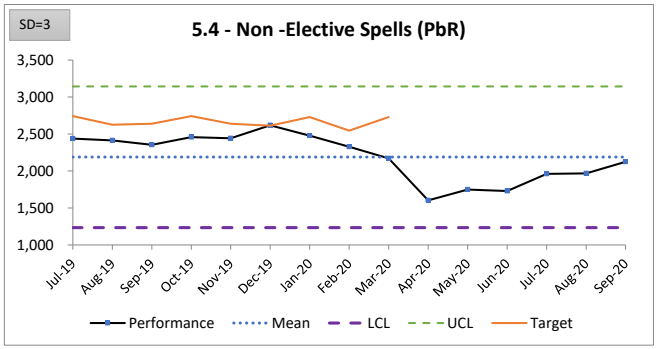
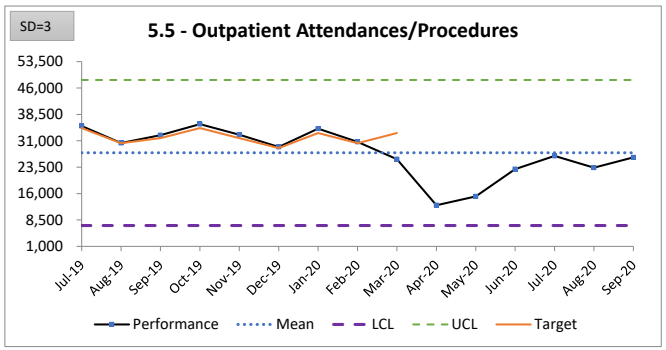
OBJECTIVE 5 - SUSTAINABILITY

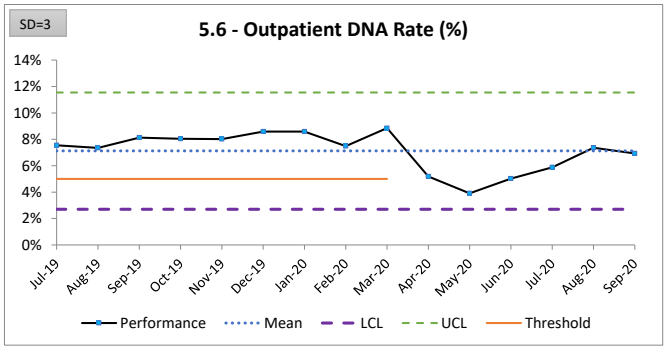












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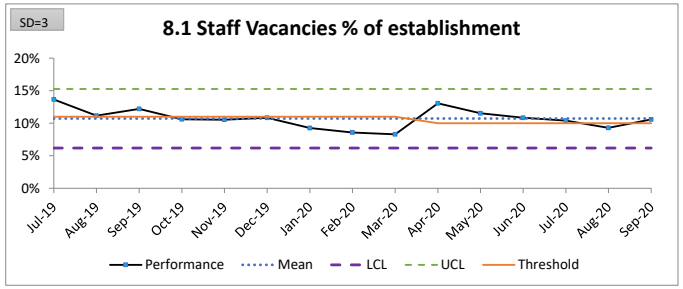
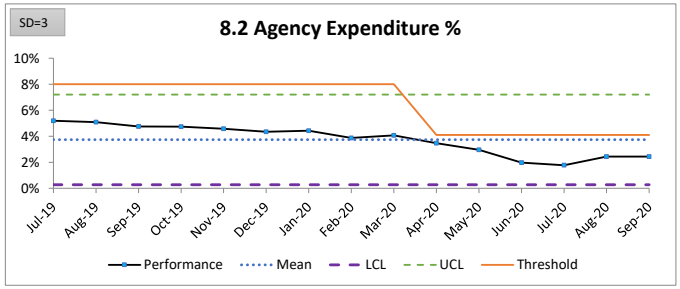
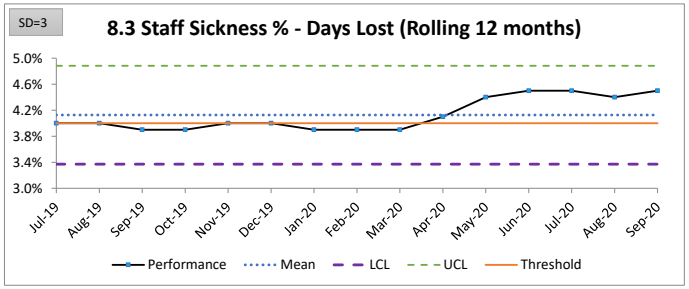
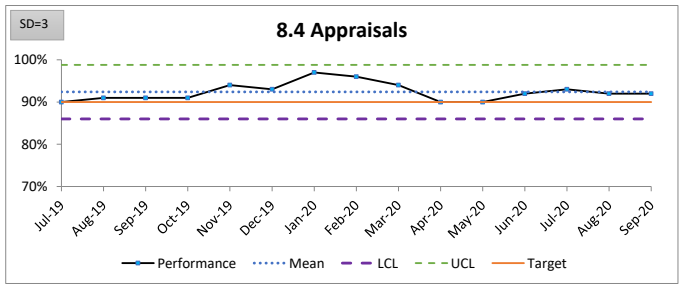
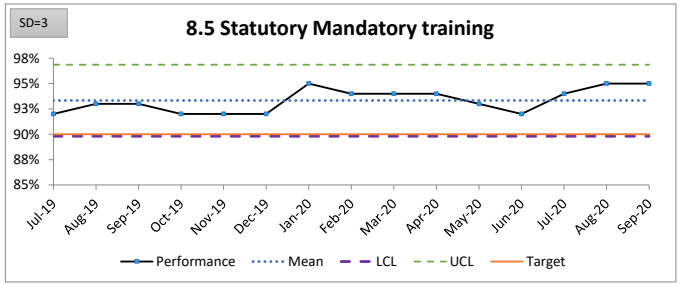
OBJECTIVE 8 - WORKFORCE PERFORMANCE

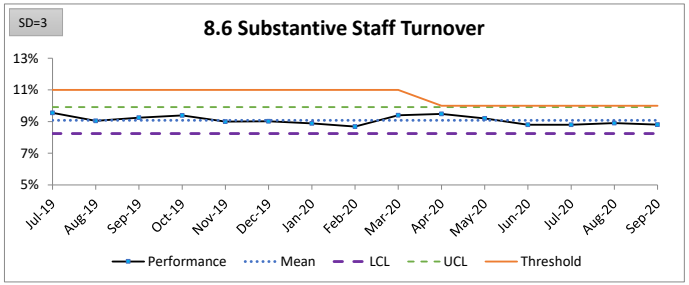












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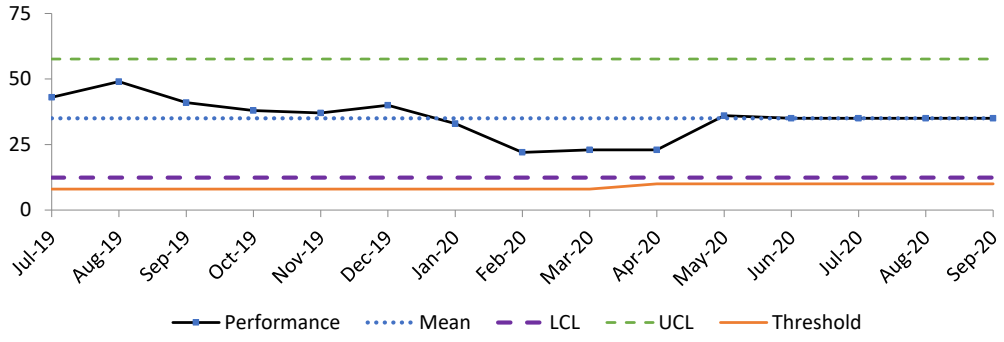
Milton Keynes University Hospital NHS Foundation Trust

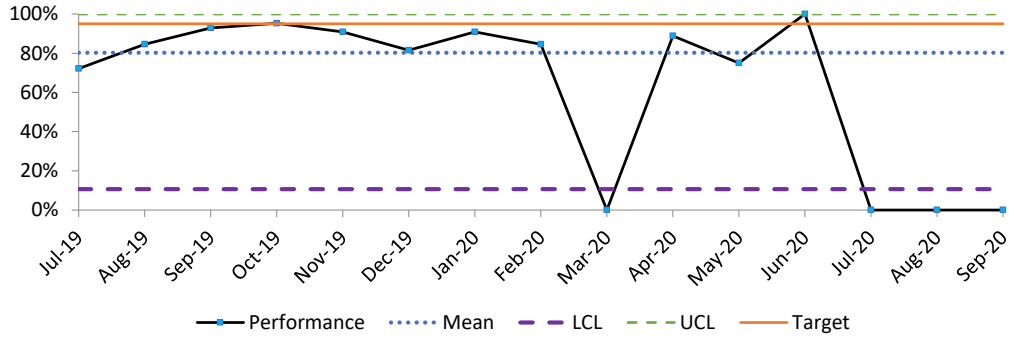
SD=3

O.1 - Total Number of Nice Breaches

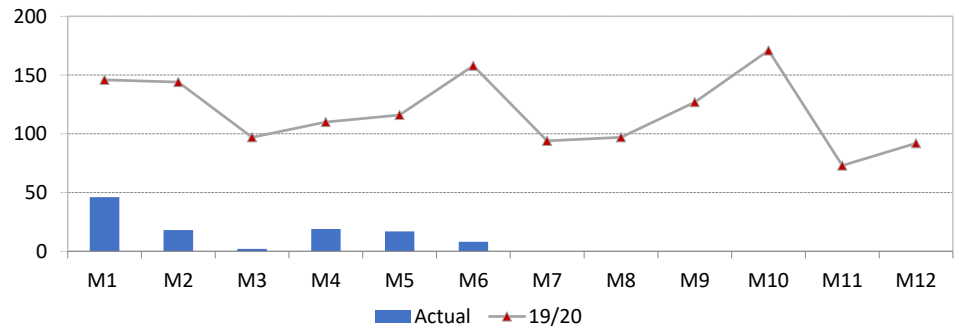


SD=3

O.2 - Rebooked cancelled OPs - 28 day rule

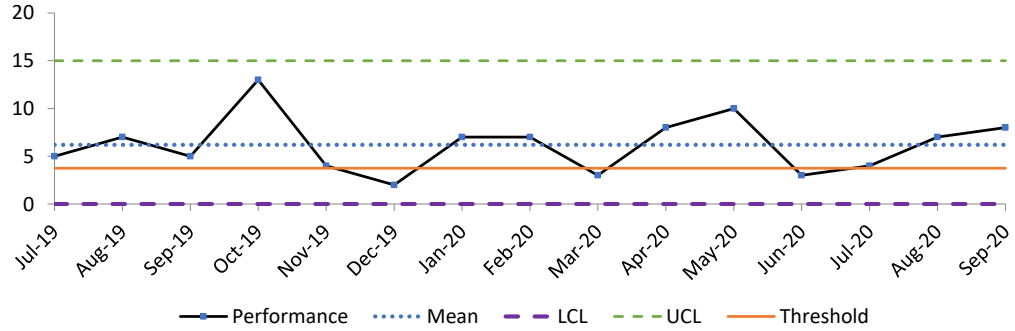


O.4 - Overdue Datix incidents >1 month



SD=3

O.5 - Serious Incidents

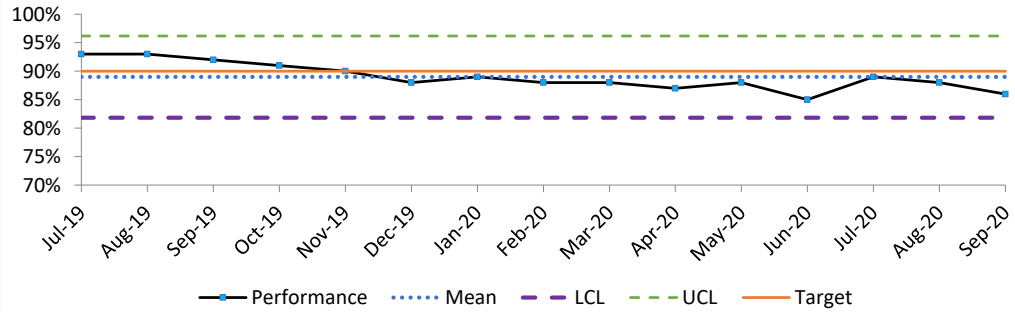


If the LCL is negative (less than zero) it is set to zero.
If the UCL is greater than 100% it is set to 100%.

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

SD=3

O.8 - Completed Job Plans (Consultants)



Milton Keynes University Hospital NHS Foundation Trust

Meeting title	Public Board	Date: 5 November 2020
Report title:	Finance Paper Month 6 2020-21	Agenda item: 5.2
Lead director Report authors	Mike Keech Chris Panes	Director of Finance Head of Management Accounts
FoI status:	Private document	

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

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

Report history	None
Next steps	None
Appendices	1 to 3

FINANCE REPORT FOR THE MONTH TO 30th SEPTEMBER 2020

PUBLIC BOARD MEETING

PURPOSE

1. The purpose of the paper is to:

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

EXECUTIVE SUMMARY

2. Due to COVID-19 (covid) the Trust's previously submitted budget has been suspended and the Trust is being funded by a national block payment from April to September. The block payment is made up of three components; a fixed amount based on run rate from last year (£18.2m per month), a top up amount to address a deficit from the block (£3.1m per month) and a covid top up by return for additional covid related costs (allowing the Trust to report a breakeven position).

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

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

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

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

5. *NHSI rating – the Use of Resources rating (UOR) score is '3', which* is in line with Plan, with '4' being the lowest scoring.

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

INCOME AND EXPENDITURE

7. In its reporting to NHSI, the Trust is required to report against the income and costs included within the national modelling for the Trust (based on historical actuals uplifted for inflation but with no adjustments for growth). However, in order for the Trust to get a better understanding of the Trust's cost base and how this has been impact by covid, the Trust is also monitoring performance against a planned position that would meet the original financial control total (excluding the regional 0.5% additional efficiency requirement). The tables below summarises performance against the national modelling and the Trust's original plan. For the purposes of the report, the narrative discusses performance against the Trust's original plan.

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

National modelling:

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

Performance against original internal plan:

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

Monthly and year to date review

9. The **deficit excluding central funding (top up) and donated income** in month 6 is £6,399k which is £4,696k adverse to the Trust's original plan; this is due to a combination of:
    - The national block contract income being lower than clinical income assumed in the internal plan (and agreed as part of the heads of terms with Milton Keynes CCG);
    - Lower non-clinical income streams due to lower activity volumes (e.g. parking income);
    - The impact of covid on the Trust's cost base.

    However, after the block payment and top up income the Trust has reported a breakeven position for the month. Included within this position is £5,618k YTD of direct covid costs (excluding loss of non-clinical income which is outside the scope of provider claims) against which the Trust expects to receive an additional £444k (£4,610k YTD) top-up (lower than the actual costs of covid as all providers are being advised to report a breakeven position).

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

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

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

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

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

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

    Further analysis of the costs can be found in appendix 1

COST SAVINGS

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

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

CASH AND CAPITAL

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

18. On 2 April 2020, the Secretary of State for Health and Social Care, announced that over £13bn of debt will be written off as part of a major financial reset for NHS providers. As a result, the Trust's Department of Health and Social Care interim revenue support and capital loans (totalling £130.8m as at 31 March 2020) was repaid in September 2020 and replaced with Public Dividend Capital for which there is no repayment obligation.

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

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

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

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

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

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

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

RISK REGISTER

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

a) There is a risk that delays in the business case approvals process (including regulatory approvals), and/or delays in capital funds being made available (through PDC financing or other sources) prevent the Trust from being able to progress its entire capital programme in 2020/21 leading to a missed opportunity in the event funds cannot be carried forward to future years.

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

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

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

c) There is a risk that the Trust has insufficient resources (financial or otherwise) or has insuffieicnt physical capacity in order to clear the waiting list backlogs that occurred as a result of the COVID-19 pandemic, leading to delays in patients receiving treatment and a potential long-term financial pressure for the Trust through a requirement to deliver higher levels of activity each financial year.

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

RECOMMENDATIONS TO BOARD

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

Appendix 1

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

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

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

Appendix 2

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

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

Appendix 3

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

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

Milton Keynes University Hospital
NHS Foundation Trust

Meeting title	**Trust Board**	**Date: 5 November 2020**
Report title:	**Workforce Information Report**	**Agenda item: 5.3**
Lead director **Report author**	**Name: Danielle Petch** **Name: Paul Sukhu**	**Title: Director of Workforce** **Title: Deputy Director of Workforce**
FoI status:	**Public**	

Report summary	This report provides a summary of workforce Key Performance Indicators for the full year ending 30 September 2020 (Month 6) and relevant Workforce and Organisational Development updates to Trust Board.			
Purpose *(tick one box only)*	**Information** [x]	**Approval** [ ]	**To note** [x]	**Decision** [ ]
Recommendation	Trust Board is asked to note and receive the Workforce Report for Month 6.			

Strategic objectives links	Objective 8: Investing in our people
Board Assurance Framework links	BAF risks 19-24
CQC outcome/ regulation links	Well Led Outcome 13: Staffing
Identified risks and risk management actions	
Resource implications	
Legal implications including equality and diversity assessment	
Report history	Month 5 data – Trust Executive Group and JCNC, October 2020
Next steps	Trust Executive Group, 11 November 2020
Appendices	

1. Purpose of the report

1.1. This report provides a summary of workforce Key Performance Indicators for the full year ending 30 September 2020 (Month 6), covering the preceding 13 months.

2. Summary of Key Performance Indicators (KPIs) and Compliance

Indicator	Measure	Target	09/2019	10/2019	11/2019	12/2019	01/2020	02/2020	03/2020	04/2020	05/2020	06/2020	07/2020	08/2020	09/2020
Staff in post (as at report date)	WTE		3084.3	3121.3	3124.6	3115.0	3138.9	3152.5	3177.3	3177.0	3238.8	3266.8	3276.7	3227.3	**3243.8**
	Headcount		3566	3602	3609	3595	3620	3636	3666	3656	3723	3761	3766	3707	**3727**
Establishment (as at report date - as per finance data)	WTE		3493.6	3462.3	3462.1	3462.0	3448.3	3452.3	3456.3	3690.8	3698.6	3693.9	3694.0	3693.0	**3690.2**
	%, Vacancy Rate	10%	11.7%	9.8%	9.7%	10.0%	9.0%	9.1%	8.1%	13.9%	12.4%	11.6%	11.3%	12.6%	**12.1%**
Staff Costs (12 months)	%, Temp Staff Cost		14.3%	14.3%	14.2%	14.0%	14.0%	13.9%	13.8%	13.8%	13.3%	12.9%	12.5%	12.2%	**12.1%**
	%, Temp Staff Usage		14.4%	14.4%	14.5%	14.4%	14.3%	14.3%	14.2%	14.1%	13.6%	13.2%	12.8%	12.5%	**12.2%**
Absence (12 months)	%, 12 month Absence Rate	4%	3.9%	4.0%	4.0%	3.9%	3.9%	3.9%	4.1%	4.4%	4.5%	4.5%	4.4%	4.5%	***4.5%***
	- %, 12 month Absence Rate - Long Term		*2.2%*	*2.3%*	*2.3%*	*2.2%*	*2.2%*	*2.2%*	*2.2%*	*2.3%*	*2.4%*	*2.4%*	*2.3%*	*2.4%*	***2.4%***
	- %, 12 month Absence Rate - Short Term		*1.7%*	*1.7%*	*1.7%*	*1.7%*	*1.7%*	*1.7%*	*1.9%*	*2.1%*	*2.1%*	*2.1%*	*2.1%*	*2.1%*	***2.1%***
	%,In month Absence Rate - Total		3.6%	4.3%	4.2%	4.2%	4.2%	4.2%	6.5%	7.6%	4.7%	3.4%	3.3%	3.6%	***3.8%***
	- %, In month Absence Rate - Long Term		*2.0%*	*2.3%*	*2.3%*	*2.4%*	*2.2%*	*2.3%*	*2.5%*	*3.3%*	*3.0%*	*2.1%*	*2.2%*	*2.5%*	***2.6%***
	- %, In month Absence Rate - Short Term		*1.6%*	*2.1%*	*1.9%*	*1.8%*	*1.9%*	*1.9%*	*4.0%*	*4.3%*	*1.7%*	*1.4%*	*1.1%*	*1.1%*	***1.2%***
	- %, In month Absence Rate - COVID-19 Sickness Absence								1.4%	3.8%	1.3%	0.5%	0.2%	0.2%	***0.2%***
Starters, Leavers and T/O rate (12 months)	WTE, Starters		364.5	368.1	367.7	360.8	340.2	339.3	362.1	369.4	363.3	355.1	355.9	362.0	**360.5**
	Headcount, Starters		410	414	416	410	390	388	414	424	415	406	408	414	**413**
	WTE, Leavers		268.7	270.2	258.0	258.0	255.1	245.9	268.3	270.4	259.9	249.5	251.7	251.5	**249.0**
	Headcount, Leavers		310	312	299	298	297	289	315	318	306	295	298	298	**295**
	%, Leaver Turnover Rate	10%	9.4%	9.5%	9.1%	9.0%	9.0%	8.7%	9.4%	9.6%	9.2%	8.8%	8.8%	8.9%	**8.8%**
	%, Stability Index		85.3%	85.4%	85.5%	85.4%	85.4%	85.1%	85.7%	84.4%	85.6%	86.3%	86.4%	86.3%	**86.8%**
Statutory/Mandatory Training	%, Compliance	90%	93%	92%	92%	92%	95%	94%	94%	94%	93%	94%	94%	95%	**95%**
Appraisals	%, Compliance	90%	91%	91%	94%	93%	97%	96%	94%	90%	90%	92%	93%	92%	**92%**
Medical and Dental Appraisals	%, Compliance	90%	88%	90%	90%	87%	84%	89%	97%	97%	95%	92%	92%	93%	**86%**
Time to Hire (days)	General Recruitment	35	53	54	58	49	59	54	48	66	58	60	49	51	**48**
	Medical Recruitment (excl Deanery)	35	97	92	105	72	93	26	30	36	59	54	40	81	**97**
Employee relations	Number of open cases				32			66				49	74	66	**68**
	Of which, number of open disciplinary cases				18			14				26	26	26	**27**

2.1. The Trust's **vacancy rate** has reduced for the fifth consecutive month, April's rate being recorded at 13.9%. Recruitment activity continues to increase post Covid-19 first wave with many successful recruitment campaigns taking place in recent weeks. The time delay between the recruitment activity and the joining date can be between 6 and 14 weeks due to pre-employment check time and notice period, and so the impact of the recent recruitment activity should be seen in the next two or three months.

2.2. The impact of the Covid-19 pandemic on **staff absence** is reducing but there has been a slight increase in overall absence in month (3.8%). Short-term absence (1.2%) has increased slightly, as has long-term absence (2.6%). Overall, the Trust sickness absence levels have now returned to pre-Covid-19 levels. As expected Covid-19 specific sickness remained steady at 0.2% in September.

2.3. **The stability index figure** (defined as *proportion of staff in post at end of period who were in post at beginning of period).* The stability index figure has increased this month by 0.5% to 86.8%. Stability within the organisation is crucial during turbulent times and is helpful to understand the longer-term impact of our various influencing interventions and staff support programmes.

2.4. **Time to hire** remains high and further work is ongoing to reduce this to acceptable levels. Medical staffing time to hire has continued to experience delays in issuing visas. UK Border Agency (Visas and Immigration) centres are open but quarantine restrictions remain in place for incoming new entrants in line with national guidance from the Foreign and Commonwealth Office, contributing to the adverse impact on the reported level.

2.5. **Employee Relations cases** have not increased dramatically from the previous reporting month. A number of these were placed on hold during the pandemic following guidance from NHS Employers. Re-commencement of normal procedures and hearings took place recently and it is believed the case volume has now stabilised. A detailed Employee Relations case report is produced on a quarterly basis for Workforce Board and JCNC.

2.6. **Statutory and mandatory training** compliance has been sustained at 95% and **appraisals** compliance remains at 92%. In Month 6, the data includes a further line to report compliance of Medical and Dental appraisals, at the request of Workforce Board. Medical and Dental appraisals are slightly below target as a result of the national guidance during the pandemic that Medical and Dental appraisals could be deferred.

3. Continuous Improvement, Transformation and Innovation

3.1. **HR Systems Programme Board** commenced in September and proposed a strategy, terms of reference and monitoring metrics for wider discussion and approval. This work oversees the improvement and innovation activities of the numerous HR systems with key stakeholders being involved as integral components to delivery. Its

formal governance reporting line is via Workforce Board with defined routes to Nursing, Midwifery and Therapies Board.

3.2. The **Safecare** module of the Allocate rostering system, which allows real time acuity based rostering, is being rolled out at pace and the implementation is proceeding to plan and timeframe. There are now a total of 9 live wards. The pilot included wards 20, 17, 8, and 3. New areas additional to the pilot areas are wards 7, 15, 16, 23, 25. There has been a high level of engagement from nursing colleagues and the project is proceeding smoothly, progress to date is very encouraging.

3.3. The **Staff Health and Wellbeing strategy** has been reviewed by the team to support the health promotion and wellbeing improvement across the workforce. The Staff Health and Wellbeing Steering Group recommenced in October and has provided further input into this agenda before a final draft is socialised and is supported through the Trust's approval process.

3.4. An **Apprenticeship strategy** has also been developed which seeks to maximise use of the Trust's monthly levy quota into 2021/22. Engagement has taken place with colleagues across the professional and clinical staff groups in its development, including Nursing, Midwifery and Therapies colleagues. The strategy now requires onward socialisation and approval through the relevant Committees.

4. Culture and Staff Engagement

4.1. Workforce Directorate representatives presented at the recent **Quality Improvement** Stakeholder Meeting, outlining the ways in which the workforce agenda supports quality improvement through culture change, staff engagement and organisational development. This work dovetails with existing work programmes identified in the Workforce Strategy and the NHS People Plan.

4.2. The **agile working strategy** has been developed which encompasses home/remote and flexible working as the Trust seeks to increase its staff support package further to the recently developed Virtual Care Circles. This will provide the framework to support the ever-changing work environment of the Trust.

4.3. The **National NHS Staff Survey 2020** and **2020 Flu Campaigns** have begun with uptake increased in comparison to last year. A targeted 3 week 'Protect and Reflect' campaign ran from 5th to 23rd October 2020 to ensure that frontline clinical colleagues were booked into protected time slots to undertake their Staff Survey, receive their flu vaccination and learn more about the Trust's health and wellbeing developments. Rota co-ordinators and Ward Managers were involved in the planning phase, with many booking slots allocated in advance alongside off-duty commitments. This has proved very successful for medical and dental colleagues in particular.

4.4. On 16th October the event moved to phase 2 (16th October to 13th November) and was opened to all colleagues following a prioritisation of frontline clinical colleagues during phase 1. As at the end of week 4, 51.38% of the Trust's frontline clinical workforce have received their flu vaccination, an increase in the uptake level compared to last year.

4.5. The third phase of the campaign began on 28th October with the remaining staff survey and vaccination lists being passed to nominated ward/area leads who will now take ownership of either giving the vaccine and distributing the survey or collecting completed opt out forms over the next two weeks. Following that the final phase of the campaign will be that all colleagues who have yet to complete the survey/receive the vaccine or opt out will be contacted by the Director of Workforce to ask that they comply with the request to either opt out or not.

4.6. The **Inclusion Leadership Council** had 21 applications for its various roles. A shortlisting process has been undertaken which will now be taken forwards with a view to the first Inclusion Leadership Council taking place by January 2021; shortly after January Trust Board. A number of activities are planned for the intervening period in preparation for the first meeting proper.

4.7. **Increased engagement** between Trust senior leaders and the BAME community continues with the Director of Workforce attending a local community health action group, the Chief Executive and Director of Workforce attending an MKUH BAME network listening event and the Chief Nurse leading an excellent session at the Virtual Event In the Tent. The events identified improvement actions which are being progressed by the Director of Workforce and Workforce team.

4.8. **Staff Networks** were invited to participate in stakeholder events for the recruitment of the Trust Chair on 24 September. The Head of Equality, Diversity and Inclusion, the BAME Network Chair and the Disability Network Deputy Chair were asked to lead a focus group and their feedback was shared with the recruiting panel. Further inclusion of the networks took place during the recent Director of Finance recruitment and selection process and their involvement serves to increase the collective voice of often underrepresented colleagues across the organisation.

5. Current Affairs & Hot Topics

5.1. In response to local **Covid-19 testing** centre difficulties and the current rising prevalence of the virus, the Covid Staff Health call lines covering inbound and welfare calls have been expanded to support colleagues at the weekend.

5.2. Swabbing capacity has also been increased to cover 7 days to support the organisation in terms of expedited access to diagnostic capacity and as a reassurance mechanism to staff and colleagues who may suspect exposure to Covid-19. Testing is in line with national NHS and Government guidelines and covers symptomatic colleagues. family or household members only (where a result may enable a colleague to return to work sooner).

5.3. Plans are currently being explored to support MKUH based testing for system partners (i.e. MK Place)

5.4. Work continues to deliver the actions from the recently published **NHS People Plan** The People Plan outlines actions to support transformation across the whole NHS;

how we must continue to look after each other, foster a culture of inclusion and belonging, grow our workforce, train our people, and work together differently to deliver patient care. MKUH featured heavily in the plan as an example of good practice and the Trust remains well placed and ahead of others as a result of the excellent staff experience improvement/benefit works completed over the last 18 months.

6. Recommendations

6.1. Trust Board is asked to note and receive the Workforce Report for Month 6.

Meeting title	Board of Directors	**Date:** November 2020		
Report title:	Significant Risk Report	**Agenda item: 6.1**		
Lead director	**Name:** Kate Jarman	**Title:** Director of Corporate Affairs		
FoI status:	**Public**			
Report summary	This report contains a summary of proposals to change the risk management framework and a summary of the Significant Risk Register (risks graded as 15 and above using the 5x5 risk matrix). This report shows the profile of significant risks across the Trust by type and area. Currently there are no risks that require escalation to the BAF from the Significant Risk Register. The Significant Risk Register went to the Audit Committee meeting in September 2020 for review. .			
Purpose *(tick one box only)*	**Information** [x]	**Approval** [ ]	**To note** [ ]	**Decision** [ ]
Recommendation	The Board is asked to note the content of this report			

Strategic objectives links	All

Board Assurance Framework links	All
CQC outcome/ regulation links	Governance/ Well Led
Identified risks and risk management actions	Significant Risk Report
Resource implications	
Legal implications including equality and diversity assessment	

Report history	To every Board
Next steps	
Appendices	

Significant Risk Report (Summary of Activity October 2020)

Board Information:

This report contains a summary of proposals to change the risk management framework and a summary of the Significant Risk Register (risks graded as 15 and above using the 5x5 risk matrix).

This report shows the profile of significant risks across the Trust by type and area.

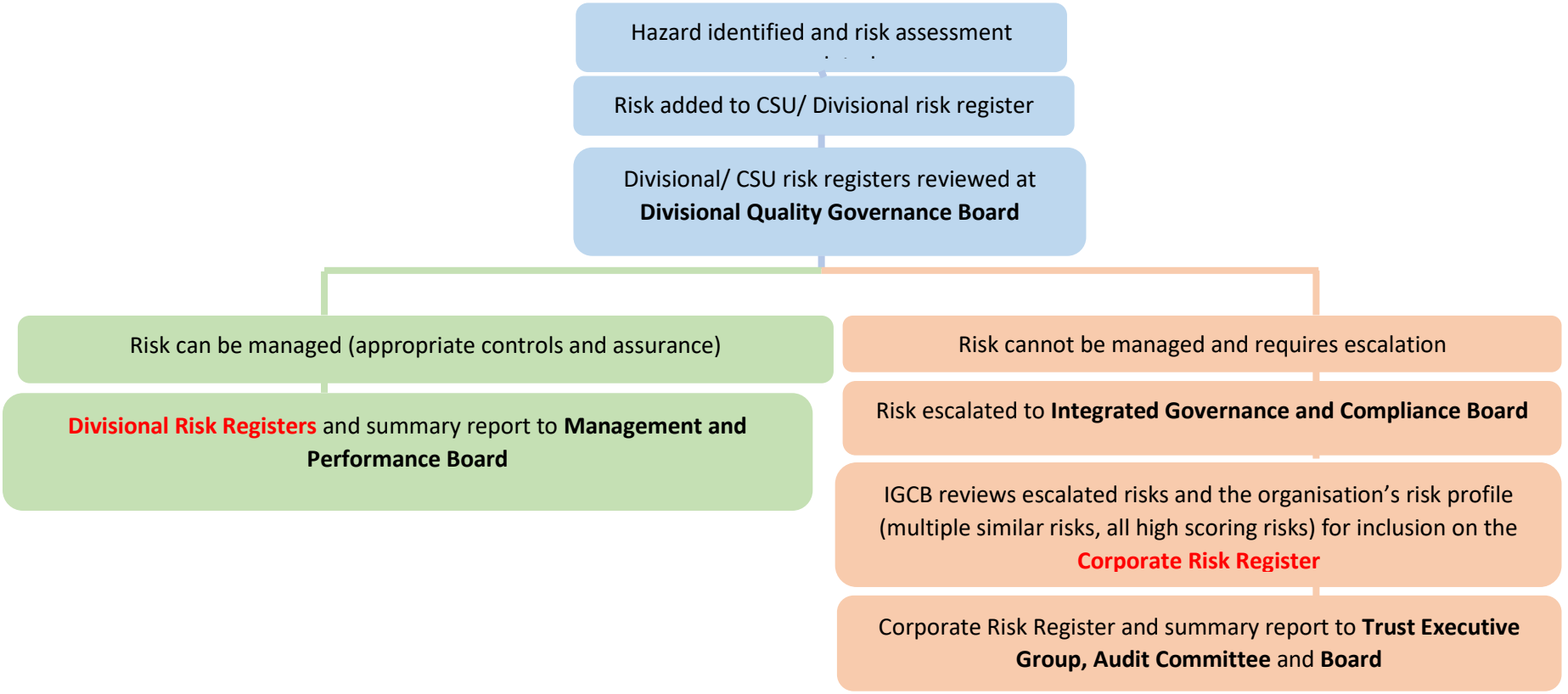
Currently there are no risks that require escalation to the BAF from the Significant Risk Register.

The Significant Risk Register went to the Audit Committee meeting in September 2020 for review.

The Board is asked to note the content of this report.

Proposed Changes to the Risk Management Framework

At its September meeting, the Audit Committee considered a proposal to change the risk management framework to strengthen the corporate level of the operational-corporate-strategic levels of risk management in the Trust. This would see the replacement of a Significant Risk Register (currently all risks scored 15 and above using the 5x5 risk matrix) with a Corporate Risk Register. The CRR would contain risks that were unable to be actively managed in divisions (e.g. lack of appropriate controls); risks that occurred over multiple areas (e.g. violence and aggression); and high scoring risks that were escalating (e.g. controls not working). This proposal – a simplified flow chart shown below – is being further developed, including with the Trust's Internal Auditors for best and will return to the Audit Committee for approval at its next meeting.



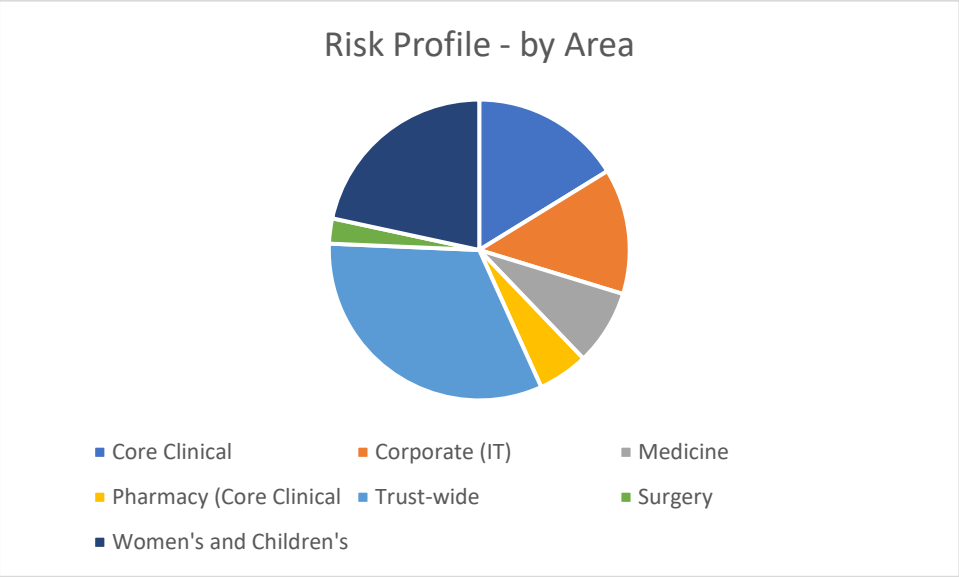
Significant Risk Register – Summary of High Scoring Risks

Summary of the Significant Risk Register – October 2020

Significant Risk Profile – by Area

Division	Risk Type
Core Clinical	Service Provision
Core Clinical	Service Provision
Core Clinical	Estate
Core Clinical	Service Provision
Core Clinical	Service Provision
Core Clinical	Estate
Corporate (IT)	Equipment
Corporate (IT)	Equipment
Corporate (IT)	Equipment
Corporate (IT)	IT Security
Corporate (R&D)	Staffing
Corporate (IT)	Equipment
Medicine	Service Provision
Medicine	Estate
Medicine	Violence and Abuse
Pharmacy (Core Clinical	Staffing
Pharmacy (Core Clinical)	Staffing
Surgery	Staffing
Trust-wide	Health and Safety
Trust-wide	Service Provision (COVID)
Trust-wide	Service Provision
Trust-wide	Financial (COVID)
Trust-wide	Financial (COVID)
Trust-wide	Governance

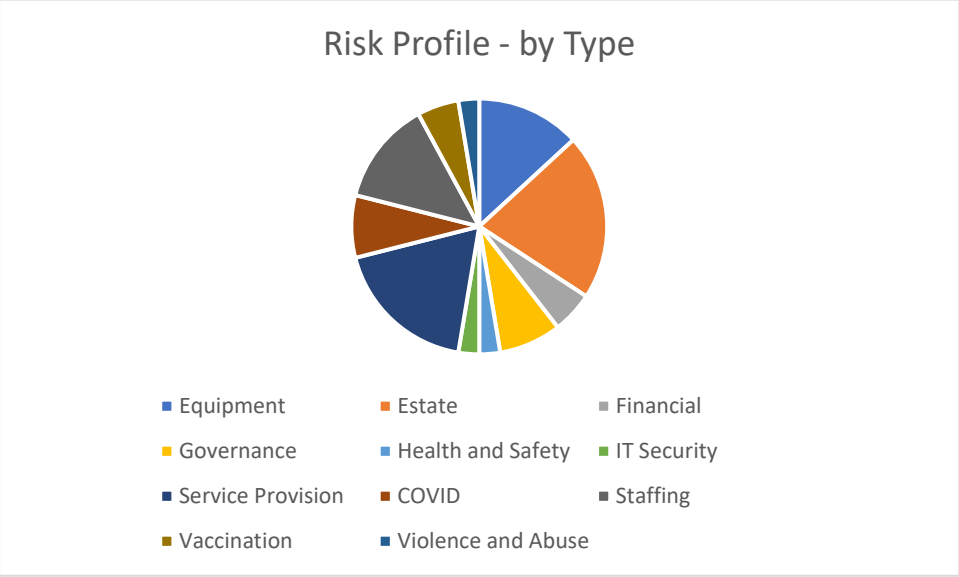
Trust-wide	Governance
Trust-wide	Governance
Trust-wide	Estates
Trust-wide	Estates
Trust-wide	Estates
Trust-wide	Equipment
Women's and Children's	Estate
Women's and Children's	Estate
Women's and Children's	Vaccination
Women's and Children's	Vaccination
Women's and Children's	Staffing
Women's and Children's	Service Provision
Women's and Children's	Service Provision (COVID)
Women's and Children's	Service Provision (COVID)



Significant Risk Profile – by Type

Division	Risk Type
Corporate (IT)	Equipment
Corporate (IT)	Equipment
Corporate (IT)	Equipment
Corporate (IT)	Equipment
Trust-wide	Equipment
Core Clinical	Estate
Core Clinical	Estate
Medicine	Estate
Women's and Children's	Estate
Women's and Children's	Estate
Trust-wide	Estates
Trust-wide	Estates
Trust-wide	Estates
Trust-wide	Financial (COVID)
Trust-wide	Financial (COVID)
Trust-wide	Governance
Trust-wide	Governance
Trust-wide	Governance
Trust-wide	Health and Safety
Corporate (IT)	IT Security
Core Clinical	Service Provision
Core Clinical	Service Provision
Core Clinical	Service Provision
Core Clinical	Service Provision
Medicine	Service Provision
Trust-wide	Service Provision

Women's and Children's	Service Provision
Trust-wide	Service Provision (COVID)
Women's and Children's	Service Provision (COVID)
Women's and Children's	Service Provision (COVID)
Corporate (R&D)	Staffing
Pharmacy (Core Clinical	Staffing
Pharmacy (Core Clinical)	Staffing
Surgery	Staffing
Women's and Children's	Staffing
Women's and Children's	Vaccination
Women's and Children's	Vaccination
Medicine	Violence and Abuse



Summary of Significant Risk Register

Description	Division	Risk Type	BAF Link
Overcrowding and insufficient space in the Neonatal Unit, exacerbated by need for social distancing due to COVID-19	Women's and Children's	Estate	Yes – On BAF
The risk is there will be insufficient staff in pharmacy to meet demands of the organisation and ensure patient safety in the use of medicines.	Pharmacy (Core Clinical	Staffing	No
Assessment of the current IT system in Endoscopy for the capture of images and report for diagnosis during patient endoscopy procedures and interfacing between Unisoft (endoscopy software) system and e-CARE (images and report)- is not fit for purpose and the proposed "fix" has not worked despite several visits by the company Plan to upgrade to Windows 10 requires "Image Import Boxes" which have not been installed due to issues faced by company responsible	IT (Corporate)	Equipment	No
Local radiotherapy pathway contract not renewed	Medicine	Service Provision	Yes – On BAF

The risk of capabilities in responding to a Novel Coronavirus (COVID-19) impacting on patient care within clinical and non-clinical services, with the inability to maintain safety for staff and patients due to national pressures on supplies and infrastructure.	Trust-wide	Service Provision (COVID)	Yes – On BAF
Poor patient experience, inability of Trust to provide maternity care locally for some women (during times of peak demand on service, delays in clinical care) and potential increased readmission rate due to reduced length of stay	Women's and Children's	Service Provision (COVID)	Yes – On BAF
Following PCPCH guidance, and health issues the Registrar's rota is potentially impacted by the need to ensure some Registrars do not attend COVID risk areas- and only work in NNU. This reduces the ability to support busy shifts across the unit and potentially delays the acute pathway flow	Women's and Children's	Service Provision (COVID)	Yes – On BAF
The risk is that the trust may fail in its statutory legal duty under the Health & Safety at Work etc. Act 1974, Management of Health & Safety at Work Regulations 1999, Workplace (Health, Safety & Welfare) Regulations 1992 and Display Screen Equipment Regulations 1992 to provide a safe and well maintained place of work including welfare facilities for staff	Trust-wide	Health and Safety	No
Ward 5 store rooms unfit for purpose, unsafe storage of equipment and consumables could result in significant harm to staff and delays in access equipment and	Women's and Children's	Estate	No

consumables resulting in delay in care provision			
Lung function Unit provides respiratory diagnostics, such as: Pulmonary Function Test, Challenge tests, 6min walk test, ABG's, CPAP initiation, CPAP follow ups, Oximetries, Semi-polysomnography. 80% of Lung Function department appointments are Pulmonary Function Test and CPAP (aerosol generating procedures). Lung function department has always had space issues and the problem has been raised previously (High/Significant Risk on the Datix ID 2190). There is a BC pending for the last 2 years due to the lack of space.	Medicine	Estate	No
Pregnant women with their increased risk (in addition to known Covid risk) not being vaccinated for flu leaving them more open to contracting flu	Women's and Children's	Vaccination	No
Children & young people (2 - 16 year olds)not being vaccinated for flu leaving them more open to contracting flu	Women's and Children's	Vaccination	No
Aggression and violence on Ward 18 from patients. 31 incidents that have been datixed since the 01 January 2019- 3rd June 2019.	Medicine	Violence and Abuse	No
Risk that patient discharges will significantly be delayed, especially those requiring complex coordination of the discharge process	Trust-wide	Service Provision	No
There is a risk that the Trust has insufficient resources (financial or otherwise) or has insufficient physical capacity in order to	Trust-wide	Financial (COVID)	No

clear the waiting list backlogs that occurred as a result of the COVID-19 pandemic, leading to delays in patients receiving treatment and a potential long-term financial pressure for the Trust through a requirement to deliver higher levels of activity each financial year.			
There is a risk that the Trust has insufficient resources (financial or otherwise) or has insufficient physical capacity in order to clear the waiting list backlogs that occurred as a result of the COVID-19 pandemic, leading to delays in patients receiving treatment and a potential long-term financial pressure for the Trust through a requirement to deliver higher levels of activity each financial year.	Trust-wide	Financial (COVID)	No
There is a risk that not all known incidents, accidents and near misses are reported onto Trust Incident Reporting System (Datix) and that they will not be robustly investigated within the required timescales	Trust-wide	Governance	No
There will be increased demand for Endoscopy sessions	Core Clinical	Service Provision	No
Theatre staff will not be available out of hours to staff phase 1 activity across obstetrics and emergency lists if elective lists overrun 1) currently theatres cannot mix emergency and elective patients - previously 23% of emergency cases were addressed in gaps in elective cases	Women's and Children's	Staffing	No

2) Issues are also at 6pm as cannot combine recovery areas, these also have to be kept separate.			
There is a risk that Pharmacy Policies and Procedures may not be reviewed and updated in a timely manner	Pharmacy (Core Clinical)	Staffing	No
R&D department has yearly running staff contracts, not permanent contracts and we are not able to provide longer term contracts for the team	Corporate (R&D)	Staffing	No
IF the IT Department does not have a stock of replacement network switches, THEN if a switch fails a replacement will need to be sourced, procured, delivered, and installed, LEADING TO a delay in bringing up to 48 devices back online, potentially losing IT devices for a whole area/department for up to two weeks.	Corporate (IT)	Equipment	No
The risk is that the paediatric team can not provide a full dietetic service to children and young people in the Milton Keynes area	Women's and Children's	Service Provision	No
There is a risk that changes required to practice are not implemented and we are not meeting best practice criteria for clinical governance	Trust-wide	Governance	No
There is a risk that the Women & Men's Health Physiotherapy Service is unable to meet its referral demand	Core Clinical	Service Provision	No

The MUST conformance criteria were set out in the NHS accessible information specification for compliance by the 31st July 2016	Trust-wide	Governance	No
There is a risk of roof failure in relation to flat roofs across the Trust	Trust-wide	Estates	No
IF the estates infrastructure contingency plans are not adequately tested THEN in the event of a infrastructure failure plans may not succeed LEADING TO contingency plans not being effective and to potential loss of services, poor patient experience, financial loss and loss of reputation	Trust-wide	Estates	No
Annual and quarterly test reports for Autoclaves and washer disinfectors used for a critical process have not been received in a timely manner from the estates department. in line with HTM guidelines reports should be signed off by the user, an authorized person and/or an authorized engineer for compliance after testing, reports are going up to 6 weeks without being viewed by any of the above yet machines are in use. under the FMEA (failure modes and estimation analysis) we should be able to prove control, monitoring and validation of the sterilisation process as a control measure and we cannot.	Trust-wide	Estates	No
Potential inability to provide adequate cover to meet demand for Bowel Cancer Screening	Core Clinical	Service Provision	No

Clinical Governance and Imaging staff are unable to meet statutory and mandatory Good Governance requirements and accreditations if IT systems do not support their remit.	Corporate (IT)	Equipment	No
The nurse staffing standards/requirements as recommended in Guidelines for the Provision of Intensive Care Services (GPICS 2015) and D05 Critical Care Service Specification (2018) are not achieved within the ICU.	Surgery	Staffing	No
The current bleep system (main system A and back-up system B) is obsolete and no maintenance support contract is available from the company. The risk is that the equipment may not be able to be repaired if failed.	Trust-wide	Equipment	No
The current ICE version was discontinued by CliniSys on 31st December 2019 and therefore is no longer supported. The hardware the ICE database is also unsupported and running on an outdated server version which adds a significant security risk. Ice is an essential system for our Pathology and Radiology communication of results in a timely manner to GP practices. Continuing to run a key clinical system that is no longer supported is a significant risk to the Trust. Should the system fail, we would lose the service to GP's completely, resulting in a significant risk to patient care, potentially reputational and business	Corporate (IT)	Equipment	No

damages should we lose a GP practise to another competitor because the system was unavailable long term.			
Lack of space for appropriate management of CT and MRI with additional issues of lack of scanners to manage the increasing demand.	Core Clinical	Estate	No
The Trust Information data warehouse could fail or be subjected to a security attack.	Corporate (IT)	IT Security	No
The current risk is that there is not enough space in the Medical Equipment Library (MEL) to carry out the required cleaning process to comply with the appropriate guidelines set by CQC and MHRA.	Core Clinical	Estate	No
Delayed detection of breast screening cancers due to COVID 19	Core Clinical	Service Provision	No

Meeting title	Board of Directors	**Date:** November 2020		
Report title:	Board Assurance Framework	**Agenda item: 6.2**		
Lead director	**Name:** Kate Jarman	**Title:** Director of Corporate Affairs		
FoI status:	**Public**			
Report summary	A summary of activity in October 2020 and a full copy of the Board Assurance Framework			
Purpose *(tick one box only)*	**Information** [x]	**Approval** [ ]	**To note** [ ]	**Decision** [ ]
Recommendation	That the Board consider the summary of activity; the new risks on the BAF and the risks recommended for de-escalation			

Strategic objectives links	All
Board Assurance Framework links	All
CQC outcome/ regulation links	Governance/ Well Led
Identified risks and risk	

management actions	
Resource implications	
Legal implications including equality and diversity assessment	

Report history	To every Board
Next steps	
Appendices	

The Board Assurance Framework – Summary of Activity October 2020

New Format

The BAF format has changed to make the BAF more accessible and easier to engage with. This was discussed at the Audit Committee (September) and approved. Further work is ongoing to update the assurances and ensure all colleagues are comfortable with the control/ assurance distinction and provision of evidence to support both.

Proposed New Risks

1. HIP2 programme and estate development – given the scale and timeframe of this programme it is recommended that the Board consider the risks against the Trust's strategic aim of making best use of the estate
2. Use of health information – the Trust has recently launched access to health data with Apple, enabling patients using MyCare to access their health information over their Apple app. The Trust is one of the first two hospitals in the UK to enable this functionality. It is recommended the Board consider an opportunistic risk around the use of health information – with an open/ seeking risk appetite, against the Trust's strategic aim of being innovative and sustainable.
3. Use of health information – the Trust's partnership with Sensyne sees it use anonymised information to further clinical research and development. It is recommended that the Board consider whether it should consider further opportunistic risk around the use of health information for clinical research purposes against the Trust's strategic aims of developing teaching and research and being innovative and sustainable.

Covid-19 Risk

Covid-19 continues to present a dynamic risk environment. The Board is kept updated on significant operational risks as well as the key risks to the Trust's strategic aims as a result of the continued pandemic.

Changes to the Trust's Risk Management Framework

The Audit Committee (September 2020) considered a proposal to change the Trust's risk management framework to replace the significant risk register (all risks scored over 15) with a corporate risk register (comprising risks that cannot be effectively managed in divisions, affect a number of areas, or are very high scoring with poor controls). This proposal would see operational risks (divisional/ departmental/ war); corporate risks and strategic risks (BAF). This proposal is being further refined and developed and will go back to the January Audit Committee for approval.

The Board Assurance Framework

The Board Assurance Framework (BAF) details the principal risks against the Trust's strategic objectives.

- The BAF forms part of the Trust's risk management framework, which includes the corporate risk register (CRR), divisional and directorate risk registers (down to ward/ department service level).
- Risks are scored using the 5x5 risk matrix, and each risk is assigned a risk appetite and strategy. Definitions can be found summarised below and are detailed in full in the Trust's risk strategy.
- Board sub-Committees are required to rate the level of assurance against each risk reviewed under their terms of reference. There is an assurance rating key included to guide Committees in this work.

Strategic Objectives

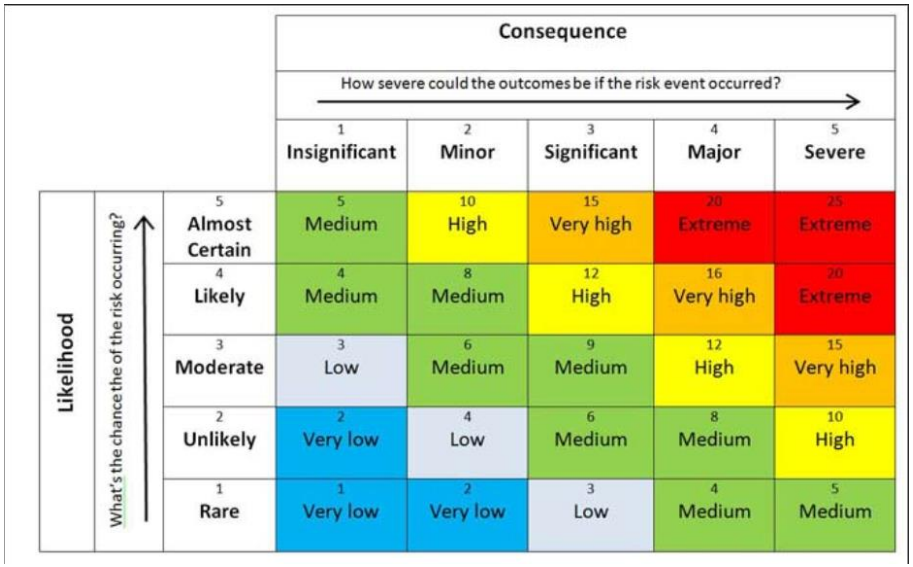
1. Improving patient safety
2. Improving patient experience
3. Improving clinical effectiveness
4. Delivering key performance targets
5. Developing MK at place
6. Developing teaching and research
7. Being well governed and financially viable
8. Investing in our people
9. Developing our estate
10. Being innovative and sustainable

Risk treatment strategy: Terminate, treat, tolerate, transfer
Risk appetite: Avoid, minimal, cautious, open, seek, mature

Assurance ratings:

Green	**Positive assurance**: The Committee is satisfied that there is reliable evidence of the appropriateness of the current risk treatment strategy in addressing the threat/ opportunity. There are no gaps in assurance or controls and the current exposure risk rating is at the target level; or gaps in control and assurance are being addressed.
Amber	**Inconclusive assurance:** The Committee is not satisfied that there is sufficient evidence to be able to make a judgement as to the appropriateness of the current risk treatment strategy.
Red	**Negative assurance:** There is sufficient reliable evidence that the current risk treatment strategy is not appropriate to the nature and/or scale of the threat or opportunity.

5X5 Risk Matrix:

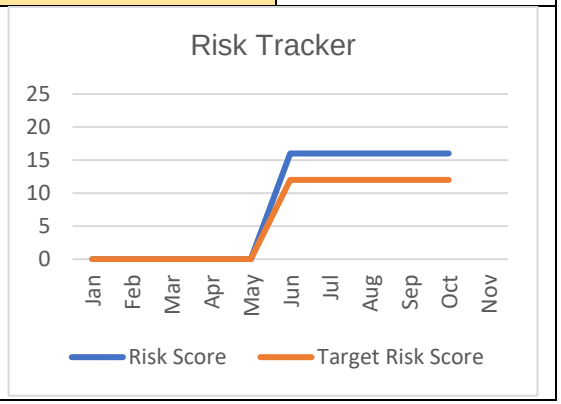


Likelihood: What's the chance the of the risk occurring?	Consequence: How severe could the outcomes be if the risk event occurred?	1 Insignificant	2 Minor	3 Significant	4 Major	5 Severe
	5 Almost Certain	5 Medium	10 High	15 Very high	20 Extreme	25 Extreme
	4 Likely	4 Medium	8 Medium	12 High	16 Very high	20 Extreme
	3 Moderate	3 Low	6 Medium	9 Medium	12 High	15 Very high
	2 Unlikely	2 Very low	4 Low	6 Medium	8 Medium	10 High
	1 Rare	1 Very low	2 Very low	3 Low	4 Medium	5 Medium

RISK 1: Ability to maintain patient safety during periods of overwhelming demand **NEW (COMBINES PREVIOUS BAF RISKS)**

Strategic Objective 1: Improving Patient Safety

Strategic Risk	Ability to maintain patient safety during periods of overwhelming demand				**Strategic Objective**	Improving Patient Safety
Lead Committee	Quality	**Risk Rating**	**Current**	**Target**	**Risk Type**	Patient harm
Executive Lead	Chief Operating Officer	**Consequence**	4	4	**Risk Appetite**	Avoid
Date of Assessment		**Likelihood**	3	2	**Risk Treatment Strategy**	Treat
Date of Review	27/10/20	**Risk Rating**	12	8		

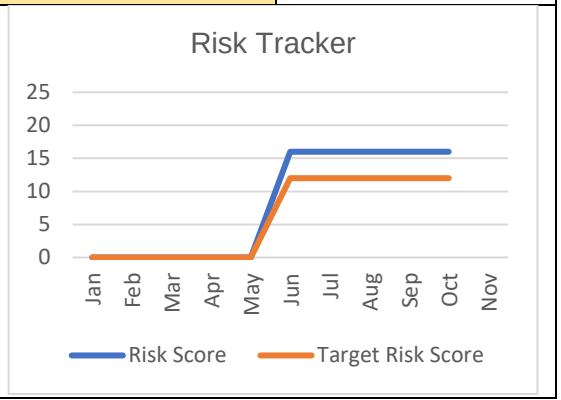


Cause	**Controls**	**Gaps in Controls**	**Action**	**Sources of Assurance**	**Gaps in Assurance**	**Action**	**Assurance Rating**
Significantly higher than usual numbers of patients through the ED Significantly higher acuity of patients through the ED Major incident/ pandemic	Clinically and operationally agreed escalation plan Adherence to national OPEL escalation management system Clinically risk assessed escalation areas available			System-wide (MK) partnership board			

RISK 2: Failure to embed learning and preventative measures following serious incidents/ Never Events

Strategic Objective 1: Improving Patient Safety

Strategic Risk	Failure to embed learning and preventative measures following serious incidents/ Never Events				**Strategic Objective**	Improving Patient Safety
Lead Committee	Quality	**Risk Rating**	**Current**	**Target**	**Risk Type**	Patient harm
Executive Lead	Medical Director	**Consequence**	4	4	**Risk Appetite**	Avoid
Date of Assessment		**Likelihood**	3	2	**Risk Treatment Strategy**	Treat
Date of Review	27/10/20	**Risk Rating**	12	8		



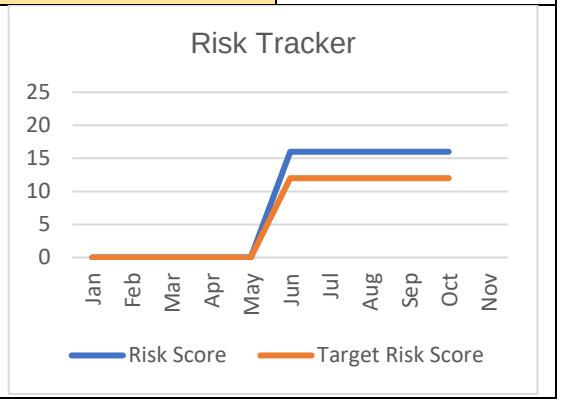
Cause	Controls	Gaps in Controls	Action	Sources of Assurance	Gaps in Assurance	Action	Assurance Rating
Not appropriately reporting, investigating or learning from incidents. A lack of systematic sharing of learning from incidents. A lack of evidence that learning has been shared	Improvement in incident reporting rates SIRG reviews all evidence and action plans associated with Sis Actions are tracked Trust-wide communications in place	Establishing Learning and Improvement Board Establishing Divisional Quality Governance Boards QI/ AI strategies and processes well embedded	October 2020 October 2020 October 2020	NRLS data			

	Debriefing systems in place Training available						

RISK 3: Failure to manage clinical risk during periods of sustained or rapid change **NEW**

Strategic Objective 1: Improving Patient Safety

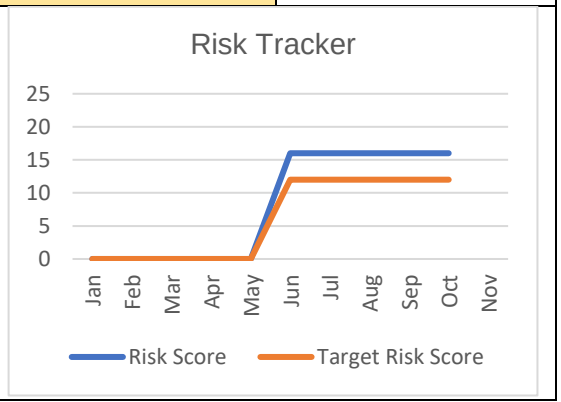
Strategic Risk	Failure to manage clinical risk during periods of sustained or rapid change				**Strategic Objective**	Improving Patient Safety
Lead Committee	Quality	**Risk Rating**	**Current**	**Target**	**Risk Type**	Patient harm
Executive Lead	Medical Director	**Consequence**	4	4	**Risk Appetite**	Avoid
Date of Assessment		**Likelihood**	4	2	**Risk Treatment Strategy**	Treat
Date of Review	27/10/20	**Risk Rating**	16	8		



Cause	Controls	Gaps in Controls	Action	Sources of Assurance	Gaps in Assurance	Action	Assurance Rating
Rapid or sustained period of upheaval and change caused by the Covid-19 pandemic and need to respond and maintain clinical safety and quality	Board approved major incident plan and procedures Rigorous monitoring of capacity, performance and quality indicators Established command and control governance mechanisms	Inability to accurately predict or forecast levels of activity and risk		MK place-based and ICS-based planning and resilience fora Regional and national data and forecasting			

RISK 4: Failure to manage clinical risk that materialise as a result of significant digital change programmes

Strategic Objective 1: Improving Patient Safety

Strategic Risk	Failure to manage clinical risk that materialise as a result of significant digital change programmes						**Strategic Objective**	Improving Patient Safety
Lead Committee	Quality	**Risk Rating**	**Current**	**Target**	**Risk Type**	Patient harm		
Executive Lead	Deputy CEO	**Consequence**	4	4	**Risk Appetite**	Avoid		
Date of Assessment		**Likelihood**	4	2	**Risk Treatment Strategy**	Treat		
Date of Review	27/10/20	**Risk Rating**	12	8				

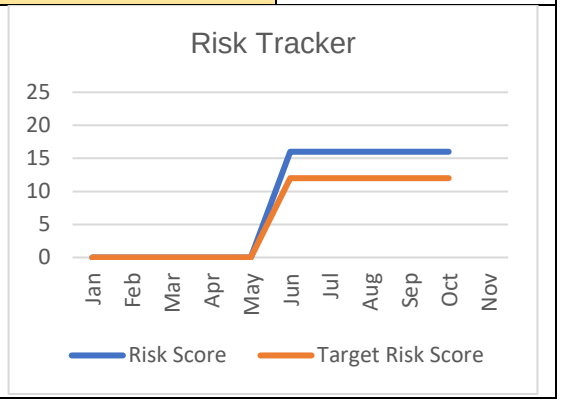
Cause	**Controls**	**Gaps in Controls**	**Action**	**Sources of Assurance**	**Gaps in Assurance**	**Action**	**Assurance Rating**
Inadequate assessment of clinical risk/ impact on clinical services or practices Inadequate resourcing	Robust governance structures in place with programme management at all levels Clinical oversight through CAG	IT resourcing remains a pressure point	Continue to maintain programme governance and keep resourcing under review	Established governance and external/ independent escalation and review process		Continued iterative testing of products post-roll out	

Inadequate training	Thorough planning and risk assessment Regular review of resourcing Regular review of progress Risks and issues reported						

RISK 5: Failure to provide capacity to match demand for elective care, including cancer and screening programmes

Strategic Objective 1: Improving Patient Safety

Strategic Risk	Failure to provide capacity to match demand for elective care, including cancer and screening programmes				**Strategic Objective**	Improving Patient Safety
Lead Committee	Quality	**Risk Rating**	**Current**	**Target**	**Risk Type**	Patient harm
Executive Lead	COO	**Consequence**	4	4	**Risk Appetite**	Avoid
Date of Assessment		**Likelihood**	4	2	**Risk Treatment Strategy**	Treat
Date of Review	27/10/20	**Risk Rating**	16	8		



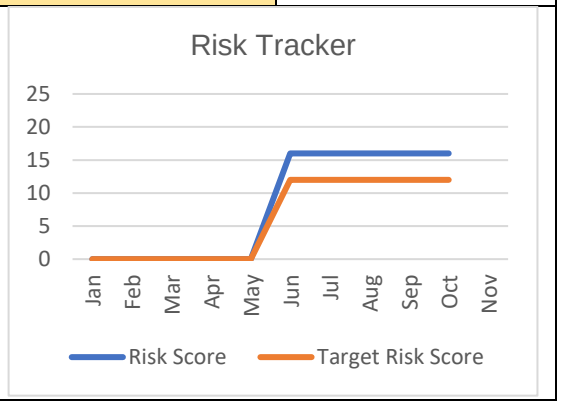
Cause	Controls	Gaps in Controls	Action	Sources of Assurance	Gaps in Assurance	Action	Assurance Rating
Cessation of all routine elective care, including cancer screening and other pathways, during the first peak of the Covid-19 pandemic Inability to match capacity with demand	Granular understanding of demand and capacity requirements with use of national tools. Robust oversight at Board. Robust oversight through quality governance committees and boards		Continue to maintain programme governance and keep resourcing under review	Established governance and external/ independent escalation and review process			

	Daily divisional and CSU management Agreement of local standards and criteria for pathway management Long-wait harm reviews						

RISK 6: Inability to cope with demand for ITU and inpatient care due to the Covid-19 pandemic

Strategic Objective 1: Improving Patient Safety

Strategic Risk	Inability to cope with demand for ITU and inpatient care due to the Covid-19 pandemic				**Strategic Objective**	Improving Patient Safety
Lead Committee	Quality	**Risk Rating**	**Current**	**Target**	**Risk Type**	Patient harm
Executive Lead	Medical Director	**Consequence**	4	5	**Risk Appetite**	Avoid
Date of Assessment		**Likelihood**	5	2	**Risk Treatment Strategy**	Treat
Date of Review	27/10/20	**Risk Rating**	20	10		

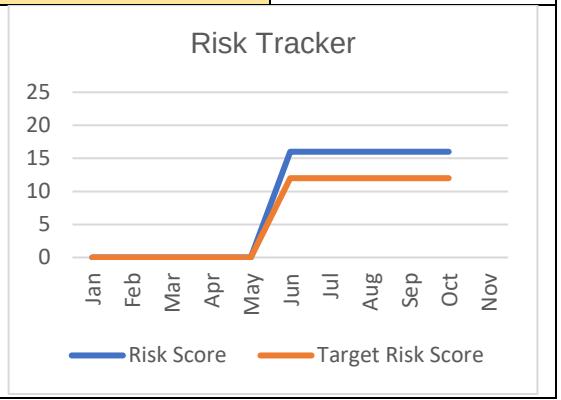


Cause	Controls	Gaps in Controls	Action	Sources of Assurance	Gaps in Assurance	Action	Assurance Rating
Demand for ITU and inpatient beds exceeds capacity, including escalation capacity within the hospital	Increased capacity across the hospital Increased capacity for ITU Clear escalation plans			Tested escalation plans Part of regional network			

RISK 7: Deterioration in patient experience of clinical oncology (radiotherapy) pathways, including range of and access to treatment

Strategic Objective 2: Improving Patient Experience

Strategic Risk	Deterioration in patient experience of clinical oncology (radiotherapy) pathways, including range of and access to treatment				**Strategic Objective**	Improving Patient Experience
Lead Committee	Quality	**Risk Rating**	**Current**	**Target**	**Risk Type**	Patient harm
Executive Lead	Medical Director	**Consequence**	4	4	**Risk Appetite**	Avoid
Date of Assessment		**Likelihood**	5	2	**Risk Treatment Strategy**	Treat
Date of Review	27/12/20	**Risk Rating**	20	8		



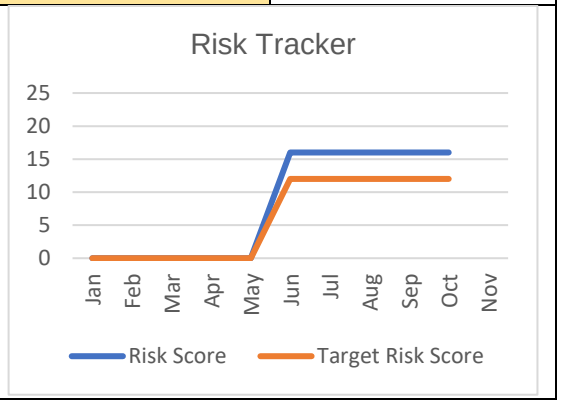
Cause	**Controls**	**Gaps in Controls**	**Action**	**Sources of Assurance**	**Gaps in Assurance**	**Action**	**Assurance Rating**
Break down in the established relationship (sub contract) between Oxford University Hospitals and the private Genesis Care facility (Linford Wood, Milton Keynes) which has provided local radiotherapy to MK residents for	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	Contracting and commissioning process outside the Trust's direct control or management	Continued lobbying for resolution	Lines of assurance outside the Trust's direct control	Lines of assurance outside the Trust's direct control	Continued work with partners	

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.	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.						

RISK 8: Lack of improvement in patient surveys

Strategic Objective 2: Improving Patient Experience

Strategic Risk	Lack of improvement in patient surveys				**Strategic Objective**	Improving Patient Experience
Lead Committee	Quality	**Risk Rating**	**Current**	**Target**	**Risk Type**	Patient harm
Executive Lead	Chief Nurse	**Consequence**	4	4	**Risk Appetite**	Minimal
Date of Assessment		**Likelihood**	4	2	**Risk Treatment Strategy**	Treat
Date of Review	27/10/20	**Risk Rating**	16	8		



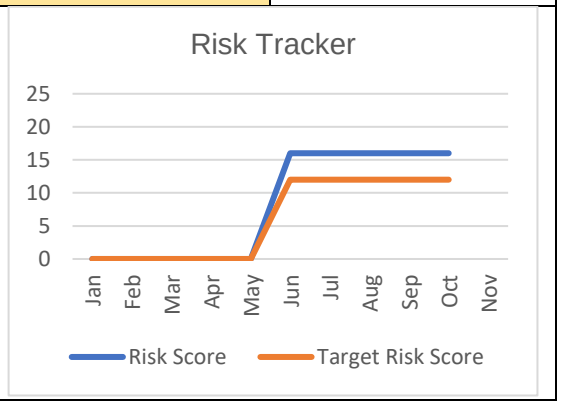
Cause	**Controls**	**Gaps in Controls**	**Action**	**Sources of Assurance**	**Gaps in Assurance**	**Action**	**Assurance Rating**
Lack of appropriate intervention to improve patient experience (measured through the national surveys)	Corporate Patient Experience Team function, resources and governance arrangements in place at Trust, division and department levels, including but not limited to:			PLACE surveys FFT results Local surveys			

	• Patent Experience Strategy • Learning Disabilities Strategy • Dementia Strategy • Nutrition steering group • Catering steering group • Domestic planning group • Discharge steering group • Induction training Quarterly Patient Experience Board , monthly meetings and supporting substructure of steering groups						

RISK 9: Failure to embed learning from complaints

Strategic Objective 2: Improving Patient Experience

Strategic Risk	Failure to embed learning from complaints				**Strategic Objective**	Improving Patient Experience
Lead Committee	Quality	**Risk Rating**	**Current**	**Target**	**Risk Type**	Patient harm
Executive Lead	Chief Nurse	**Consequence**	4	4	**Risk Appetite**	Minimal
Date of Assessment		**Likelihood**	3	2	**Risk Treatment Strategy**	Treat
Date of Review	27/10/20	**Risk Rating**	12	8		



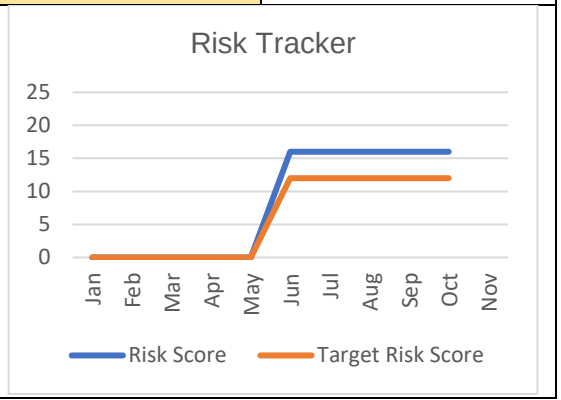
Cause	Controls	Gaps in Controls	Action	Sources of Assurance	Gaps in Assurance	Action	Assurance Rating
Lack of appropriate intervention to improve patient experience (measured through the national surveys)	Corporate Patient Experience Team function, resources and governance arrangements in place at Trust, division and department levels, including but not limited to:			PLACE surveys FFT results Local surveys			

	• Patent Experience Strategy • Learning Disabilities Strategy • Dementia Strategy • Nutrition steering group • Catering steering group • Domestic planning group • Discharge steering group • Induction training Quarterly Patient Experience Board , monthly meetings and supporting substructure of steering groups						

RISK 10: Failure to meet the requirements of clinical compliance regimes, including audit, policies, NICE NEW (COMBINED)

Strategic Objective 3: Improving Clinical Effectiveness

Strategic Risk	Failure to meet the requirements of clinical compliance regimes, including audit, policies, NICE				**Strategic Objective**	Improving Clinical Effectiveness
Lead Committee	Quality	**Risk Rating**	**Current**	**Target**	**Risk Type**	Patient harm
Executive Lead	Director of Corporate Affairs	**Consequence**	4	4	**Risk Appetite**	Minimal
Date of Assessment		**Likelihood**	4	2	**Risk Treatment Strategy**	Treat
Date of Review	27/10/20	**Risk Rating**	16	8		



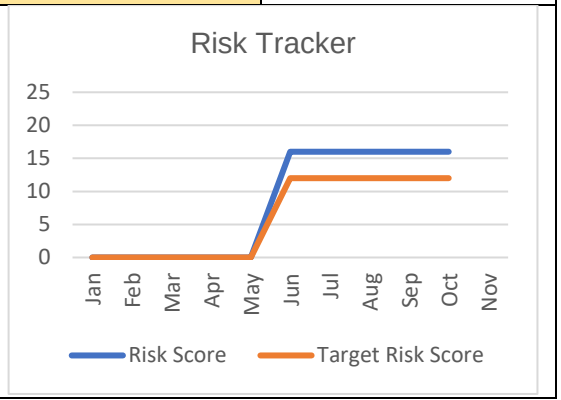
Cause	Controls	Gaps in Controls	Action	Sources of Assurance	Gaps in Assurance	Action	Assurance Rating
1. Lack of understanding/ awareness of audit requirements by clinical audit leads 2. Resources not adequate to support data collection/ interpretation/ input 3. Audit programme poorly communicated	1. 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			Integrated Governance and Compliance Board External benchmarking			

4. Lack of engagement in audit programme 5. Compliance expectations not understood/ overly complex	(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 5. Monthly review of all compliance requirements, including NICE and policies						

RISK 11: Failure to ensure adequate data quality leading to patient harm, reputational damage and regulatory failure

Strategic Objective 3: Improving Clinical Effectiveness

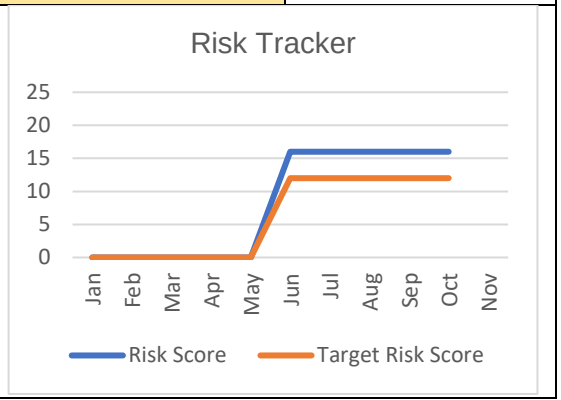
Strategic Risk	Failure to ensure adequate data quality leading to patient harm, reputational damage and regulatory failure				**Strategic Objective**	Improving Clinical Effectiveness
Lead Committee	Audit	**Risk Rating**	**Current**	**Target**	**Risk Type**	Patient harm
Executive Lead	Deputy CEO	**Consequence**	4	4	**Risk Appetite**	Minimal
Date of Assessment		**Likelihood**	3	2	**Risk Treatment Strategy**	Treat
Date of Review	27/10/20	**Risk Rating**	12	8		



Cause	Controls	Gaps in Controls	Action	Sources of Assurance	Gaps in Assurance	Action	Assurance Rating
Failure to ensure adequate data quality leading to patient harm, reputational risk and regulatory failure because data quality processes are not robust	Robust governance around data quality processes including executive ownership Audit work by data quality team			Data Quality Board External benchmarking			

RISK 12: Failure to meet elective waiting time targets due to seasonal emergency pressure or further Covid-19 surges **NEW**

Strategic Objective 4: Meeting Key Targets

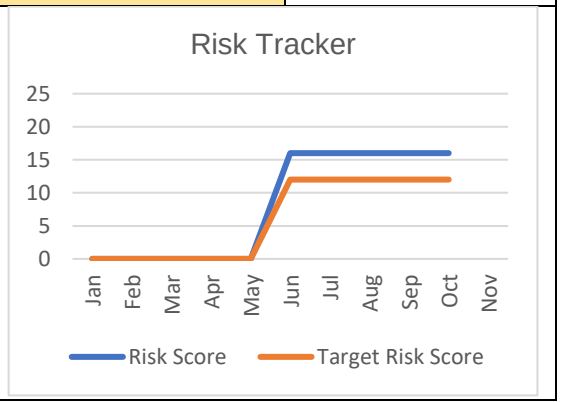
Strategic Risk	Failure to meet elective waiting time targets due to seasonal emergency pressure or further Covid-19 surges						**Strategic Objective**	Meeting Key Targets
Lead Committee	TEG	**Risk Rating**	**Current**	**Target**	**Risk Type**	Patient harm		
Executive Lead	COO	**Consequence**	5	5	**Risk Appetite**	Minimal		
Date of Assessment		**Likelihood**	4	2	**Risk Treatment Strategy**	Treat		
Date of Review	27/10/20	**Risk Rating**	20	10				

Cause	Controls	Gaps in Controls	Action	Sources of Assurance	Gaps in Assurance	Action	Assurance Rating
Elective activity is suspended (locally or by national directive) to enable the Trust to cope with emergency demand or further Covid-19 surges, resulting in increasing waits for patients needing elective treatment –	Winter escalation plans to flex demand and capacity Plans to maintain urgent elective work and cancer services through periods of peak demand Agreed plans with local system	Unpredictable nature of both emergency demand and the surge nature of Covid-19 Workforce and space (in pandemic) rate limiting factors	Continued planning and daily reviews (depending on Opel and incident levels)	Emergency Care Board (external partners) Regional and national tiers of reporting and planning			

including cancer care	National lead if level 4 incident, with established and tested plans Significant national focus on planning to maintain elective care						

RISK 13: Failure to meet the four-hour emergency access standard **RECOMMENDED FOR DE-ESCALATION FROM BAF FOR FURTHER COVID-19 SURGES**

Strategic Objective 4: Meeting Key Targets

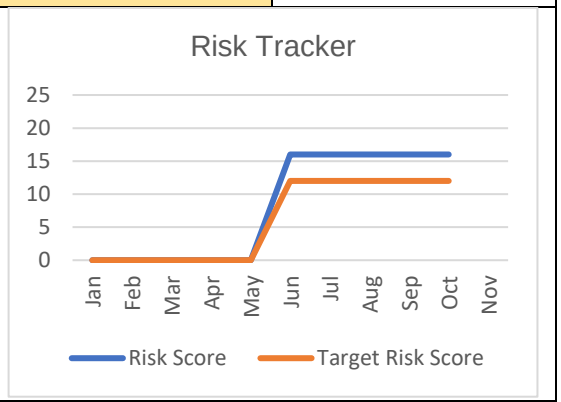
Strategic Risk	Failure to meet the four-hour emergency access standard						**Strategic Objective**	Meeting Key Targets
Lead Committee	TEG	**Risk Rating**	**Current**	**Target**	**Risk Type**	Patient harm			
Executive Lead	COO	**Consequence**	5	5	**Risk Appetite**	Minimal		
Date of Assessment		**Likelihood**	4	2	**Risk Treatment Strategy**	Treat		
Date of Review	27/10/20	**Risk Rating**	16	8				

RECOMMENDED FOR DE-ESCALATION FROM BAF FOR FURTHER COVID-19 SURGES

This has been a long-standing risk on the BAF and significant risk register. Given the current Covid-19 surges/ further waves, it is recommended that this is de-escalated from the BAF for the duration of the pandemic to enable the Board to focus on the unique strategic risks to the emergency department posed by Covid-19. The risk around meeting the standard and ED demand will remain on the significant risk register.

RISK 14: Failure to adequately safeguard against major IT system failure (inability to invest in appropriate support systems/infrastructure)

Strategic Objective 7: Being Well Governed and Financially Viable

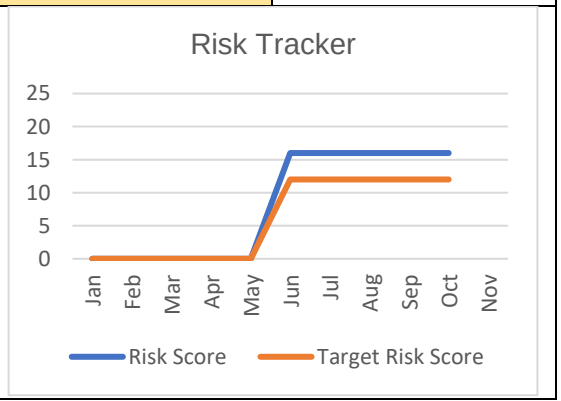
Strategic Risk	Failure to adequately safeguard against major IT system failure (inability to invest in appropriate support systems/infrastructure)					**Strategic Objective**	Being Well Governed and Financially Viable
Lead Committee	Finance and Investment	**Risk Rating**	**Current**	**Target**	**Risk Type**	Financial	
Executive Lead	Deputy CEO	**Consequence**	5	4	**Risk Appetite**	Minimal	
Date of Assessment		**Likelihood**	2	2	**Risk Treatment Strategy**	Treat	
Date of Review	27/10/20	**Risk Rating**	10	8			

Cause	**Controls**	**Gaps in Controls**	**Action**	**Sources of Assurance**	**Gaps in Assurance**	**Action**	**Assurance Rating**
Lack of suitable and timely investment leaves the Trust vulnerable to cyber attack	2 dedicated cyber security posts funded through GDE All Trust PCs less than 4 years old Robust public Wi-Fi network EPR investment	None identified	Continued review	External review and reporting			

RISK 15: There is a risk that delays in the business case approvals process (including regulatory approvals), and/or delays in capital funds being made available (through PDC financing or other sources) prevent the Trust from being able to progress its entire capital programme in 2020/21 leading to a missed opportunity in the event funds cannot be carried forward to future years.

Strategic Objective 7: Being Well Governed and Financially Viable

Strategic Risk	There is a risk that delays in the business case approvals process (including regulatory approvals), and/or delays in capital funds being made available (through PDC financing or other sources) prevent the Trust from being able to progress its entire capital programme in 2020/21 leading to a missed opportunity in the event funds cannot be carried forward to future years.				**Strategic Objective**	Being Well Governed and Financially Viable
Lead Committee	Finance and Investment	**Risk Rating**	**Current**	**Target**	**Risk Type**	Financial
Executive Lead	DoF	**Consequence**	4	4	**Risk Appetite**	Cautious
Date of Assessment		**Likelihood**	3	2	**Risk Treatment Strategy**	Treat
Date of Review	27/10/20	**Risk Rating**	12	8		

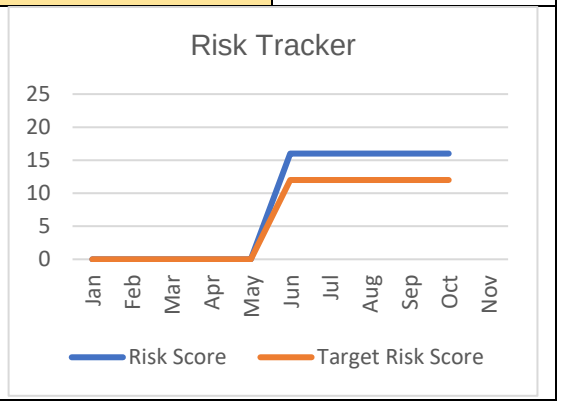


Cause	**Controls**	**Gaps in Controls**	**Action**	**Sources of Assurance**	**Gaps in Assurance**	**Action**	**Assurance Rating**
Despite increased investment being made available to respond to covid-19, the national NHS capital financing regime remains under significant	1. Capital prioritisation process in place (through the Trust's Capital Control Group (CCG) and Clinical Board Investment Group (CBIG) to ensure the Trust prioritises its	The Trust has only limited influence on the national policy regarding the capital funding regime and the constraints on	Continued review	External review and reporting			

pressure. Capital expenditure limits have been implemented for NHS provider organisations and whilst the Trust's capital plan is within this envelope there have, in the past, been delays in funds being received to support capital investment.	capital schemes its resources effectively. 2. Alternative funding sources identified to support continued investment in the Trust's estate and physical infrastructure in line with requirements in the event that funding is not made available. 3. Close working with regulator partners to ensure the Trust is supported through the approvals process and any delays can be escalated through the NHS regional finance/capital teams.	the national CDEL.					

RISK 16: There is a risk that as a result of the COVID-19 pandemic the Trust incurs additional costs, has a reduction in income or is unable to deliver services efficiently leading to financial position being unsustainable.

Strategic Objective 7: Being Well Governed and Financially Viable

Strategic Risk	There is a risk that as a result of the COVID-19 pandemic the Trust incurs additional costs, has a reduction in income or is unable to deliver services efficiently leading to financial position being unsustainable.				**Strategic Objective**	Being Well Governed and Financially Viable	
Lead Committee	Finance and Investment	**Risk Rating**	**Current**	**Target**	**Risk Type**	Financial	
Executive Lead	DoF	**Consequence**	4	3	**Risk Appetite**	Cautious	
Date of Assessment		**Likelihood**	3	2	**Risk Treatment Strategy**	Treat	
Date of Review	27/10/20	**Risk Rating**	12	6			

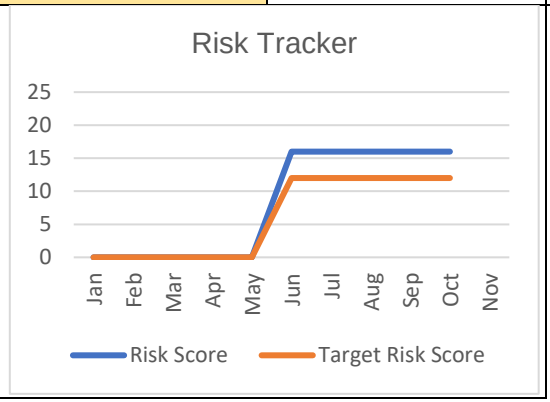
Cause	**Controls**	**Gaps in Controls**	**Action**	**Sources of Assurance**	**Gaps in Assurance**	**Action**	**Assurance Rating**
Increases in staff costs and non-pay costs in order to manage covid-19 Claims from suppliers under the Procurement Policy Note	1. PbR contracts replaced with block contracts (set nationally) for clinical income. 2. Top-up payments available where covid-19 leads to additional costs over and above block sum	The financial envelope within which the Trust / BLMK ICS has to operate has not been announced - the Trust has only limited influence over how this amount is set.	Continued review	External review and reporting			

Reduction in clinical income as a result of changes in clinical models and fewer hospital admissions Reductions in commercial income streams as a direct result of covid-19. Social distancing measures (patients and staff) Enhanced cleaning regimes leading to lower throughput	amounts (until September 2020). 3. Financial controls remain in place for approval of additional spend above budgeted levels. 4. Re-focus of transformation programme to ensure continued productivity and efficiency improvements						

RISK 17: There is a risk that the Trust has insufficient resources (financial or otherwise) or has insufficient physical capacity in order to clear the waiting list backlogs that occurred as a result of the COVID-19 pandemic, leading to delays in patients receiving treatment and a potential long-term financial pressure for the Trust through a requirement to deliver higher levels of activity each financial year.

Strategic Objective 7: Being Well Governed and Financially Viable

Strategic Risk	There is a risk that as a result of the COVID-19 pandemic the Trust incurs additional costs, has a reduction in income or is unable to deliver services efficiently leading to financial position being unsustainable.	**Strategic Objective**	Being Well Governed and Financially Viable	There is a risk that the Trust has insufficient resources (financial or otherwise) or has insufficient physical capacity in order to clear the waiting list backlogs that occurred as a result of the COVID-19 pandemic, leading to delays in patients receiving

								treatment and a potential long-term financial pressure for the Trust through a require-ment to deliver higher levels of activity each financial year.
Lead Committee	Finance and Investment	**Risk Rating**	**Current**	**Target**	**Risk Type**	Financial		
Executive Lead	DoF	**Consequence**	4	4	**Risk Appetite**	Cautious		
Date of Assessment		**Likelihood**	4	3	**Risk Treatment Strategy**	Treat		
Date of Review	27/10/20	**Risk Rating**	16	9				

Cause	Controls	Gaps in Controls	Action	Sources of Assurance	Gaps in Assurance	Action	Assurance Rating
The COVID-19 pandemic led to	1. Monitoring of the Trust's waiting list	The Trust has only limited	Continued review	External review and reporting			

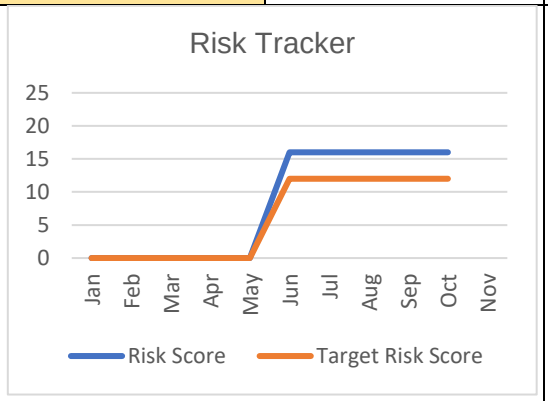
the delay or cancellation of procedures and clinics which resulted in an increase in the size of the waiting list (at the Trust and across the NHS more broadly). On-going measures in response to COVID-19 (such as social distancing measures) have the potential to reduce the available physical capacity at the Trust.	through divisional meetings, executive performance meetings, and Trust board sub-committees (including the Finance and Investment Committee). 2. Recovery plans developed in accordance with guidance issued by NHS England and NHS Improvement, including financial forecast to assess the impact of increasing activity alongside COVID-19 measures. 3. Financial incentive scheme in place to provide additional funding for performing activity in excess of baseline levels set by regulators 4. Capital and revenue bids submitted to regulators in order to	control over the allocation of additional financial resources to support its recover plans.					

	provide additional finance resource to create additional capacity to increase activity volumes at the Trust.						

RISK 18: Insufficient capacity in the Neonatal Unit to accommodate babies requiring special care (finance and quality risk)

Strategic Objective 7: Being Well Governed and Financially Viable

Strategic Risk	Insufficient capacity in the Neonatal Unit to accommodate babies requiring special care	**Strategic Objective**	Being Well Governed and Financially Viable/ Patient Safety	There is a risk that the Trust has insufficient resources (financial or otherwise) or has insufficient physical capacity in order to clear the waiting list backlogs that occurred as a result of the COVID-19

								pandemic, leading to delays in patients receiving treatment and a potential long-term financial pressure for the Trust through a require-ment to deliver higher levels of activity each financial year.
Lead Committee	Finance and Investment and Quality	**Risk Rating**	**Current**	**Target**	**Risk Type**	Financial		
Executive Lead	DoF	**Consequence**	4	4	**Risk Appetite**	Cautious		
Date of Assessment		**Likelihood**	3	2	**Risk Treatment Strategy**	Treat		
Date of Review	27/10/20	**Risk Rating**	12	8				

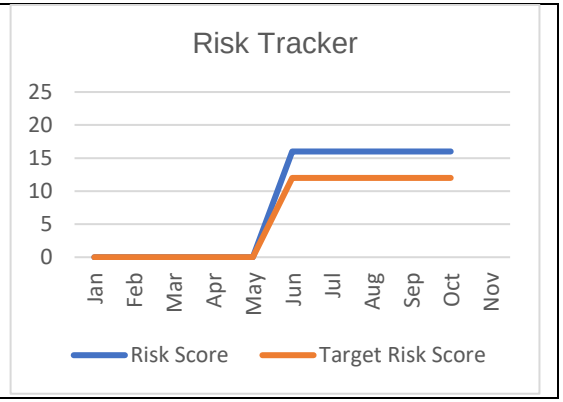
Cause	Controls	Gaps in Controls	Action	Sources of Assurance	Gaps in Assurance	Action	Assurance Rating
The current size of the Neonatal Unit does not meet the demands of the service. This risks high numbers of transfers of unwell babies and potential delayed repatriation of babies back to the hospital. 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 fulfil its Network responsibilities and deliver care in line with national requirements.	Reconfiguration of cots to create more space Additional cots to increase capacity Parents asked to leave NNU during interventional procedures, ward rounds, etc to increase available space HIP2 funding for new Women and Children's Hospital announced	External timeframe and approval process for HIP2 funding	Continued review	External review and reporting			

RISK 19: Inability to retain staff employed in critical posts

Strategic Objective 8: Investing in Our People

Strategic Risk	Inability to retain staff employed in critical posts	**Strategic Objective**	Investing in Our People	There is a risk that the Trust will not be able to retain staff in critical posts and so will not be able to maintain the level of service required to meet the health needs of the MK population.

Lead Committee	Workforce	**Risk Rating**	**Current**	**Target**	**Risk Type**	Staff
Executive Lead	Director of Workforce	**Consequence**	4	4	**Risk Appetite**	Cautious
Date of Assessment		**Likelihood**	3	2	**Risk Treatment Strategy**	Treat
Date of Review	27/10/20	**Risk Rating**	12	8		



Cause	Controls	Gaps in Controls	Action	Sources of Assurance	Gaps in Assurance	Action	Assurance Rating
Proximity to tertiary centres Lack of structured career development or opportunities for progression	Variety of organisational change/staff engagement activities, e.g. Event in the Tent Schwartz Rounds and coaching collaboratives Targeted recruitment and retention premia	Culture programme	Continued review and enhancement of existing offerings. Rollout of culture programme to improve	External review and reporting Staff survey results			

Cause	Controls	Gaps in Controls	Action	Sources of Assurance	Gaps in Assurance	Action	Assurance Rating
Benefits packages elsewhere Culture within isolated departments	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 and other HEIs Staff recognition programmes - staff awards, long service awards, GEM Leadership development and talent management Succession planning and talent management/stretch opportunities Enhancement and increased visibility of benefits package Recruitment and retention focussed workforce strategy and plan to fill vacancies, develop new roles and		staff experience				

Cause	Controls	Gaps in Controls	Action	Sources of Assurance	Gaps in Assurance	Action	Assurance Rating
	deliver improvement to working experience/environment Enhanced Benefits Package Exit questionnaires to understand reasons for leaving						

RISK 20: Inability to recruit to vacancies in the short term (0-18 months)

Strategic Objective 8: Investing in Our People

Strategic Risk	Inability to recruit to vacancies in the short term (0-18 months)	**Strategic Objective**	Investing in Our People	There is a risk that the Trust will not be able to recruit to vacancies in the short term (0-18 months) and as a result will not be able to maintain the level of service required to meet the health needs of the MK population.

Lead Committee	Workforce	**Risk Rating**	**Current**	**Target**	**Risk Type**	Staff	At target level – no tracker
Executive Lead	Director of Workforce	**Consequence**	4	4	**Risk Appetite**	Cautious	
Date of Assessment		**Likelihood**	3	2	**Risk Treatment Strategy**	Tolerate	
Date of Review	27/10/20	**Risk Rating**	8	8			

Cause	**Controls**	**Gaps in Controls**	**Action**	**Sources of Assurance**	**Gaps in Assurance**	**Action**	**Assurance Rating**
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	Active monitoring of workforce key performance indicators Focussed recruitment campaigns and targeted use of media such as journals, jobs boards, etc Use of recruitment and retention premia as necessary Apprenticeships and work experience opportunities	Increased bank capacity	Continued review Monthly bank recruitment target	External review and reporting			

Cause	Controls	Gaps in Controls	Action	Sources of Assurance	Gaps in Assurance	Action	Assurance Rating
trauma and orthopaedics Competition from surrounding hospitals Buoyant locum market National drive to increase nursing establishments leaving market shortfall (demand outstrips supply)	Exploration and use of new roles to help bridge particular gaps Use of the online recruitment tools to reduce time to hire and candidate experience Rolling programme to recruit pre-qualification students Use of enhanced adverts, social media and recruitment days Rollout of a dedicated workforce website Review of benefits offering and assessment against peers Creation of recruitment "advertising" films Recruitment and retention focussed workforce strategy and plan to fill vacancies, develop new roles and deliver improvement to working experience/environment Targeted recruitment to reduce hard to fill vacancies Expanded staff benefits package						

Cause	Controls	Gaps in Controls	Action	Sources of Assurance	Gaps in Assurance	Action	Assurance Rating
	Targeted overseas recruitment activity Regular recruitment campaigns Deep dives at RCP to identify focus areas						

RISK 21: Inability to recruit to vacancies in the long term (19+ months)

Strategic Objective 8: Investing in Our People

Strategic Risk	Inability to recruit to vacancies in the long term (19+ months)	**Strategic Objective**	Investing in Our People	There is a risk that the Trust will not be able to recruit to vacancies in the longer term (19+ months) and as a result will not be able to maintain the level of service required to meet the health needs of the MK population.

Lead Committee	Workforce	**Risk Rating**	**Current**	**Target**	**Risk Type**	Staff	At target level – no tracker
Executive Lead	Director of Workforce	**Consequence**	4	4	**Risk Appetite**	Cautious	
Date of Assessment		**Likelihood**	3	2	**Risk Treatment Strategy**	Tolerate	
Date of Review	27/10/20	**Risk Rating**	12	12			

Cause	**Controls**	**Gaps in Controls**	**Action**	**Sources of Assurance**	**Gaps in Assurance**	**Action**	**Assurance Rating**
National shortages of appropriately qualified staff in some clinical roles, particularly at consultant level EU-exit and Covid long term impact	Monitoring of uptake of placements & training programmes Targeted overseas recruitment activity Apprenticeships and work experience opportunities		Continued review	External review and reporting			

Cause	Controls	Gaps in Controls	Action	Sources of Assurance	Gaps in Assurance	Action	Assurance Rating
may reduce overseas supply Competition from surrounding hospitals Buoyant locum market National drive to increase nursing establishments leaving market shortfall (demand outstrips supply) Large percentage of workforce predicted to retire over the next decade Large growth prediction for MK - outstripping supply Buoyant private sector market creating	Increased training opportunities within MKUH and expanded routes into new roles Expansion and embedding of new roles across all areas Rolling programme to recruit pre-qualification students Use of enhanced adverts, social media and recruitment days Review of benefits offering and assessment against peers Development of MKUH training programmes Workforce Planning Recruitment and retention focussed workforce strategy and plan to fill vacancies, develop new roles and deliver improvement to working experience/environment International recruitment plans EU staff assisted to register for settled status						

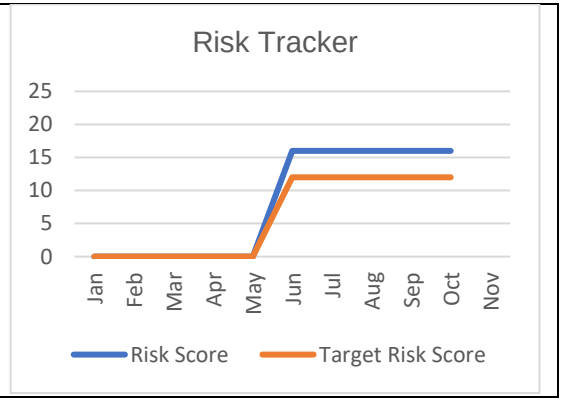
Cause	Controls	Gaps in Controls	Action	Sources of Assurance	Gaps in Assurance	Action	Assurance Rating
competition for entry level roles New roles upskilling existing senior qualified staff creating a likely gap in key roles in future (e.g. band 6 nurses) New longer training models							

RISK 22: Removal of up to 11 trainees from the department of Obstetrics and Gynaecology as a result of concerns about the training environment (workforce and safety risk)

Strategic Objective 8: Investing in Our People

Strategic Risk	Removal of up to 11 trainees from the department of Obstetrics and Gynaecology as a result of concerns about the training environment	**Strategic Objective**	Investing in Our People/ Patient Safety	There is a risk that the trainees in O&G Trust could be removed from the Trust depleting the medical workforce in that area and making it very challenging to deliver the desired service to the population of MK.

Lead Committee	Workforce/ Quality	**Risk Rating**	**Current**	**Target**	**Risk Type**	Staff
Executive Lead	Medical Director	**Consequence**	4	4	**Risk Appetite**	Avoid
Date of Assessment		**Likelihood**	3	2	**Risk Treatment Strategy**	Treat
Date of Review	27/10/20	**Risk Rating**	16	12		



Cause	Controls	Gaps in Controls	Action	Sources of Assurance	Gaps in Assurance	Action	Assurance Rating
Poor training environment: lack of standardisation of process;	Heavy involvement from clinical leaders outwith the department (DD, DME, MD).	Whilst there is progress against the action plan (shared with	Continued review				

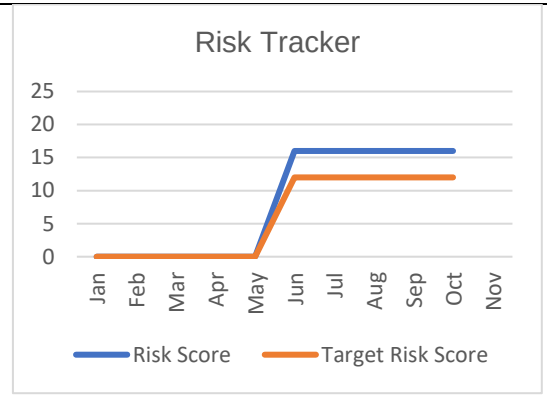
Cause	Controls	Gaps in Controls	Action	Sources of Assurance	Gaps in Assurance	Action	Assurance Rating
variable levels of support; and, persistent concerns around behaviours by consultants perceived as belittling / inappropriate / bullying. Risk raised in November 2019 following HEE TV quality meeting.	Change in clinical leadership model within the service. Formative external review (Berendt consulting). Substantive recruitment to consultant posts within the service. Close liaison with HEE TV Head of School. Completion of relevant HR processes. Developmental work underway with consultant body and other senior clinicians in relation to vision and agreement of an ambitious forward-looking programme of work. Agreement around further investments within the department to improve the working lives of trainees and the quality of the training environment.	HEETV), improvements will take some time to put in place and a further period until trainee feedback reflects those improvements.					

RISK 23: Ability to maintain a safe working environment during the Covid-19 pandemic

Strategic Objective 8: Investing in Our People

Strategic Risk	Ability to maintain a safe working environment during the Covid-19 pandemic	**Strategic Objective**	Investing in Our People	There is a risk that the Trust will not be able to provide a safe working environment during the pandemic leading to insufficient workforce to service the health needs of the MK population.

Lead Committee	Workforce	**Risk Rating**	**Current**	**Target**	**Risk Type**	Staff
Executive Lead	Director of Workforce	**Consequence**	4	4	**Risk Appetite**	Avoid
Date of Assessment		**Likelihood**	3	2	**Risk Treatment Strategy**	Treat
Date of Review	27/10/20	**Risk Rating**	16	12		



Cause	Controls	Gaps in Controls	Action	Sources of Assurance	Gaps in Assurance	Action	Assurance Rating
Ability to maintain a safe working environment during the Covid-19 pandemic due to a lack of	Incident command structure in place Oversight on all critical stock, including PPE	None currently – noted that this risk may escalate very quickly	Continued review				

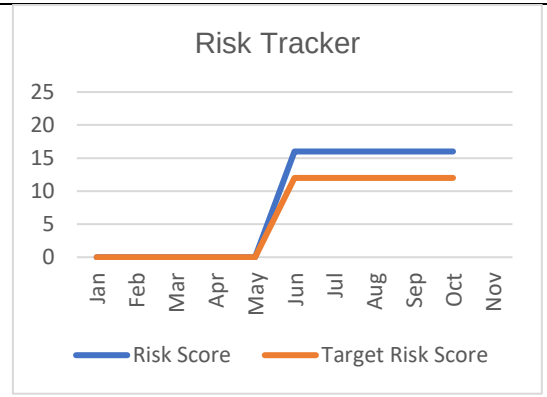
Cause	Controls	Gaps in Controls	Action	Sources of Assurance	Gaps in Assurance	Action	Assurance Rating
equipment, including PPE, or inadequate staffing numbers	Immediate escalation of issues with immediate response through Gold/ Silver National and regional response teams in place Robust workplace and workforce risk assessments Redeployment processes to ensure workforce can be deployed to area of greatest need, taking into account individual staff circumstances Supply of workplace enhancements/supplies to minimise risk of Covid, such as designated “Covid secure” areas, Perspex screen, enhanced cleaning regime, designated one-way pedestrian flow systems/routes and extensive, mandatory PPE usage						

RISK 24: Risk of staff burnout during or due to the Covid-19 pandemic **NEW**

Strategic Objective 8: Investing in Our People

Strategic Risk	Risk of staff burnout during or due to the Covid-19 pandemic	**Strategic Objective**	Investing in Our People	There is a risk that the Trust workforce will become tired and run down during the pandemic leading to insufficient workforce to service the health needs of the MK population.

Lead Committee	Workforce	**Risk Rating**	**Current**	**Target**	**Risk Type**	Staff
Executive Lead	Director of Workforce	**Consequence**	4	4	**Risk Appetite**	Avoid
Date of Assessment		**Likelihood**	3	2	**Risk Treatment Strategy**	Treat
Date of Review	27/10/20	**Risk Rating**	16	12		



Cause	Controls	Gaps in Controls	Action	Sources of Assurance	Gaps in Assurance	Action	Assurance Rating
Staff burnout due to high-stress working environment, conditions of lock-down, recession and other social factors	Significant staff welfare programme in place: Employee Assistance Programme National mental health programmes	Significant uncertainty about next wave of the pandemic and how it will affect staff	Continued monitoring, continued communication and engagement with staff about support systems	Regular virtual all staff events Surveys		Package of measures to support remote workers	

	Locally available counselling Care Support Circles P2P listening service Physical health support and advice Covid absence support telephone lines Staff Hub in use Remote working wellness centre being developed Continued reminders to staff to take leave						

Milton Keynes University Hospital NHS Foundation Trust

Board of Directors
TERMS OF REFERENCE

1. Constitution

1.1 The Board of Directors is mandated under paragraph 23 of the Constitution.

2. Authority

2.1 The powers of the Board of Directors are set out in the Trust Constitution and relevant legislation.

3. Accountability

3.1 The Board of Directors is accountable to the various bodies set out in statute, including NHS Improvement and other third party bodies and is also accountable to the Trust Membership via the Council of Governors.

4. Duties

4.1 The Board of Directors will exercise the powers of the Foundation Trust, as set out in the 2006 NHS Act, Health and Social Care Act 2012 and as stated in the Trust Constitution (paragraph 3.2):

"The powers of the Foundation Trust shall be exercised by the Board of Directors on behalf of the Foundation Trust".

4.2 The Board will set the strategic direction, aims and values of the Trust, taking into consideration the views of the Council of Governors, ensuring that the necessary financial and human resources are in place to enable the Trust to meet its objectives and review management performance.

4.3 The Board will ensure that the Trust is compliant with its Provider Licence, its constitution, mandatory guidance issued by NHS Improvement, relevant statutory requirements and contractual obligations. In particular the Board will:

- review the Annual Plan submission to NHS Improvement
- receive sufficient high level reports to assure itself that the Trust is compliant with its terms of authorisation

4.4 The Board as a whole is responsible for ensuring the quality and safety of healthcare services, education, training and research delivered by the Trust and applying the principles and standards of clinical governance set out by the Department of Health, the Care Quality Commission, and other relevant NHS bodies and as documented within the Trust's Risk Management Strategy. In particular the Board will:

- review the Trust's Registration and compliance monitoring arrangements

4.5 The Board should also ensure that the NHS foundation trust exercises its functions effectively, efficiently and economically.

4.6 The Board will recognise that all directors have joint responsibility for every decision of the Board regardless of their individual skills or status and recognise that all directors have joint liability.

5. Risk Management

The Board Assurance Framework will be scrutinised by the Board at each of its meetings. Risks which are rated 15 or over are escalated from service risk registers, via the Divisions, Risk and Compliance Board, Management Board and to the Trust Board for inclusion in the Significant Risk Register. The Board will assess risks to the delivery of the Trust Objectives and include these on the Board Assurance Framework.

6. Membership

6.1 The Chairman of the Board shall be appointed by the Council of Governors

6.2 The Membership of the Board of Directors shall be as mandated in paragraph 18 of the constitution and shall consist of:

- a Non-Executive Chair
- 6 other Non-Executive Directors
- the Chief Executive
- 5 voting Executive Directors including the positions of Medical Director and Director of Patient Care and Chief Nurse, Deputy Chief Executive, Director of Finance and Director of Workforce

The above comprise the voting membership of the Board of Directors

6.3 Additionally the following will fully participate in Board of Directors meetings but not be entitled to vote:

- any associate Non-Executive Directors
- any other Executive Directors

6.4 The meeting is deemed **quorate** when at least six directors are present including not less than three voting Executive Directors (one of whom must be the Chief Executive or acting Chief Executive) and three voting Non-Executive Directors (one of whom must be the Chair or Deputy Chair).

6.6 The Board may invite non-members to attend its meetings as it considers necessary and appropriate. The Trust Secretary, or whoever covers those duties, shall be Secretary to the Board and shall attend to take minutes of the meeting and provide appropriate advice and support to the Chair and Board members.

7. Responsibilities of Members

7.1 Members of the Board of Directors have a responsibility to attend at least 75% of meetings, having read all papers beforehand

7.2 Identify agenda items for consideration by the Chair at least 14 days before the meeting

7.3 Submit papers to the Trust Secretary by the published deadline (at least 10 days before the meeting). Papers received after this deadline will normally be carried over to the following meeting except by prior approval from the Chair

7.4 Members must bring to the attention of the Board any relevant matters that ought to be considered by the Board within the scope of these terms of reference that have not been able to be formalised on the agenda under Matters Arising, or Any other Business

7.5 Executive members must send apologies to the Trust Secretary and seek the approval of the Chair to send a deputy if unable to attend in person

7.6 Members must maintain confidentiality in relation to matters discussed in the Private session of the Board

7.7 Members must declare any conflicts of interest or potential conflicts of interest at the start of each meeting in accordance with Milton Keynes University NHS Foundation Trust policy (even if such a declaration has previously been made)

8. Frequency of Meetings

8.1 Meetings will normally take place every two months. Meetings may take place more frequently at the Chair's discretion

8.2 The business of each meeting will be transacted within a maximum of two-and-a-half hours.

9. Committee Administration

9.1 Committee administration will be provided by the Trust Board Secretariat

9.2 Papers should be distributed to the Board members no less than five clear days before the meeting

9.3 Draft minutes of meetings should be made available to the Chair for review within 14 days of the meeting

10. Review

10.1 Terms of Reference will normally be reviewed annually, with recommendations for changes submitted to the Trust Board for approval.

Version Control

Draft or Approved Version:	DRAFT
Date:	October 2017
Date of Approval:	
Author:	Trust Secretary
To be Reviewed by:	Trust Board
To be Approved by:	Trust Board
Executive Responsibility:	Director of Corporate Affairs

Milton Keynes University Hospital
NHS Foundation Trust

AUDIT COMMITTEE
TERMS OF REFERENCE

CONSTITUTION

1.1 The Trust Board hereby resolves to establish a Committee of the Trust Board to be known as the Audit Committee (known as 'the Committee'). The Committee is a non-executive chaired committee and as such has no delegated authority other than that specified in the Terms of Reference;

1.2 The Committee has been established by the Trust Board to:

- Ensure the effectiveness of the organisation's governance, risk management and internal control systems
- Ensure the integrity of the Trust's financial statements, the Trust's Annual Report and in particular the Annual Governance Statement
- Monitor the work of internal and external audit and ensure that any actions arising from their work are completed satisfactorily.

2. Delegated Authority

2.1 The Committee has the following delegated authority:

2.1.1 The authority to require any officer to attend and provide information and/or explanation as required by the Committee;

2.1.2 The authority to take decisions on matters relevant to the Committee;

2.2 The Committee does not have the authority to commit resources. The Chair may recommend to the Board that resources be allocated to enable assurance in relation to particular risks or issues.

3. Accountability

3.1 The Committee is accountable to the Trust Board. Any changes to the Terms of Reference must be approved by the Trust Board, and notified to the Council of Governors;

3.2 The Chair of the Committee is accountable to the Board and to the Council of Governors.

4. Reporting Lines

4.1 Following each meeting, the Committee will provide a written report to the next available meeting of the Trust Board, drawing the Board's attention to any issues requiring disclosure or Board approval;

4.2 The Committee will report back to the Council of Governors through a regular written report;

4.3 The Committee will receive regular reports from the other assurance Committees and formal reports from directors to cover the breadth of its delegated responsibilities.

4.4 The Committee will report to the Board at least annually on its work in support of the annual governance statement, specifically commenting on:

- The fitness for purpose of the assurance framework
- The completeness and embeddedness of risk management in the organisation
- The integration of governance arrangements
- The appropriateness of the evidence that shows the organisation is fulfilling regulatory requirements relating to its existence as a Trust.
- The robustness of the processes behind the quality accounts.

4.5 The annual report should also describe how the Committee has fulfilled its terms of reference and give details of any significant issues that the Committee considered in relation to the financial statements and how they were addressed.

5. PURPOSE:

5.1 The Audit Committee will provide assurance to the Board on:

- the effectiveness of the organisation's governance, risk management and internal control systems
- the integrity of the Trust's financial statements, the Trust's Annual Report and in particular the Annual Governance Statement
- the work of internal and external audit and any actions arising from their work

5.2 The Audit Committee will have oversight of the internal and external audit functions and make recommendations to the Board and to the Nominations Committee of the Council of Governors on the reappointment of the external auditors.

5.3 The Audit Committee will review the findings of other assurance functions such as external regulators and scrutiny bodies and other committees of the Board.

6. DUTIES OF THE AUDIT COMMITTEE

To promote the trust's mission, values, strategy and strategic objectives.;

6.1 Integrated Governance, Risk Management and Internal Control

6.1.1 The Audit Committee shall review the establishment and maintenance of an effective system of governance, risk management and internal control across the whole of the organisation's activities (both clinical and non-clinical) that supports the achievement of the organisation's objectives.

6.1.2. In particular, the Committee will review the adequacy of:

- the Board Assurance Framework;
- the Annual Governance Statement, together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to discussion by the Board where possible;
- the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the disclosure statements in the above;
- the policies for ensuring compliance with NHS Improvement and other regulatory, legal and code of conduct requirements;

- the policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by the NHS Counter Fraud Authority;
- the Trust's insurance arrangements.

6.1.3 In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these. It will also seek reports and assurances from officers as appropriate, concentrating on the overarching systems of governance, risk management and internal control, together with indicators of their effectiveness. This will be evidenced through the Committee's use of an effective Board Assurance Framework to guide its work and that of the audit and assurance functions that report to it.

As part of its integrated approach, the Committee will have effective relationships with other key Committees so that it understands processes and linkages. However, these other Committees must not usurp the Audit Committee's role.

6.2 Internal Audit

The Committee shall ensure that there is an effective internal audit function established by management, which meets the requirements of the Public Sector Internal Audit Standard 2017 and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board. This will be achieved by:

- consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal.
- reviewing and approving the Internal Audit programme and operational plan, ensuring that this is consistent with the audit needs of the organisation
- reviewing the major findings of internal audit work, management's response, and ensuring co-ordination between the Internal and External Auditors to optimise audit resources
- ensuring that the internal audit function is adequately resourced and has appropriate standing within the organisation
- reviewing the responses by management to the internal audit recommendations
- annually reviewing the effectiveness of internal audit

6.3. External Audit

The Committee shall review the work and findings of the External Auditor appointed by the Council of Governors and consider the implications and management's responses to their work. This will be achieved by:

- considering the appointment and performance of the External Auditor
- discussing and agreeing with the External Auditor, before the audit commences, on the nature and scope of the audit as set out in the annual plan.
- discussing with the External Auditors their local evaluation of audit risks and assessment of the Trust and the impact on the audit fee.
- reviewing all External Audit reports, including discussion of the annual audit letter and any work carried outside the annual audit plan, together with the appropriateness of management responses
- Ensure that there is in place a clear policy for the engagement of external auditors to supply non audit services.

6.4 Whistleblowing

The Committee shall review the effectiveness of the arrangements in place for allowing staff to raise (in confidence) concerns about possible improprieties in financial, clinical and safety matters and ensure that any such concerns are investigated proportionately and independently. In this regard, the Committee will receive a quarterly update from the Trust's Freedom to Speak Up Guardians.

6. 5 Other Assurance Functions

The Audit Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications on the governance of the organisation.

These will include, but will not be limited to, any reviews by NHS Improvement , Department of Health, Arms' Length Bodies or others (e.g. Care Quality Commission, NHS Litigation Authority, etc.), professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc.)

In addition, the Committee will receive the minutes and review the work of other committees within the organisation, whose work could be of assistance to the Committee in gaining assurance around risk management and internal control across the organisation.

The committee will periodically review its own effectiveness and report the results of that review to the Board.

6.6 Counter Fraud

The Committee shall satisfy itself that the organisation has adequate arrangements in place for counter fraud and security that meet ~~NHS protect~~NHS Counter Fraud Authority standards and shall review the outcomes of the work in these areas.

7. Membership

7.1 The Membership of the Audit Committee shall be as follows:

- A Non-Executive Director who is not the Chairman or Chair of another Board Committee will be appointed by the Chair of the Trust to chair the Audit Committee.
- Two other Non-Executive Directors, neither of whom should be the Chair of the Finance and Investment Committee, or the Chair of the Trust.

7.2 Other Non-Executive Directors of the Trust, but not including the Chair, may substitute for members of the Audit Committee in their absence, in order to achieve a quorum.

7.3 The meeting is deemed quorate when at least two members are present. The attendance of other Non-Executive Directors of the Trust who are substituting for members, will count towards achieving a quorum.

7.4 At least one member of the Audit Committee must have recent relevant financial experience. Other members of the Committee must receive suitable training and induction on taking on their role.

8. Attendance

8.1 The following should attend Audit Committee meetings (Attendees)

- The Director of Finance
- Deputy Chief Executive
- Deputy of the Finance Director

- Director of Operations~~Chief Operations Officer~~~~Director of Clinical Services~~
- Director of Corporate Affairs
- The Internal auditor
- The External auditor
- A Counter Fraud Specialist
- The Trust Secretary

8.2 The Chair and Chief Executive should be invited to attend to discuss with the Committee the process for assurance that supports the Annual Governance Statement.

8.3 The Committee may ask any other officials of the organisation to attend to assist it with its discussions on any particular matter.

8.4 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

9. Responsibilities of Members, Contributors and Attendees

9.1 Members of the Committee must attend at least 75% of meetings, having read all papers beforehand (Attendees (or their substitutes as agreed with the Chair in advance of the meeting) should attend all meetings);

9.2 Officers presenting reports for consideration by the Committee should submit such papers to the Trust Secretary by the published deadline (at least 7 days before the meeting). Papers received after this deadline will normally be carried over to the following meeting except by prior approval from the Chair;

9.3 Members and Attendees must bring to the attention of the Committee any relevant matters that ought to be considered by the Committee within the scope of these Terms of Reference that have not been able to be formalised on the agenda under Matters Arising or Any Other Business. All efforts should be made to notify the Trust Secretary of such matters in advance of the meeting;

9.4 Members and Attendees must send apologies to the Trust Board Secretary and also seek the approval of the Chair to send a deputy if unable to attend in person at least 3 days before the meeting;

9.5 Members and Attendees must maintain confidentiality in relation to matters discussed by the Committee;

9.6 Members and Attendees must declare any conflicts of interest or potential conflicts of interest at the start of each meeting in accordance with Milton Keynes University NHS Foundation Trust policy (even if such a declaration has previously been made);

10 Information Requirements

10.1 For each meeting the Audit and Risk Assurance Committee will be provided (ahead of the meeting) with:

• a report summarising any significant changes to the organisation's strategic risks and a copy of the strategic/corporate Risk Register;

• a progress report from the Head of Internal Audit summarising: work performed (and a comparison with work planned);

• key issues emerging from the work of internal audit;

• management response to audit recommendations;

• any changes to the agreed internal audit plan; and

• any resourcing issues affecting the delivery of the objectives of internal audit;

• a progress report (written/verbal) from the External Audit representative summarising work done and emerging findings (this may include, where relevant to the organisation, aspects of the wider work carried out by the National Audit Office~~AO~~, for example, Value for Money reports and good practice findings);

• management assurance reports; and

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• reports on the management of major incidents, "near misses" and lessons learned.

10.2 As appropriate the Committee will also be provided with:

• proposals for the terms of reference of internal audit / the internal audit charter;

• the internal audit strategy;

• the Head of Internal Audit's Annual Opinion and Report;

• quality assurance reports on the internal audit function;

• the draft accounts of the organisation;

• the draft Governance Statement;

• a report on any changes to accounting policies;

• external Audit's management letter;

• a report on any proposals to tender for audit functions;

- a report on the Trust's approach to cyber-security, including updates on how cyber threats have been dealt with

• a report on co-operation between internal and external audit; and

• the organisation's Risk Management strategy.

11 Frequency

11.1 The Committee will meet at least five times a year, in May, June, September, December and March. The May meeting shall specifically focus on reviewing the Trust's Annual Report and Accounts and will be timed to fit in with the statutory timetable set down by Monitor. The Chair of the Audit Committee may convene additional meetings, as necessary.

11.2 The Board or the Accounting Officer may ask the Committee to convene further meetings to consider particular issues on which the Committee's advice is required.

12 Management

The Committee shall request and review reports and seek positive assurances from directors and managers on the arrangements for governance, risk management and internal control

The Committee may also request specific reports from individual functions within the organisation (e.g. clinical audit) as relevant to the arrangements.

13 Financial Reporting

The Committee shall monitor the integrity of the financial statements of the organisation and any formal announcements relating to its financial performance.

The Committee should ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to the completeness and accuracy of the information provided.

The Audit Committee shall review the Annual Report and Financial Statements, focusing particularly on:

- the wording in the Annual Governance Statement and other disclosures relevant to the Terms of Reference of the Committee
- changes in, and compliance with, accounting policies and practices
- unadjusted mis-statements in the financial statements
- decisions on the interpretation of policy
- significant judgements in preparation of the financial statements
- significant adjustments resulting from internal and external audits.
- Letters of representation
- Explanations for significant variances.

The Committee should also ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.

14 Committee Administration

14.1 The Trust Secretary shall provide secretarial support to the Committee;
14.2 Papers should be distributed to Committee members no less than five clear days before the meeting;
14.3 Draft minutes of meetings should be made available to the Chair for review within 14 days of the meeting and distributed to all members and attendees within 1 month;

15. Review

Terms of Reference will normally be reviewed annually, with recommendations for changes submitted to the Trust Board for approval.

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Version	Date	Author	Comments	Status
0.1	December 2008	James Bufford	Approved for Board by Audit Committee December 2008	Draft
1.0	January 2009	James Bufford	Approved by Board	Approved

1.1	Dec 09	Maria Wogan	Reviewed by Audit Committee – proposed amendments to the Board March 2010	For approval
1.2	March 10	Maria Wogan	Annual Review by the Board	Approved
2.0	Sept 2011	Geoff Stokes	Annual review by the Board	Approved
2.1	Jan 2012	Geoff Stokes	Add clinician to attendees list	
2.2	June 2012	Michelle Evans-Riches	Change to membership as Clinician cannot be a member	Approved
3.0	March 2013	Michelle Evans-Riches	Review by Audit Committee and Trust board	Approved
4.0	Sep 2013	Michelle Evans-Riches	Annual Review	Approved
5.0	Sep 2014	Michelle Evans-Riches	Annual Review	Approved
6.0	Nov 2017	Adewale Kadiri	Annual Review	Approved
7.0	Oct 2018	Adewale Kadiri	Annual Review	Approved

Milton Keynes University Hospital
NHS Foundation Trust

CHARITABLE FUNDS COMMITTEE
TERMS OF REFERENCE

1. Constitution

1.1 The Trust Board hereby resolves to establish a Committee of the Trust Board to be known as the Charitable Funds Committee (known as 'the Committee'). The Committee is a non-executive chaired committee and as such has no delegated authority other than that specified.

1.2 The Committee is established under Standing Order 5 of Annex 7 of the Trust's Constitution.

2. Delegated Authority

2.1 The Committee has the following delegated authority:

2.1.1 The authority to require any officer to attend a meeting and provide information and/ or explanation as required by the Committee

2.1.2 The authority to take decisions on matters relevant to the Committee

2.1.3 The authority to establish sub-committees and the terms of reference of those sub-committees

2.2 The Committee has the authority to commit charitable fund resources. The Committee supports the fundraising activities of the Hospital Charity on behalf of the NHS Trust. The Hospital Charity is a charitable trust and the corporate trustee is the NHS Foundation Trust. All Board members act as trustees of the Charity

ACCOUNTABILITY

The Charitable Funds Committee is a committee of the Board. A minute of each meeting will be taken and approved by the subsequent meeting. Once the draft minutes have been approved by the Chair of the Committee, these unapproved minutes will be submitted to the next meeting of the Trust Board**.**

The Chair of the Committee shall make a written report to the Trust board immediately following each Charitable Funds Committee meeting, drawing Members' attention to any issues that require disclosure to the Committee and may require Board approval.

The Committee will also make an annual report to the Board.

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4. DUTIES OF THE CHARITABLE FUNDS COMMITTEE

The Charitable Funds Committee is charged by the Board to:

i) support, guide and encourage the fundraising activities of the Trust;
ii) monitor charitable and fundraising income;
iii) oversee the administration, investment and financial systems relating to all charitable funds held by the ~~Trust~~ hospital charity;
iv) develop policies for fundraising and for the use of funds;
v) ensure compliance with all relevant Charity Commission regulations, and other relevant items of guidance and best practice;
vi) review the work of other committees within the organisation, whose work can provide relevant assurance to the Charitable Funds Committee's own scope of work;
vii) consider any funding request above the Directorate Fund level, or outside the scope of these funds, which is made to the Charitable Funds Committee. These must have been through the relevant standard Trust approvals processes for either Capital or Revenue (See Appendix One).
viii) consider and approve any urgent requests in advance of any formal meeting, on an exceptional basis through the approval of the named executive director and the committee chair.
ix) oversee and advise on the running of major fundraising campaigns.

5. MEMBERSHIP, ATTENDANCE AND QUORUM

Membership

The Membership of the Charitable Funds Committee shall be as follows:

- A Non-Executive Director will be appointed by the Chair of the Board of Directors to chair the Charitable Funds Committee
- A Non-Executive Director who may be an associate Non-Executive Director or the Chair of the Trust.
- ~~A Named Executive Director (other than Chief Executive)~~Director of Corporate Affairs. Other executives may attend if desired
- A named Governor from the Council of Governors.

The Chief Executive will be an ex-officio member of the Committee but his attendance will not count for quorum.

Other Non-Executive Directors of the Trust, including associate Non-Executive Directors may substitute for members of the Charitable Funds Committee in their absence. Such directors will count towards the achievement of a quorum.

An external individual may be appointed as a member of the Committee with the consent of the Board.

The Secretary of the Committee will be the Trust Secretary.

The meeting is deemed **quorate** when at least one Non-Executive Director, one Executive Director and one other member is present. Deputies cannot be considered as contributing to the quorum.

6 Responsibilities of Members and Attendees

6.1 Members or attendees of the Committee have a responsibility to:

6.1.1 Attend at least 75% of meetings
6.1.2 Identify agenda items for consideration by the Chair at least 14 days before the meeting
6.1.3 Submit papers, as required, by the published deadline (7 days before the meeting) on the approved template
6.1.4 If unable to attend, send apologies to the Trust Board Secretary and where appropriate seek the approval of the Chair to send a deputy
6.1.5 Maintain confidentiality, when confidential matters are discussed within the Committee
6.1.6 Declare any conflicts of interest or potential conflicts of interest at the start of each meeting in accordance with Milton Keynes University Hospital NHS Foundation Trust policy, even if such a declaration has already been made.

7. MEETINGS AND CONDUCT OF BUSINESS

Frequency

7.1 The Committee will meet four times a year on a quarterly basis and at least 14 days prior to the Trust Board to allow a Committee report to be submitted.

Calling meetings

Meetings of the Charitable Funds Committee are subject to the same procedures as specified in Standing Order 3 of Annex 8 of the Constitution for the Board of Directors. A meeting may be called by the Secretary of the Committee or the Chair of the Committee or the two other Non Executive Director Members of the Committee.

Agenda

The Committee will at least annually:

- review these terms of reference
- consider the key performance indicators that it wishes to consider at each meeting.

The following standing items will appear on each agenda:

- Attendance and apologies for absence
- Declarations of interest of Members of the Committee and other Directors present
- Minutes of the previous meeting and matters arising
- Key Performance Indicators and Schedules
- Fund and account balances

The Agenda for meetings will be circulated to all Board members who have requested to receive particular papers. Full papers will be sent to members of the Committee at least 5 clear days before the meeting.

Version control

Version	Date	Author	Comments	Status
0.1	December 2008	Wayne Preston	Considered by Charitable Funds Committee and approved for Board	Draft
1.0	January 2009	James Bufford	Approved by Board	Approved
1.1	March 2010	Maria Wogan	Minor amendments recommended to Board 24.03.10	For approval
1.2	March 10	Maria Wogan	Annual Review by the Board	Approved
1.3	April 2012	Michelle Evans-Riches	Review of Committee Structure By Finance and Investment Committee	For approval
1.4	September 2012	Michelle Evans-Riches	Implement changes from Charitable Funds Sub-Committee 27 September 2012	For approval
2	August 2013	Michelle Evans-Riches	Annual Review and changes to Committee Structure	For approval
2.1	November 2013	Jonathan Dunk	Updated to reflect new charitable funds approval guidance	For approval
3	June 2014	Michelle Evans-Riches	Review following changes to Terms of Reference template	For approval
4	October 2017	Ade Kadiri	Annual Review	For approval
5	February 2019	Ade Kadiri	Annual review and changes to the procedure for bid applications	For approval
6	October 2019	Ade Kadiri	Annual review (continued) including replacement of the charitable order form	For approval

Appendix One

PROCEDURE FOR BID APPLICATIONS FROM DIVISIONAL GENERAL FUNDS

The Charity's objects state that funds raised may be used for any "charitable purposes relating to the NHS. Wards and departments are therefore able to apply to their Divisional General Fund to "fund new equipment, improve the hospital environment, or for any other purpose ~~provide~~ that will improve the experiences of patients and families at Milton Keynes University Hospital". It would be for those applying for the funding to demonstrate the following:

1. That the funding is for a specified purpose, clearly described in the application,
2. That the purpose of the funding falls within the Charity's stated objects,

3. That the effect of the proposed funding is to improve the experiences of present and future patients~~-~~ of Milton Keynes University Hospital and their families and carers, and~~-~~ 4. The Charity's funds will not be used to replace or subsidise core National Health Service provision

In order for bids to be considered the following process must be followed.

1) A bid application which includes the charitable fund order form (Appendix 1) should be requested from the Charitable Fund Administrator, this application form must be completed by Divisional Fund Holders, (nominated signatories for the division).

2) Once the application is completed it should be sent to the ~~Divisional General Manager~~ relevant Associate Director of Operations who will be responsible for checking the following:

CAPITAL IMPLICATION

- If the bid is for a single piece of equipment or works over £5k, ~~t~~. ~~T~~he bid application will need to be presented to the relevant Capital Group.

Please note:
For all potential capital items you should provide:
Details of the quotation received including any VAT implication

REVENUE IMPLICATION

If it is likely that there will be ongoing revenue costs, the bid application will need to be presented to the relevant forum for approval.

3) Bid Applications up to £1,000 – can be approved by senior Trust fund holder with proviso that no one fund, can spend more than £10k on a range of schemes in a financial year, without Charitable Funds Committee approval

4) Bid Applications over £1,000 and up to £14,999 must be agreed by senior Trust fund holder and Director of Finance, with explicit immediate notification to the Ceharitable Ffunds Ceommittee

5) Bid Applications £15,000 upwards – must go through a formal Ceharitable Ffunds Ceommittee approval process at their quarterly meeting, with capital and/or revenue consequences for the Trust made clear.

6) All agreed bid applications should be forwarded to the Charitable Fund Administrator for processing.

7) Rejected bid applications will be returned to the relevant department/ ward

CHECKLIST

It is important that you send the following information with your bid application form. Failure to include relevant documentation/information will delay your application. Please use the tick boxes to confirm included documents.

☐ **Fully completed Bid Application form signed by the relevant Fund Holders**

☐ **A completed, signed Charitable Fund order form**

☐ **Quotes approved by the relevant internal departments (including Capital Group for equipment, building work and Trust Executive GroupManagement Board for revenue impact)**

☐ **All backing documents relevant to the bid application (quotes etc)**

APPLICATION FOR BID FROM DIVISIONAL GENERAL FUND

Please state the name of the Divisional Charitable Fund you wish the money to come from.

CHARITABLE FUND DIVISION _____

1. DETAILS OF BID APPLICANT (This is the person to whom all correspondence will be addressed) Name
Job title
Department

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Tel:
Email:

2. TOTAL BID REQUESTED

3. WHAT IS THE BID FOR? (please provide a brief description of your funding request and the reasons for it, together with details of the expected benefits)

4. WHAT IS THE BENEFIT TO PATIENTS? (It is a requirement of charitable funding that any application has a direct or indirect benefit to patients.)

5. WHY IS CHARITABLE FUNDING THE BEST WAY TO FUND THIS REQUEST?

6. WHAT HAVE YOU DONE / WHAT CAN YOU DO IN ORDER TO HELP FUNDRAISE FOR THE CHARITY IN SUPPORT OF THIS REQUEST? (Some charitable requests can be granted straight away, some require additional fundraising. Your support will help us increase the number of Bids we can approve)

Applicant:
I declare that, to the best of my knowledge, the information provided in this application is true, accurate and complete.

Name:

Signed: Date:

ASSOCIATE DIRECTOR OF OPERATIONS~~DIVISIONAL GENERAL MANAGER~~: ☐ Approved ☐ Rejected

I confirm that I have checked the financial details of this application.

Name: .....

Signed: ..... Date: .....

Milton Keynes University Hospital NHS Foundation Trust

Finance and Investment Committee
TERMS OF REFERENCE

CONSTITUTION

The Board of Directors hereby resolves to establish a sub - committee of the Board to be known as the Finance and Investment Committee. The Finance and Investment Committee is a committee of the Board and has no executive powers other than those specifically delegated in these terms of reference.

The Finance and Investment Committee is constituted under paragraph 41 of the Constitution and under Standing Order 5 of the Annex 7 of the constitution.

ACCOUNTABILITY

The Finance and Investment Committee is a committee of the Board of Directors of the Trust and accountable to them.

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

The Chair of the Committee shall make a written report to the public meeting of the Board of Directors immediately following each Committee meeting, drawing Board's attention to any issues that require disclosure to the full Board or Board approval.

The Committee will also make an annual report to the Board.

The Committee will make a written report to the Council of Governors.

PURPOSE:

The Finance and Investment Committee will provide assurance to the Board on:

- the effectiveness of the organisation's financial management systems
- the integrity of the Trust's financial reporting mechanisms
- the effectiveness and robustness of financial planning
- the effectiveness and robustness of capital investment management
- the robustness of the Trust's cash investment strategy
- business case assessment and scrutiny (including ensuring that quality and safety considerations have been taken into account)
- the management of financial and business risk
- the capability and capacity of the finance function
- the administration, investments and financial systems relating to all charitable funds held by the Trust

- the effectiveness of the Trust's health informatics and information technology strategies and their implementation
- decisions for future investment in information technology
- the effective implementation and management of the Trust's estates strategy, ensuring that this is in line with the Trust's overall strategy.

The Finance and Investment Committee will review the findings of other assurance functions where there are financial and business implications.

MEMBERSHIP, ATTENDANCE AND QUORUM

Membership

The Membership of the Finance and Investment Committee shall be as follows:

- A Non-Executive Director who is not the Chairman, or Chair of another Board committee will be appointed by the Chair of the Trust to chair the Finance and Investment Committee
- One other Non-Executive Director, who should not be the Chair of the Audit or Quality and Clinical Risk Committees
- The Chief Executive or the Deputy Chief Executive
- The Director of Finance or appointed Deputy
- The Chair of the Trust ex-officio
- Medical Director/ Associate Medical Director/Director of Patient Care and Chief Nurse
- The Director of Clinical Services.

Other Non-Executive Directors of the Trust may substitute for members of the Finance and Investment Committee in their absence and will count towards achieving a quorum.

Attendance

Members of the Finance and Investment Committee are expected to attend all meetings of the Committee.

The following should attend Finance and Investment Committee meetings:

- The Deputy Director of Finance
- Trust Secretary or nominated representative

The Chief Executive and Director of Finance will have formally nominated Deputies.

One publicly elected member of the Council of Governors will be invited to attend one meeting a year as observer in line with the Council's role of holding the non-executive directors to account.

Quorum

A quorum of the Committee shall be three members at least two of whom shall be a Non-Executive Director. Other Non-Executive Directors of the Trust, including associate Non-Executive Directors who are substituting for members can be counted in the quorum.

MEETINGS AND CONDUCT OF BUSINESS

Frequency

The Committee will meet regularly as agreed by the Chair of the Committee and the Board.

Calling of additional meetings

An additional meeting may be called by the Chair of the Committee or any two of the other Members of the Committee.

In exceptional circumstances where an urgent capital investment decision is required which cannot wait until the next meeting of the relevant authorising group e.g. essential medical equipment which has failed, the approval of the Chairman and one other member of the Group may be sought. Where approval is sanctioned, the decision must be recorded and formally reported at the next meeting of the relevant authorising group where the decision would have been made

Committee Administration

The Committee will at least annually review these terms of reference.

Committee administration will be provided by the Trust Secretariat. The Agenda for meetings will be circulated to all Board members who have requested to receive particular papers. In line with Standing Order 3.4, full papers will be sent to members of the Board so that they are available to them at their normal electronic ~~or physical~~ address 5 clear days before the meeting. Draft minutes of meetings should be available to the Chair for review within fourteen days of the meeting.

Responsibilities of Members

Members of the Committee are expected to attend at least 75% of meetings. In the event that they identify any items for consideration by the Committee, these should be brought to the attention of the Chair at least 14 days before the meeting. Members must declare any conflicts of interest or potential conflicts of interest at the start of each meeting in accordance with the Trust's Conflicts of Interests Policy (even if such a declaration has previously been made).

DUTIES OF THE FINANCE AND INVESTMENT COMMITTEE

Financial Management

- To ensure a comprehensive budgetary control framework that accords with guidance and legislation.

- To review financial plans and strategies and ensure they are consistent with the overall Trust Strategic Planning process.
- To approve budget setting timeframes and processes, and recommend budgets to the Board of Directors.
- To monitor business performance against planned levels and hold to account for corrective action planning, including finance, activity, workforce, and capacity.
- To scrutinise and assess business cases.

Financial Reporting

- To review the content and format of financial information as reported to ensure clarity, appropriateness, timeliness, accuracy and sufficient detail.

Performance Management

- To review the potential or actual financial impact of operational performance against a defined set of indicators, such indicators to be subject to on-going review.

Business and Financial Risk

- To consider business risk management processes in the Trust.
- To review arrangements for risk pooling and insurance.
- To consider the implications of any pending litigation against the trust.

Value for Money and Efficiency

- To ensure at all times the Trust receives value for money and operates as efficiently as possible.

Capital Investment

- To ensure robust capital investment plans are in place, kept updated, and progress monitored. (reporting arrangements as per Appendix 1)

Cash

- To act as the Investment Committee in line with approved Investment Policy.
- Ensure cash investments are monitored and give best returns.
- Ensure cash balances are robust, and continue to be so, on a 12 month rolling basis.

Technology

- To ensure that the Health Informatics strategy is implemented effectively and to review decisions for future investment in technology
- To oversee the implementation of the Trust's information technology strategy, and ensure that this is developed in line with best practice within the sector and in accordance with the Trust's overall strategy.

Estates

- To oversee the implementation and development of the Trust's estate strategy in line with the Trust's overall strategy.

RELATIONSHIP WITH AUDITORS AND AUDIT COMMITTEE

The auditors interact with the Trust through the Audit Committee, neither internal nor external audit are therefore included as members of the Finance and Investment Committee. However, both parties can if required request an invitation to attend.

The Audit Committee is distinct and separate from the Finance and Investment Committee, and as such areas of overlap should be minimised. The Finance and Investment Committee should specifically exclude itself from:

Audit

- Review of audit plans and strategies.
- Review of reports from auditors.
- Review of the effectiveness of the internal control framework and controls assurance plans.
- Any recommendations or plans on auditor appointments.

Annual Accounts

- Consideration of the content of any report involving the Trust issued by the Public Accounts Committee or the Controller and Auditor General and the review of managements proposed response.

SFI's and SO's

- Examinations of circumstances when waivers occur.
- Review of schedules of losses and compensations.
- Monitoring of the implementation on standards of business conduct for members and staff.

Fraud

- The review of the adequacy of the policies and procedures for al***l*** work related to fraud and corruption as set out in the Secretary of State Directions and as required by the Directorate of Counter Fraud Services.

Version control

Version	Date	Author	Comments	Status
0.1	5 January 2009	Wayne Preston	Approved for Board	Draft
1.0	January 2009	James Bufford	Approved by Board	Approved
1.1	11 Sept 2009	James Bufford	Added requirement for annual review of these terms of reference	Draft for Finance Cttee

1.2	March 2010	Maria Wogan	Additional amendments from Finance Director re: meeting frequency	Draft for approval by Board
1.3	March 10	Maria Wogan	Annual Review by the Board	Approved
2.0	Nov 2011	Geoff Stokes	Annual review by the Board	Approved
2.1	Aug 2012	Michelle Evans-Riches	Financial Reporting triggers included as appendix	Approved
3.0	Mar 2013	Michelle Evans-Riches	Review by Committee and Trust Board	Approved
4.0	Sep 2013	Michelle Evans-Riches	Annual Review	Draft for approval by Board
5.0	Oct 2013	Michelle Evans-Riches	Annual review by the Board	
6.0	March 2015			
7.0	October 2017	Ade Kadiri	Annual Review	Draft for approval by Board
8.0	October 2018	Ade Kadiri	Annual Review	Draft for approval by the Board

Appendix 1

Approval Matrix - Business Case			
Value		**In Annual Plan**	**Not in Annual Plan**
Greater than £1.0m	Document	Full business case	
	Approval	Trust Board	
	Review final stage - Recommendation to invest	Finance Committee	
	Review stage 2	~~Management Board~~ Trust Executive Group	
	Review stage 1	Capital Investment Programme Board	
£500k and less than £1.0m	Document	Full business case	
	Approval	Finance Committee	Trust Board
	Review final stage - Recommendation to invest	~~Management Board~~Trust Executive Group	
	Review stage 1	Capital Investment Programme Board	
£250k and less than £500k	Document	Full business case	
	Approval	~~Management Board~~Trust Executive Group	Finance Committee
	Review stage 2	Capital Investment Programme Board	
	Review stage 1	Capital Control Group	
£100k and less than £250k	Document	Dependent on type of expenditure – Discretion of Capital Programme Manager	
	Approval	Capital Investment Programme Board	Capital Investment Programme Board
	Review stage final with recommendation to invest	Capital Control Group	
Less than £100k	Document	Investment Justification Document	
	Approval	Capital Control Group	Capital Investment Programme Board

~~In exceptional circumstances where an urgent capital investment decision is required which cannot wait until the next meeting of the relevant authorising group e.g. essential medical equipment which has failed, the approval of the Chairman and one other member of the Group may be sought. Where approval is sanctioned, the decision will must be recorded and formally reported at the next meeting of the relevant authorising group where the decision would have been made~~

Area	Metric	Measure	Plan
Achievement of plan	EBITDA achieved	85.0% (FRR 4) of plan.	85.0%
	Capital spend against plan	+/- 25% of plan for the year to date. Actual % determined by annual plan target.	0.0%
	Prudential Borrowing Limit not exceeded	£29.2m external borrowing limit for FY12 (FY13 not yet set by Monitor), includes leases.	£29.2m
	Workforce	YTD WTE against planned trajectories.	2607
Underlying performance	EBITDA margin	FY13 5.0% (FRR 3) or greater. Actual % determined by annual plan target.	3.0%
	Patient income variance to plan	YTD performance against plan.	£0.0m
	Delivery against Tx Programme target	YTD performance against planned trajectories.	100%
Financial efficiency	Return on assets after financing	FY13 -0.5% (FRR 3) or greater.	-0.9%
	I&E surplus margin	FY13 -2.0% (FRR 2) or greater. Actual % determined by annual plan target.	-10.1%
	National reference cost index		100.0
Working capital	Liquidity ratio	15 days (FRR 3) cover or greater - Cash plus trade debtors plus unused WCF less trade creditors expressed as the number of days operating expenses that could be covered.	> 15 days
	Cash variance to plan		0.0
	Debtors	90 days past due account for more than 5% of total debtor balances	< 5.0%
	Creditors	90 days past due account for more than 5% of total creditor balances	< 5.0%
Financial sustainability	Minimum dividend cover	Greater than 1, YTD or forecast next 12 months.	> 1.0
	Minimum interest cover	Greater than 3, YTD or forecast next 12 months.	> 3.0
	Minimum debt service cover	Greater than 2, YTD or forecast next 12 months.	> 2.0
	Maximum debt service to revenue	Less than 2.5%, YTD or forecast next 12 months.	< 2.5%

Milton Keynes University Hospital NHS Foundation Trust

Quality and Clinical Risk Committee
TERMS OF REFERENCE

CONSTITUTION:

The Quality and Clinical Risk Committee (QCRC) is a sub-committee of the Board of Directors and has no powers other than those specifically delegated in these terms of reference.

The QCRC is constituted under Paragraph 5.8 of Annex 7 to the constitution. The Terms of Reference will be reviewed annually.

Authority

The QCRC is authorised by the Board to investigate any activity within its terms of reference. It is authorised to request the attendance of individuals from inside or external to the Trust with relevant experience and expertise if it considers this necessary. All employees are directed to co-operate with any request made by the Committee.

PURPOSE:

The QCRC is charged by the Board with the responsibility for providing assurance to the Board that the Trust is providing safe, effective and high quality services to patients, supported and informed by effective arrangements for monitoring and continually improving the safety and quality of care, and the patient experience. It will receive information from the CSUs and Divisions via the ~~Management Board~~ Trust Executive Group and will, where necessary, escalate issues to the Board.

MEMBERSHIP, ATTENDANCE AND QUORUM:

Membership

The Membership of the QCRC shall be as follows:

- A Non-Executive Director who is not the Chairman, Deputy Chairman or Chair of another Board committee will be appointed by the Chair of the Trust to chair the QCRC
- At least o~~O~~ne other Non-Executive Director
- The Chair of the Trust ex-officio
- The Chief Executive ex-officio
- The Director of Patient Care (or deputy)
- The Medical Director (or deputy)

- The ~~Director of Clinical Services~~Chief Operations Officer (or deputy)
- The Director of Corporate Affairs
- Ex-officio members of the Committee count for quorum but are not required to attend every meeting ~~Attendance~~
- Trust Secretary or their representative
- Head of Clinical Governance and Risk
- Senior members of Divisional Management will be invited to attend meetings as required.

One publicly elected member of the Council of Governors will be invited to attend one meeting a year as observer in line with the Council's role of holding the non-executive directors to account.

Quorum

A quorum of the Committee shall be two NEDs and one Executive Director. Other Directors of the Trust, including Directors who are substituting for members can be counted in the quorum.

ACCOUNTABILITY:

The QCRC is a committee of and accountable to the Board of Directors.

A minute of each meeting will be taken and approved by the subsequent meeting. Once the draft minutes have been approved by the Chair of the Committee, these approved minutes will be submitted to the next private meeting of the Board of Directors. They will also be submitted to the Audit Committee. An action log will be maintained by the meeting secretary.

The Chair of the Committee shall present a written report to the Public Board meeting immediately following each Committee meeting.

The Committee will also make an annual report to the Board.

MEETINGS AND CONDUCT OF BUSINESS:

Frequency of Meetings:

The Committee will meet at least on a quarterly basis, with the possibility that additional meetings may be scheduled as necessary at the request of the Committee Chair.

Agenda

The Agenda for meetings will be circulated to all Board members who have requested to receive particular papers.

In line with Standing Order 3.4, full papers will be sent to members of the Committee so that they are available to them ~~at their normal address~~ **5 clear days before the meeting**.

There will be an expectation for information from the Committee to be cascaded to front line staff by managers.

DUTIES OF THE QUALITY AND CLINICAL RISK COMMITTEE:

- To define the Trust's approach to ensuring the quality of its services as part of its overall strategic direction and organisation objectives.
- To promote clinical leadership so that the culture of the Trust reflects a strong focus on quality, clinical effectiveness, safety and patient experience.
- To ensure appropriate structures and systems are in place to support and deliver quality governance including clinical effectiveness, patient safety and patient experience.
- To assure the Board that systems operate effectively within each Division and to report any specific problems as they emerge.
- To receive reports on serious incidents, incidents and near misses, complaints, inquests, claims and other forms of feedback from patients, ensuring learning from all clinical risk management activity, identifying trends, comparing performance with external benchmarks and making recommendations to the Board as appropriate.
- To identify serious unresolved clinical and non-clinical risks to the Audit Committee and the Board.
- To oversee the effective management of risks, as set out within the Board Assurance Framework (BAF) as appropriate to the purpose of the Committee.
- To ensure that the views and experience of patients and staff are heard and acknowledged in the work of the Ccommittee and by the Board, and that this drives the delivery of the Trust's services.
- To monitor strategies and annual plans for quality governance, clinical audit and effectiveness, research and development, public and patient engagement and equality and diversity. To oversee the production of the Trust's annual Quality Accounts, ensuring compliance with national guidance.
- To ensure that effective consultation with stakeholders takes place, and to monitor the delivery of the quality targets.
- To agree and submit annual quality governance assurance report to the Board.
- To receive relevant reports from internal reviews and external bodies and assurance regarding the implementation of associated action plans.
- To commission, as appropriate, internal and external audits and reviews of services to assure the Board that the Trust is compliant with statutory and regulatory requirements.
- To approve and monitor the Trust's clinical audit programme ensuring it is aligned with Trust priorities, responds to trends in complaints and incidents and is led by and involves staff from all disciplines, liaising with the Audit Committee as appropriate.
- To monitor compliance with the terms of the Trust's CQC registration and NHS Resolution Risk Management Standards.

Version control

Version	Date	Author	Comments	Status
1.0	26.05.10	Maria Wogan Trust Secretary	Final draft approved by the Board of Directors	Approved
2.0	Aug 2011	Geoff Stokes	Annual review by the Board	Approved
3.0	May 2012	Michelle Evans-Riches	Review by Quality Committee following Committee Review by Board	Approved
4.0	March 2013	Michelle Evans-Riches	Review by Quality Committee recommended to Board	Approved
5.0	April 2017	Adewale Kadiri	Review by Quality and Clinical Risk Committee recommended to Board	Approved
6.0	November 2018	Adewale Kadiri	Review by Quality and Clinical Risk Committee recommended to Board	Approved

Milton Keynes University Hospital NHS Foundation Trust

WORKFORCE AND DEVELOPMENT ASSURANCE COMMITTEE

TERMS OF REFERENCE

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1. Constitution

1.1 The Trust Board hereby resolves to establish a Committee of the Trust Board to be known as the Workforce and Development Assurance Committee (known as 'the Committee'). The Committee is a non-executive chaired committee and as such has no delegated authority other than that specified in the Terms of Reference~~:~~.

1.2 The Committee has been established by the Trust Board to:

1.3 Ensure that the workforce has the capacity and capability to provide high quality, effective, safe patient care in line with the Trust's strategic objectives and ~~We Care~~ values ;

1.4 Monitor the governance of the Trust's workforce strategy, ensuring accountability for the continuous improvement of quality and performance.

1.5 The Committee is established under Standing Order 5 of Annex 7 of the Trust's Constitution.~~;~~

2. Delegated Authority

2.1 The Committee has the following delegated authority:

2.1.1 The authority to require any officer to attend and provide information and/ or explanation as required by the Committee;

2.1.2 The authority to take decisions on matters relevant to the Committee;

2.2 The Committee does not have the authority to commit resources. The Chair may recommend to the Board that resources be allocated to enable assurance in relation to particular risks or issues.

3. Accountability

3.1 The Committee is accountable to the Trust Board. Any changes to the Terms of Reference must be approved by the Trust Board.~~;~~

3.2 The Chair of the Committee is accountable to the Board and to the Council of Governors.~~;~~

4. Reporting Lines

4.1 The Committee will report to the Trust Board through a regular written escalation and assurance report following each Committee meeting.~~;~~

4.2 The Committee will report back to the Council of Governors through a regular written report.~~;~~

4.3 The Committee will receive regular reports from the Workforce Board on specific initiatives, business cases and activities that support the delivery of the Trust's Workforce Strategy.

4.4 The Committee will receive formal reports from directors and other Trust staff, covering the breadth of the workforce agenda, including statutory requirements.

4.5 The Committee will receive at each meeting, either via the attendance of a member or members of staff, or a representation made on their behalf, an account of their experience of working in the Trust, taking account of relevant workforce strategies, initiatives and activities.

4.6 The Committee will receive at each meeting, or as they become available, quarterly reports from the Trust's Guardian of Safe Working Hours to confirm compliance with the relevant terms and conditions relating to trainee doctors and dentists.

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5. Duties

5.1 To promote the Trust's mission, values, strategy and strategic objectives.~~;~~

5.2 To keep under review the development and delivery of the Trust's workforce strategy to ensure performance management is aligned to strategy implementation and promote this across the organisation.~~;~~

5.3 To hold the executives to account for the delivery of the T~~t~~rust's strategic objectives to improve workforce effectiveness.~~;~~

5.4 To review progress on clinical and non-clinical training, development and education for Trust employees.

5.5 To ensure that the Trust meets its statutory obligations on equality ~~and~~, diversity and inclusion.

5.6 To monitor the progress of the Trust's plans to improve staff engagement.

5.7 To ensure that processes are in place to understand and improve staff health and wellbeing.

5.8 Provide assurance to the Board that there are mechanisms in place to allow staff to raise concerns and that these are dealt with in line with policy and national guidance.

5.9 The Committee will provide **assurance** to the Trust Board in relation to the following:

5.~~9~~10.1 Ensure all workforce indicators are measured and monitored;
5.~~9~~10.2 Ensure that all key performance indicators of a well-managed workforce are regularly reviewed and remedial action is put in place as necessary

5.~~9~~--10.3 Ensure that legal and regulatory requirements relating to workforce are met.

5.~~9~~10.4 Review and provide assurance on those elements of the strategic risk register/board assurance framework are identified, seeking where necessary further action/assurance

6. Membership

6.1 The Chair of the Committee shall be appointed by the Trust Board Chair.~~;~~

6.2 The Committee will comprise the following members:

- At least two non executive directors (one of whom shall chair this committee)
- Director of Workforce
- Deputy Director of ~~workforce~~Workforce
- Assistant Director of HR Services
- Director of Patient Services & Chief Nurse (or deputy)
- Director of ~~clinical services~~Operations -(or deputy)
- Medical Director (or Associate Medical Director)
- ~~Assistant Director of Education and Organisational Development~~

Other directors and Trust staff may be invited to attend at the discretion of the Chair.

-Members of the Council of Governors will be invited to attend at least one meeting a year as observer in line with the Council's role of holding the non-executive directors to account.

6.3 The meeting is deemed **quorate** when at least one non-executive director, one executive director and one other member is present. Deputies will not be considered as contributing to the quorum.

7. Responsibilities of Members

7.1 Members of the Committee are required to

7.1.1 Attend at least 75% of meetings,

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7.1.2 Identify any agenda items in addition to those included on the Committee's workplan, for consideration by the Chair at least 14 days before the meeting;

7.1.3 Submit papers to the Trust Secretary by the published deadline (at least 7 days before the meeting)~~.~~ ;

7.2 Members should bring to the attention of the Committee any relevant matters that ought to be considered by the Committee that~~and~~ are within the scope of these terms of reference, but have not been included on the agenda

7.3 In the event that Committee members ~~-~~are unable to attend a meeting they must send apologies to the Trust Board Secretary and where appropriate seek the approval of the Chair to send a deputy if unable to attend in person;

7.4 Members must maintain confidentiality in relation to matters discussed by the Committee;

7.5 Members must declare any actual or potential conflicts of interest~~-~~ at the start of each meeting in accordance with Milton Keynes University Hospital NHS Foundation Trust policy (even if such a declaration has previously been made);

8. Frequency of Meetings

8.1 Meetings will normally take place quarterly and at least 14 days prior to the Trust Board to allow a Committee report to be submitted. Meetings may take place more frequently at the Chair's discretion;

8.2 The business of each meeting will be transacted within a maximum of two hours.

9. Committee Administration

9.1 Committee administration will be provided by the Trust Secretariat;

9.2 Papers should be distributed to Committee members no less than five clear days before the meeting;

9.3 Draft minutes of meetings should be made available to the Chair for review within 14 days of the meeting;

10. Review

10.1 Terms of Reference will normally be reviewed annually, with recommendations for changes submitted to the Trust Board for approval.

Version Control

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Draft or Approved Version:	DRAFT
Date of draft	October 2020~~19~~
Date of Approval:	~~November 2019~~
Author:	Trust Secretary
To be Reviewed by:	Workforce & Development Assurance Committee, Trust Board
To be Approved by:	Trust Board
Executive Responsibility:	Director of Corporate Affairs; Director of Workforce

Milton Keynes University Hospital NHS Foundation Trust

Meeting title	Board of Directors	Date: 5 November 2020
Report title:	Report of the Board of Directors' Register of Interests	Agenda item: 6.4
Lead Director	Name: Kate Jarman	Title: Director of Corporate Affairs
Report author	Julia Price	Title: Assistant Trust Secretary
FoI status:	Public document	

Report summary	The updated Trust Board Register of Interests is attached for consideration in advance of publication on the Trust website						
Purpose *(tick one box only)*	Information	x	Approval		To note	x	Decision	
Recommendation	The Board is asked to review, note and advise on any amendment required to the Register of Interests declared by members of the Board, for publication on the Trust website.						

Strategic objectives links	None
Board Assurance Framework links	None
CQC regulations	Regulation 5: fit and proper persons: directors Regulation 17: Good governance
Identified risks and risk management actions	None
Resource implications	None
Legal implications including equality and diversity assessment	Failure to fully and properly declare potential conflicts of interests could expose the Trust to the risk of litigation, for example under procurement law, and/or regulatory action

Report history	The Register of Interests were last updated in November 2019
Next steps	Publication of the agreed register on the Trust website
Appendices	Register of Interests

Declarations and Register of Interests

1. Paragraph 32 of the Trust Constitution imposes on members of the Board a duty to avoid a situation in which they have or can have a direct or indirect interest that conflicts or may conflict with the interests of the Trust. Paragraph 34 further directs that the Trust shall have a register of interests of directors.

2. From 1 June 2017, NHS England's *Guidance on Managing Conflicts of Interest in the NHS* came into effect, and the Trust's Conflicts of Interest, Hospitality, Gifts, Donations and Sponsorship Policy is based on this guidance. This policy specifies that the register of interest for executive and non-executive directors of the Trust will be published, and will be refreshed annually. The policy also details the different types of interest as set out in the NHS England guidance.

3. The Trust Board's Register of Interests is attached as Appendix A. Board members are asked to confirm that this represents the extent of their relevant interests in advance of publication on the Trust website

Other Matters

4. A separate Register of Interests relating to senior members of staff deemed to be in "decision making" roles and consultant colleagues will be published on the Trust website, in line with the Trust's policy and NHS England guidance.

BOARD OF DIRECTORS – DECLARATION OF INTERESTS 2020

Milton Keynes University Hospital NHS Foundation Trust

Director	Role	Do you, your spouse, partner of family member hold or have any of the following: • A directorship of a company? • Any interest or position in any firm, company, business or organisation (including charitable or voluntary) which does or might have a trading or commercial relationship with the Foundation Trust? • Any interest in an organisation providing health and social care to the NHS?	Do you or your spouse, partner or family member have a position of authority in a charity or voluntary organisation in the field of health and social care?	Do you, your spouse, partner or family member have any connection with an organisation, entity or company considering entering into a financial arrangement with the Foundation Trust, including but not limited to lenders or banks?	Dates during which the interests were held	Action taken to manage any potential conflict *[Board and Committee agendas are proactively and continuously scrutinised to ensure that Board members are not exposed to potential conflicts and at every Board and Committee meeting, members are asked to declare any conflicts that they may have]*
Simon Lloyd	Trust Chairman	Yes - Chairman of Santander Financial Services PLC	Yes – Trustee for Arts For Health	No	July 2019 to date	
Ian Reckless	Medical Director	Yes – ADMK (wholly owned subsidiary of MKUH NHS Foundation Trust)	No	No	July 2019 to date	

Joe Harrison	Chief Executive Officer	Yes – Programme Director for Joining Up Care Programme (with NHSX) Member of Lantum's Customer Advisory Board Council Member – National Association of Primary Care Member of TenX Advisory Board Member of NHS Employers Policy Board Spouse is the Chief Executive Officer of Operose Health. Centene own Operose Health who have an interest in Circle (who own BMI). MKUH has commercial relationships with both BMI and Circle. Ruth Harrison – Director at Durrow Limited	No	No		
Dr Luke James	Non-Executive Director	Yes – Striatum Consulting Limited Medical Director for Bupa Global and UK Insurance – part of the Market Unit which includes Bupa Clinics Bupa Care homes and Bupa Dental businesses. However, Luke is not involved in	No	No	April 2020 to date	

		executive or commercial aspects of these Director / Board Member of Bupa Trustees Limited				
Mike Keech	Director of Finance	Yes - Director of ADMK Limited, wholly owned subsidiary of the Trust Spouse is a partner at a GP practice in Hertfordshire	No	No	July 2019 to date	
John Blakesley	Deputy CEO	Yes – Director of ADMK Limited, wholly owned subsidiary of the Trust Spouse is the Chief Operating Officer of Operose. Centene own Operose Health who have an interest in Circle (who own BMI). MKUH has commercial relationships with both BMI and Circle.	No	No	July 2019 to date	
Danielle Petch	Director of Workforce	Yes – Spouse is a Director of S4 Software Solutions Ltd.	No	No		
Andrew Blakeman	Non-Executive Director	Yes – Director of Stryde International Ltd, a subsidiary of BP PLC	No	No		

Haider Husain	Non-Executive Director	Yes- Director & CEO of Paracat Ltd Director & COO of Healthinnova Limited British Standards Institute (BSI) Committee member – Healthcare Organisation Management	No	No	Feb 2018 to date March 2019 to date Apr 2019 to date	
Sophia Aldridge	Interim Director of Finance	Yes - Husband is Director of Aldridge Professional Services Ltd	Yes – Husband is Treasurer for Beat Trigeminal Neuralgia charity Charity No: 1171059	No	August 2020 onwards	

Milton Keynes University Hospital NHS Foundation Trust

Agenda item 8.2
Public Board 05/11/20

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

REPORT TO THE BOARD OF DIRECTORS

Matters approved by the Committee:

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

Matters referred to the Board for final approval:

- Partnership with Sensyne Health PLC

Matters considered at the meeting:

1. Performance dashboard Month 4 (July 2020)

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

2. Board Assurance Framework

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

3. Finance Report Month 4

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

4. Agency update

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

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

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

6. Updated capital plans

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

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

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

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

7. Partnership with Sensyne Health PLC

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

Milton Keynes University Hospital NHS Foundation Trust

Agenda item 6.6
Public Board 05/11/20

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

Matters approved by the Committee:

The Terms of Reference were reviewed and approved by the Committee.

Matters referred to the Board for final approval:

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

Summary of matters considered at the meeting:

Staff story

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

Equality, Diversity and Inclusion

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

Objectives update

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

NHS People Plan, Workforce Strategy and Plan update

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

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

HR Systems and Compliance Report

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

Workforce information quarterly report

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

Staff Health & Wellbeing (SHWB) Report

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

Uptake for flu vaccinations is consistent with previous years.

Organisational Development and Talent Management

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

Education update

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

Workforce Board Assurance Framework risks

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

Workforce Risk Register

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

Workforce Board Review

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

Any Other Business

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

Milton Keynes University Hospital NHS Foundation Trust

Agenda item 6.7
Public Board 05/11/20

Meeting of the Audit Committee held on 21 September 2020

REPORT TO THE BOARD OF DIRECTORS

Matters approved by the Committee:

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

Matters referred to the Board for final approval:

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

Matters considered at the meeting:

Board Assurance Framework

The new BAF format was welcomed.

Corporate Risk Register proposal

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

Significant Risk Register (SRR)

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

External Audit

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

Internal Audit

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

Data Quality Update

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

Counter Fraud

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

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

Financial Controller Report

The report was noted.

Standing Financial Instructions

The Committee supported the SFIs.

Audit Committee Terms of Reference

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

Any other business

The effectiveness of committees will be assessed.

Milton Keynes University Hospital NHS Foundation Trust

Agenda item 6.8
Public Board 05/11/20

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

REPORT TO THE BOARD OF DIRECTORS

Matters approved by the Committee:

The Committee Terms of Reference were approved

Matters referred to the Board for final approval:

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

Summary of matters considered at the meeting:

Quarterly highlight report

Discussion on the following topics took place.

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

Quality dashboard

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

Quarterly Trust Wide progress report

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

Mortality report

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

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

Patient Experience Improvement Plan

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

Clinical Quality updates / draft minutes

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

Cumberlege Review

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

NHS Blood & Transplant letter

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

ICU staffing – exchange of letters

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

Nursing Directorate Risk Summit – Process and worked example for assurance

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

Patient Safety Specialists

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

Quality Improvement update

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

Quality Governance update

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

CQC update

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

Infection prevention and control arrangements and summary record

The positivity within the report was noted.

Antimicrobial Stewardship annual report

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

Quality and clinical risks on the Board Assurance Framework

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

Significant risk register

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

Terms of Reference Review

The Terms of Reference were approved subject to minor amendment.

Any other business

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

Agenda item 6.7
Public Board 05/11/20

Meeting of the Charitable Funds Committee held on 5 October 2020

REPORT TO THE BOARD OF DIRECTORS

Matters approved by the Committee:

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

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

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

Matters referred to the Board for final approval:

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

Summary of matters considered at the meeting:

Fundraising update

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

Charity funds finance updates

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

Charity annual report and accounts

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

Business cases funded through the Charity

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

Charity strategy update

The Committee considered

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

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

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

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

Board Assurance Framework

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

Charitable Funds Committee Terms of Reference review

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

Any other business

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

Milton Keynes University Hospital NHS Foundation Trust

Meeting title	**Board of Directors**	**Date: 5 November 2020**
Report title:	**Use of Trust Seal**	**Agenda item: 6.10**
Lead director **Report author** **Sponsor(s)**	**Name: Kate Jarman** **Name: Julia Price**	**Title: Director of Corporate Affairs** **Title: Assistant Trust Secretary**
FoI status:	**Public**	

Report summary	To inform the Board of the use of the Trust seal.						
Purpose *(tick one box only)*	**Information**	x	**Approval**		**To note**	x	**Decision**	
Recommendation	That the Board of Directors notes the use of the Trust seal September 2020						

Strategic objectives links	Objective 7 become well led and financially sustainable.
Board Assurance Framework links	**None**
CQC outcome/ regulation links	**None**
Identified risks and risk management actions	**None**
Resource implications	
Legal implications including equality and diversity assessment	None

Report history	None
Next steps	None
Appendices	

Use of Trust Seal

1. Purpose of the Report

In accordance with the Trust Constitution, this report informs the Board of one entry in the Trust seal register which has occurred since the last full meeting of the Board.

2. Context

The Trust Seal was executed on 24 September 2020 for the counterpart lease relating to Unit 23 Peverel Drive, MK1 1NL
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