

# COUNCIL OF GOVERNORS' MEETING

Wednesday, 23 October 2024

17:00-19:00

Conference Room at the Academic Centre

## AGENDA

No.	Time	Item	Purpose	Format	Lead
<b>OPENING BUSINESS</b>					
1		Chair's Welcome, Apologies, Declarations of Interest	Note	Verbal	Chair
2	17:00	Minutes of Previous Meeting	Note	Page 4	Chair
3		Action-log	Note	Page 12	Chair
4	17:05	Chair's Update	Note	Verbal	Chair
5	17:10	Chief Executive Officer Update	Note	Verbal	Chief Executive Officer
6	17:15	Lead Governor's Update	Note	Verbal	Lead Governor
7	17:25	Capital Programme Update	Note	Page 16	Chief Executive Officer
8	17:35	Finance Update	Note	Page 24	Chief Finance Officer
<b>ASSURANCE REPORTS FOR DISCUSSION</b>					
9	17:45	Non-Executive Director (NED) Appointment Committee Assurance Report <ul style="list-style-type: none"> <li>• Appointment of Finance Qualified NED</li> <li>• Appointment of Two Non-Executive Directors (former Associate NEDs)</li> <li>• Introduction of NEDs to the Council</li> </ul>	Approval	Page 36	Chief Corporate Services Officer
10	17:55	Board Committee Updates: <ul style="list-style-type: none"> <li>• Finance and investment Committee</li> </ul>	Discuss	Page 38	Chair - FIC
<i>Heidi Travis (Acting Chair) to recuse herself from meeting due to conflict of interest</i>					
11	18:10	Succession Planning <ul style="list-style-type: none"> <li>• Acting Chair Performance Appraisal to Support Approval of Extension of Term (Response to Private CoG Action)</li> </ul>	Note	Page 41	Senior Independent NED
<i>Heidi Travis (Acting Chair) to return to meeting</i>					

**PROGRESS AGAINST MKUH OBJECTIVES**

12	18:25	Membership and Engagement Manager's Report	Note	Page 43	Membership & Engagement Manager
13	18:30	Healthwatch Milton Keynes Report	Note	Page 46	CEO, Healthwatch Milton Keynes
14	18:35	Inclusion and Leadership Council Report	Note	Verbal	Chair
15	18:45	Terms of Reference	Approve	Page 54	Chief Corporate Services Officer

**CLOSING BUSINESS**

16	18:55	Any Other Business	Discuss/ Note/ Approve	Verbal	Chair
17		Council of Governors Forward Agenda Planner	Discuss/ Approve	Page 61	Chair
18	19:00	Close			
		Date of next meeting: 29 January 2024 at 17:00, Conference Room, MKUH Academic Centre			

# **COUNCIL OF GOVERNORS**

**Agenda item: 1**

**Chair's Welcome, Apologies, Declaration of Interest**

**Chair**

**Verbal/Note**

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

**Minutes of the Council of Governors' meeting held in public at 16.00 hours on  
Wednesday 24 July 2024, in the Conference Room at the Academic Centre and  
via MS Teams**

**Present**

Heidi Travis (Chair)	Interim Trust Chair	(HT)
Andrea Vincent	Public Governor	(AV)
Babs Lisgarten	Public Governor	(BL)
Kat Jaitly	Public Governor	(KJai)
Rachel Medill	Public Governor	(RM)
Adam Chapman-Ballard	Public Governor	(ACB)
Cllr Ansar Hussain	Milton Keynes Council	(AH)
Andy Forbes	Public Governor	(AF)
Tom Daffurn	Public Governor	(TD)
Ken Rowe	Public Governor	(KR)
Hany Eldeeb	Staff Governor	(HE)
Caroline Kintu	Staff Governor	(CK)
Matt Burnett	Staff Governor	(MB)
Nicholas Mann	Business Leaders Representative	(NM)

**In Attendance**

Joe Harrison	Chief Executive Officer	(JH)
Kate Jarman	Chief Corporate Services Officer	(KJ)
Fiona Hoskins (joined @ 17:15pm)	Chief Nursing Officer	(FH)
Gary Marven	Non-Executive Director	(GM)
Sarah Whiteman	Non-Executive Director	(SW)
Lui Straccia	Membership and Engagement Manager	(LS)
Jonathan Dunk	Chief Finance Officer	(JD)
Liz Pryke (For Item 10)	Dietetics Manager & Therapy Lead	(LP)
'Kemi Olayiwola	Trust Secretary	(KO)
Timi Achom	Assistant Trust Secretary	(TA)

**1 Welcome and Announcements**

- 1.1 The Chair extended a warm welcome to those attending the meeting particularly the new Governor AH.
- 1.2 Apologies
- 1.2.1 Apologies were received from Christine Thompson, William Butler, and Francesca Vernon (Public Governors); Maxine Taffetani (Healthwatch Milton Keynes Representative), Mark Versallion and Ganesh Baliah (Non-Executive Directors).
- 1.3 Declarations of Interests
- 1.3.1 There were no declarations of interest received in relation to the items on the agenda.

## 2 Minutes from the Council of Governors meeting held on 17 April 2024

4.1 The minutes from 17 April 2024 were approved as an accurate record.

## 3 Matters Arising/Action Log

3.1 None

## 4 Chair's Update

4.1 HT provided an update highlighting key events and activities since the last formal Council of Governors meeting on April 17, 2024, and the Open Forum on June 5, 2024.

### Events and Meetings Attended:

- Allison's Davis (Outgoing Chair) Farewell Drop-In: The event was well-attended and appreciated by Allison.
- Attended a session at a local school, part of a Nuffield Foundation-funded project researching young people's experiences in deprived areas. The hospital has expressed support for this project, including the potential display of their material in the hospital foyer.
- Attended a seminar focused on community partnerships involving voluntary groups and GP surgeries.

### Volunteer Acknowledgements:

- Volunteers' Thank You Afternoon: Highlighted the successful event held to thank volunteers, featuring cakes, sandwiches, and certificates.

### Networking and Engagement:

- Women's Network Group and Armed Forces Day: Participated in both events, emphasising involvement in diverse hospital activities.
- Consultant Interviews and Chief Officer Appointment: Involved in interviews for hospital consultants and attended an appointment committee for the new Chief People Officer.
- Windrush Webinar: Participated in a webinar celebrating Windrush Day and recommended it for those interested in staff stories.

### Risk Management and Compliance:

- Discussed risk management with the hospital's risk lead Paul Ewers.
- Fit and Proper Person Submission: Completed the substantial Fit and Proper Person submissions for the Executives and Non-Executive Members.

### Recognition and Awards:

- Chair's Award Presentation: Presented the Chair's Award to Denzil Pereira, who was unable to attend the formal award ceremony.
- Ward Visits: Conducted ward visits with Staff Governor CK, engaging with staff across various wards and discussing their experiences and career aspirations.

### Governors' Meetings:

- Engagement with Governors: Met with 13-14 governors, both staff and public, to foster open conversations and share information. More meetings were scheduled.

### Upcoming Plans:

- HT mentioned an upcoming holiday in August and planned to return refreshed in September.

4.3 HT emphasised the importance of open conversations and collaboration among governors and staff to address the challenges faced by the Trust.

4.4 The Council **noted** the Chair's update

## 5 Chief Executive's Update

5.1 JH updated the Council on the following matters:

**Appointment of Chief People Officer:** Catherine Wills will join the Trust as the Chief People Officer in early October 2024, coming from Kettering General Hospital where she had served in a similar role for the past few years.

**Increase in Patient Referrals:** There had been a significant rise in urgent and suspected cancer patient referrals to the hospitals. This had impacted the longest waiting patients and routine procedures. Consequently, there had been increased monitoring and collaboration with NHS England to manage this situation.

**Performance and Focus:** The decline in performance, especially in Emergency Department (ED), necessitates a renewed focus on patient care. The Trust aims to improve service delivery and meet the needs of the population. Recent communications to staff have emphasised the need for change and doing the right thing for patients.

**Internal Meeting with Managers:** A meeting with the top 100 managers highlighted concerns regarding financial performance, waiting times, and ED efficiency. There was a consensus that the Trust could and should perform better.

**Strategic Achievements:** The Trust had recently achieved a strategic milestone, which would be officially announced soon. Additionally, progress had been made on the Imaging Centre, indicating positive developments in the hospital's infrastructure.

**Collaboration and System Integration:** Efforts were being made to treat more patients quickly through private sector partnerships and extended use of facilities. Additionally, plans were underway to establish an elective treatment centre in the region, aiming to reduce long waiting times and enhance overall system collaboration.

**Patient Experience and Service Levels:** There was a focus on improving patient wait times and overall experience. Despite having high staff satisfaction, patient feedback indicates that the service quality needs improvement. The Trust is committed to providing better and more timely services.

**Cultural Shifts and Internal Cooperation:** Emphasising the need for a supportive and collaborative culture, the Trust aims to move from being perceived as "nice" to being "kind," which includes providing constructive feedback. Internal silos and blame culture were being addressed to ensure a cohesive approach to patient care.

**Financial Update:** JD reported that the Trust was currently running a planned deficit but aims to break even by the end of the financial year. Efficiency measures were in place to improve productivity without compromising patient care. External pressures, such as increased patient demand and necessary outsourcing, present ongoing challenges.

**Funding and Resource Allocation:** There was a recognised need for better funding to match the rapid population growth in Milton Keynes. Efforts were ongoing to address this discrepancy and ensure the hospital receives adequate resources.

5.2 The Council **noted** the CEO's update.

## 6 Lead Governor's Update

- 6.1 BL highlighted the NEDs appointment committee meeting and shared insights from attending the governor conference, which provided valuable information on the stresses faced by the NHS. The conference also offered ideas from other hospital governors on how to engage with the community and their respective hospitals. An example from Northampton was shared, where governors made achievable pledges that were within their skill sets and time availability, which might be a useful approach to discuss further.
- 6.2 BL shared a personal experience of using urgent care and A&E due to an injury, noting efficient support but the need to repeat information multiple times, which could be an area for improvement. She also observed a patient's concern about the availability of affordable refreshment options in the hospital, highlighting a potential area to enhance patient comfort.
- 6.3 The Council **noted** the Lead Governor's Update

## 7 New Ways of Working Update

- 7.1 KJ summarised the key proposals and the proposed next steps of the new ways of working. Key proposals included re-establishing standing committees for the Council of Governors, such as the Governor Engagement Committee, and enhancing the work of the nominations committee. The discussion emphasised improving governor engagement, involving user groups, and developing a structured approach to meetings. Recommendations included the relaunch of the membership engagement board and ongoing development efforts. It was noted that further discussions and actions were planned, with a follow-up meeting scheduled for September.
- 7.2 The Council **noted** the New Ways of Working Update and **approved** the proposals

## 8 Board Committee Updates

- 8.1 Audit Committee
  - 8.1.1 GM reported that on June 21, 2024, the Audit Committee received the Grant Thornton audit report, which focused on three main risk areas: the valuation of London buildings, the presumed risk of fraud in revenue recognition, and the presumed risk of management override of controls. The audit report was positive, indicating a clean audit with minor issues regarding property valuation. JD would address these issues, although they were not seen as significant. The committee did not accept the recommendation at the time but will consider it further.
  - 8.1.2 The auditors also evaluated the Trust's value-for-money performance, focusing on financial sustainability, governance, and efficiency improvements. The report was very favourable, which is commendable given Grant Thornton's extensive experience with NHS organisations. The report was approved by the board following the Audit Committee meeting on 21 June 2024.
  - 8.1.3 Looking ahead, the Trust faced a challenging year with a target of nearly £24 million in efficiencies. The primary concern was ensuring these efficiencies were sustainable and replicable in future years, focusing on procurement efficiencies, flow improvements, and better utilisation of staff rather than relying on one-off solutions like additional elective funding. The Executives were taking proactive steps to address this challenge, including bringing in external support to ensure the best tools and approaches for achieving these efficiencies. This proactive approach is crucial for navigating ongoing financial challenges as the population and demand grow.
  - 8.1.4 Additionally, there were two key risks to address: the deteriorating quality of the estate due to funding issues related to meeting depreciation needs, and the risk of data and cyber security, which KJ

proposed to elevate to a more immediate concern over the next 12 months, especially in light of recent issues experienced by Microsoft affecting the NHS.

- 8.2 Quality & Clinical Risk Committee (QCRC)
  - 8.2.1 No update. Deferred to September meeting.
- 8.3 Workforce & Development Assurance Committee (WDAC)
  - 8.3.1 HT reported that the Workforce Committee met quarterly between April 2023 and March 2024 and saw a change in Chair. The year ended with 4,402 employees. Temporary staffing usage decreased from 15.4% to 12.2%. Vacancy rates dropped to 3.7%, staff absence to 4.7%, and staff turnover to 12.6%. Training compliance was at 94% and appraisal compliance at 92%.
  - 8.3.2 Efforts reduced the time to hire to 43 days, with ongoing work to minimize administrative delays for clinical staff. There were 96 healthcare support worker vacancies at the end of March, with over half in process or with start dates.
  - 8.3.4 The Committee received regular updates on the Workforce strategy, noting several achievements and improvements. MKUH won a national award for Best Attraction Social Media Campaign and the NHS Pastoral Care Quality Award, while 100 international nurses joined the workforce. The gender pay gap was reduced from 20% in 2020 to 14.3% in 2023.
  - 8.3.5 There were significant HR system improvements, particularly in rostering practices. The Committee also addressed 18 new Freedom to Speak Up cases in Q4 and received favourable results from the GMC Junior Doctor Survey, with 17 out of 19 areas within benchmark range. Additionally, 100 international nurses and 160 newly qualified staff were supported through educational programs. However, there was an increase in Occupational Health referrals for stress and mental health issues, and insufficient staffing for safety remains a concern. Ongoing efforts to tackle racism saw new initiatives in April 2024.
- 8.4 The Council **noted** the Audit Committee and the Workforce & Development Assurance Committee Update

## 9 Non-Executive Directors (NEDs) Appointments Committee Update

- 9.1 BL reported that the Appointments Committee was active and held its first meeting on June 28, 2024.

The new committee members were:

- Heidi Travis, Acting Trust Chair
- Babs Lisgarten, Lead Governor
- Tom Daffurn, Public Governor
- Andrea Vincent, Public Governor
- William Butler, Public Governor
- Maxine Taffetani, Healthwatch Milton Keynes Representative

- 9.2 Key points from the report include:
  - The Trust was in the process of recruiting a NED with a finance qualification to address identified gaps.
  - Discussions focused on the strategic succession planning for NEDs and associate NEDs. The aim was to ensure continuity and the effective utilisation of talents, considering staggered onboarding to avoid having multiple roles filled simultaneously and to make the most of the skills of associates.



- Development Plan: KO was tasked with developing a plan for the recruitment and development of NEDs, ensuring a structured approach that supports both current and future needs.
- Emphasis was placed on intentional training and development for both NEDs and associates, ensuring a blended experience and continuous improvement in governance.
- The committee aims to not only benefit the Trust but also contribute to the broader healthcare system by developing skilled NEDs.

9.3 Questions were invited, with AV and other members available to provide further insights. It was noted that the changes and improved communication over the last six months have been positively received.

9.4 The Council **noted** the Non-Executive Directors (NEDs) Appointments Committee Update

## 10 Eating and Drinking at Risk Programme Presentation

10.1 LP, Dietetics Manager & Therapy Lead, presented an overview of the Eating and Drinking at Risk Programme. Initiated by a request from Yvonne Christley when she was Chief Nurse, the programme was developed over the past two years to address the need for a policy supporting patients with unsafe swallowing, termed dysphagia, who choose to continue eating and drinking at their own risk. She detailed the development of the Eating and Drinking at Risk policy which was developed in collaboration with acute and community services, including input from speech and language therapists, dietitians, medical and nursing staff, and other allied health professionals.

10.2 The policy addressed the management of patients with dysphagia, aiming to standardise the process and improve communication between healthcare providers, including primary care and community services. It ensures that patient choice is respected while involving a multidisciplinary team in decision-making. The policy is particularly relevant for patients with conditions such as neurological disorders, cancer, and dementia, who may face swallowing difficulties.

10.3 Key elements of the policy included a detailed decision-making process, the creation of a patient passport that documents the patient's condition and choices, and patient information leaflets. These tools help ensure consistency in care, whether patients are in the hospital or the community, and facilitate clear communication among all parties involved.

10.4 The policy was approved in late 2023 and had been implemented across all relevant areas. Feedback so far has been positive, highlighting improved processes and clarity for both healthcare professionals and patients. The policy also included measures for assessing patient capacity and making decisions in their best interest when they lack capacity, involving family members and legal representatives, as necessary.

10.5 The presentation concluded with a discussion on the importance of continued monitoring and feedback to refine and improve the policy further. Liz Pryke invited attendees to review the detailed presentation and contact her with any further questions or feedback.

10.6 The Council **noted** the Eating and Drinking at Risk Programme Presentation and Policy and **thanked** LP for the presentation

## 11 Governors Self-Evaluation Report

11.1 KO presented the report, which provided valuable feedback to inform and shape the Council's development programme. Out of 25 eligible Governors, 11 completed and returned their self-evaluation questionnaires. The overall rating for the governors was 'Neutral Assurance' (3.6) for 2023/24. The report highlighted several areas for improvement, many of which were already being addressed. The constructive feedback would guide future actions, and it would be beneficial to revisit the report to discuss any additional insights or suggestions.

11.2 The Council **noted** the Governors Self-Evaluation Report

## **12 Capital Programme Update**

12.1 The Council **noted** the progress of each project summarised in the report noting that each project had been reviewed by the Capital Programme Board (CPB) membership.

## **13 Membership and Engagement Manager's Report**

13.1 Four new Governors had joined the MKUH Council of Governors following recent elections: Public Governors Adam Chapman-Ballard and John Gall, and Staff Governors Fiona Burns and Matthew Burnett. Dianna Moylan had stepped down, creating a vacancy to be filled soon, bringing the Council to 25 out of 26 seats filled. Membership had increased to 2,488, up from 2,246 since April 2024, with sign-ups occurring through various channels, including the MyCare app and community events. A proposal had been drafted to relaunch the Governors Membership & Engagement Group as the Governor Engagement Committee to support Governors in their engagement activities. Additionally, a Governor Briefing Pack was being proposed to aid Governors in their outreach, with a draft available for discussion and a potential launch date set for September 2024, with updates every two months.

13.2 The Council **noted** the Membership and Engagement Manager's Report

## **14 Healthwatch Milton Keynes Report**

14.1 The Council **noted** the Healthwatch Milton Keynes Report

## **15 Inclusion and Leadership Council Report**

15.1 HT reported that the recent Leadership Council meeting had a short agenda, but important discussions took place regarding the need for improved communication within the Trust, particularly in relation to the Denny report. The importance of ensuring that the voices from various networks are effectively heard throughout the Trust was emphasised. To enhance communication, establishing a committee to facilitate the reporting of network voices to the board and subsequently to governors was suggested. This initiative aims to strengthen the connection between the board and the networks.

15.2 The Roger Kline report was discussed, which focused on tackling racism and discrimination within the Trust, particularly in recruitment, retention, and progression. The Council acknowledged the report's difficult yet essential findings and emphasised the importance of developing a transformative action plan involving the Inclusion Leadership Council and other networks.

15.3 Yvonne Coghill, an expert in equality, would be working on understanding experiences of discrimination within the Trust. Yvonne's work was set to begin in September/October 2024, with expectations for preliminary findings to be available by the New Year (2025). The Council is eager to integrate her insights into the ongoing efforts to address discrimination and enhance inclusivity. The Council aims to co-create an action plan that addresses these issues over the long term while also considering quick wins for immediate impact.

15.4 Discussions highlighted the importance of addressing not only racial and ethnic diversity but also LGBTQ+ inclusivity and age discrimination, particularly regarding older individuals' access to healthcare services. The Council is committed to ensuring that all groups are represented and heard.

15.5 The Council **noted** the Inclusion and Leadership Council Report

**16 Any Other Business**

16.1 KO requested approval to reschedule the Council of Governors' Annual Members Meeting (AMM) from 7 October 2024 to 9 October 2024, aligning it with the Trust's 40th anniversary with various activities planned to engage a larger audience.

16.2 The Council **approved** the rescheduling of the AMM to 9 October 2024.

**17 Council of Governors Forward Agenda Planner**

17.1 The Council **noted** the Forward Agenda Planner.

**18 Date and Time of Next Meeting in Public**

18.1 Wednesday 23 October 2024 at 16:00.

# **COUNCIL OF GOVERNORS**

**Agenda item: 3**

**Action Log**  
**(There are no actions for review)**

**Chair**

**Verbal**

# **COUNCIL OF GOVERNORS**

**Agenda item: 4**

**Chair's Update**

**Chair**

**Verbal/Note**

# **COUNCIL OF GOVERNORS**

**Agenda item: 5**

**Chief Executive Officer Update**

**Chief Executive Officer**

**Verbal/Note**

# **COUNCIL OF GOVERNORS**

**Agenda item: 6**

**Lead Governor's Update**

**Lead Governor**

**Verbal/Note**

<b>Meeting Title</b>	<b>Council of Governors</b>	<b>Date: 23 October 2024</b>
<b>Report Title</b>	<b>Capital Programme Update</b>	<b>Agenda Item Number: 7</b>
<b>Lead Director</b>	<i>Ian Reckless - Chief Medical Officer / Vicky Alner - Medical Director for unplanned care.</i>	
<b>Report Author</b>	<i>Karan Hotchkin - Deputy Chief Finance Officer – Financial Services and Governance</i>	

<b>Introduction</b>	This is a Standing Agenda Item		
<b>Key Messages to Note</b>	To note the Capital Programme Update		
<b>Recommendation</b>	<b>For Information</b> <input checked="" type="checkbox"/>	<b>For Approval</b> <input type="checkbox"/>	<b>For Review</b> <input type="checkbox"/>

<b>Strategic Objectives Links</b>	<ol style="list-style-type: none"> <li>1. <i>Keeping you safe in our hospital</i></li> <li>2. <i>Improving your experience of care</i></li> <li>3. <i>Ensuring you get the most effective treatment.</i></li> <li>4. <i>Giving you access to timely care.</i></li> <li>5. <i>Working with partners in MK to improve everyone’s health and care.</i></li> <li>6. <i>Increasing access to clinical research and trials</i></li> <li>7. <i>Spending money well on the care you receive.</i></li> <li>8. <i>Employ the best people to care for you.</i></li> <li>9. <i>Expanding and improving your environment.</i></li> <li>10. <i>Innovating and investing in the future of your hospital.</i></li> </ol>
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<b>Report History</b>	The Capital Programme Board reports to the Executive Directors and Trust Executive Committee (TEC) in order that both committees are updated on the progress of the major schemes identified within the BAU & Strategic Capital Programmes.
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## 1. Purpose of report

This report provides the Council of Governors with an overview of the month 5 2024/25 capital position of the Trust's capital programme, those business cases approved as emergencies and at CBIG during September, as well as business cases that were approved by TEC.

## 2. Overview of the August 2024/25 capital Position

The YTD capital spend as at end of August 2024 is £9m against a proposed year end approved capital allocation of £50.1m including donated funding.

CBIG Over view	Capital Funding £000's	Spend to date £000's	Notes
Precommitment List	543	212	Precommitment List ( 8 schemes)
Emergency approvals and use of contingency funds	373	31	7 business cases approved in 2024/25 (YTD)
Approved business cases (on capital plan)	1,727	511	25 business cases
<b>Total approved to date</b>	<b>2,643</b>	<b>754</b>	
Awaiting to be Approved ( on Capital Plan)	320		5 business cases
<b>Total Allocated to date</b>	<b>2,963</b>	<b>754</b>	
Contingency Remaining	667		
Still to be allocated	390		
<b>Total Funding Available For CBIG</b>	<b>4,020</b>	<b>754</b>	
<b>Strategic Over view</b>	<b>£000's</b>	<b>£000's</b>	<b>Notes</b>
Precommitment List	7,142	4,281	Precommitment List ( 8 schemes from 23/24)
Emergency approvals and use of contingency funds	2,388	5	2 schemes for NHP Imaging enabling works, 1 for Car park opposite WGH, 1 for Ecare
New schemes Approved Business cases (on capital plan )	990	0	Relates to ongoing capital element for on-going leases
New Schemes Awaiting Approval ( on capital Plan)	2,742	0	Trust element of the Oak Wards Design fees only approved (Awaiting final costs)
Lims Variation	183	0	Awaiting approval
Revenue to Capital Tfr	1,000	0	
<b>Total committed to date</b>	<b>14,445</b>	<b>4,286</b>	
Contingency Remaining	407		
<b>Total Strategic Funding Required</b>	<b>14,852</b>	<b>4,286</b>	
<b>Total Trust Wide Proposed Capital Required</b>	<b>18,872</b>	<b>5,040</b>	
<b>Total ICS Approved Funding (CDEL)</b>	<b>15,962</b>		
<b>Nationally approved Schemes</b>	<b>£000's</b>		<b>Notes</b>
NHP - Ongoing BC design and support	1,700	1,005	BC approved
NHS - Enabling Scheme HV	2,989	0	BC approved
CDC - Lloyds Court Equipment	636	0	BC needs to be written
Image Sharing	130	40	BC needs to be written
Lims Implementation	200	75	BC approved at May TEC
Lims Order Comms - ICE upgrade to v8.3	100	0	BC needs to be written
NHS Enabling Scheme MSCP	10,000	1,920	BC needs to be written
Imaging Centre	8,711	0	BC needs to be written
NHP Enabling scheme - Imaging Centre Office refit	44	41	BC approved
NHP Enabling scheme - Imaging Centre Trench work	390	390	BC approved
<b>Total National funding</b>	<b>24,901</b>	<b>3,471</b>	
IFRS16 Leases	2,910		
<b>Donated approved Schemes</b>	<b>£000's</b>		<b>Notes</b>
Oak Wards	5,000	575	Design fees only approved
Salix	1,293	0	New Salix scheme for 24/25
<b>Total Donated funding</b>	<b>6,293</b>	<b>575</b>	
<b>Total Proposed Capital Required (inc National and Donated schemes)</b>	<b>50,066</b>	<b>9,086</b>	
<b>Total Proposed Capital Funding Approved</b>	<b>50,066</b>		
<b>Current Shortfall</b>	<b>0</b>		

## 2024/25 Capital Summary approvals

All capital schemes require business cases to be submitted to the relevant approval process by the end of **September 2024** otherwise funding for these schemes will be reallocated to other schemes. Currently, the balance of 6 business cases have been submitted by the divisions and going through the approval process. Details as below.

Division	Original Number of Cases to be submitted	Number of cases approved (includes Pre-commitments & Emergency approvals)	Number of BC awaiting approval
Core Clinical	6	3	3
Medicine	2	2	-
Surgery	9	9	
Womens & Children	5	3	2
Corporate	1	1	
Estates	13	13	
IT	2	1	1
Contingency			
Awaiting Allocation			
<b>Grand Total</b>	<b>38</b>	<b>32</b>	<b>6</b>

### 3. Business Cases Approved during September 2024 for Noting

#### 3.1 Emergency Business Cases Funded by CBIG Contingency

BC2024052 Mobile theatre operating lights Phase 1	25,284
BC2024061 Ward 23, Bay 7 fire escape route	25,897
<b>Total</b>	<b>£51,181</b>

#### 3.2 Emergency Business Cases Funded by £1m Revenue Transfer to Capital

BC2024064 5 Omniscope for W&C	£33,884
BC2024063 ENT Video Rhino Laryngoscope	£6,206
<b>Total</b>	<b>£40,090</b>

#### 3.3 Emergency Business Cases Funded by Trust Wide Contingency

Nothing to note.

**4. Capital Business Cases reviewed by CCG, supported by CBIG to go to TEC for further discussion and approval**

Description	Original Budget £	Submitted Value £	Over/ (Under) £
<b>On Capital Plan and within allocation</b>			
BC2024020 Cell Salvage for Obstetrics Theatres	30,000	16,200	(13,800)
BC2024058 Robot second picking head	75,000	46,737	(28,263)
<b>Total</b>	<b>105,000</b>	<b>62,937</b>	<b>(42,063)</b>

**BC2024020 Cell Salvage for Obstetrics Theatres**

**Requesting £16.2k capital, on prioritised capital plan 24-25 for £33k and total revenue FY 24-25 £7.4k, £0.6 for Depreciation, £1.7 for consumables and £5.2k for staffing , FYE £8.1k, £2.3k for depreciation, £2.4 for maintenance, £3.4k for consumables.**

The purpose of this business case is to seek approval of £16,200. in support of the purchase of an Intra-operative cell salvage machine. Intra-operative cell salvage (IOCS) is a medical procedure in which blood lost during surgery is recovered and re-infused into the patient. It is currently used in patients having surgery who are at moderate or high risk of bleeding. The guideline recommends intra-operative cell salvage only for patients who are expected to lose a very high volume of blood. (NICE NG24). Cell salvage is commonly used during the following types of surgery: abdominal and pelvic trauma; obstetric procedures, major obstetric haemorrhage. cardiac; major vascular; major hepatobiliary; major spinal surgery; arthroplasty surgery, particularly revision hip replacement; major urological surgery; and surgery for thoracic, (Association of Anaesthetists, 2018). The purpose of this Business Case is to set out the requirement for a Cell Salvage machine in the Maternity Cases at the cost of £16,200 plus consumables plus one off £5232 for training of theatre staff. Cell Salvage procedure minimizes blood loss during surgery. The use of cell salvage is recommended when it can be expected to reduce the likelihood of allogeneic (donor) red cell transfusion and/or severe postoperative anaemia. **Discussed at TEC**

**BC2024058 Robot second picking head/ inventory connect core**

**Requesting £46.7k capital, on prioritised capital plan 24-25 for £75k and total revenue FYE£9.1, £6.8k for depreciation, £2.4k for maintenance.**

The purpose of this business case is to seek approval of £46,737 inc VAT of capital funding in support of purchasing an upgrade to the hardware and program that powers our BD Dispensing Robot plus two computers to improve speed, accuracy and capacity. The net impact of the investment on the I&E account in the current year is £1.7k and £9,123 recurrently (includes £2,350 uplift of the annual SLA maintenance cost for BD from £12,490 to £14,840 total) The system that currently controls the robot, Arim, controls all the stock that is stored in the robot and also manages the communications between the robot and our CMM computer system. In addition, added robot capacity will be gained to improve the scale of what can be stored safely in the robot to give us tighter control over FP10 pads and controlled drugs. The new system, Inventory Connect with guided pick, adds a second arm

to our picking ability to improve the dispensing process. The addition systems work in conjunction with existing technology to facilitate the safe, compliant, accurate and integrated inventory management of medications. It provides controlled and efficient inventory management, visibility and reporting in both in the robot and manual stock locations. The current system that powers our BD dispensing robot, Arx Arim, will be declared end of life from October 2025 and will therefore no longer be supported by the company. In addition, to further upgrade our robot with additional features to improve efficiency, it is mandatory to update software when installing new hardware.

## 5. Capital Business Cases that were discussed and approved by TEC.

Description	Capital			Revenue
	Value on Capital Plan 24/25 £	Requested FY 24-25 £	Over/(Under) £	Revenue Requested FYE £
<b>On prioritised plan within allocation</b>				
BC2024057 Medicines Temperature Monitoring	160,000	97,708	(62,292)	51,989
BC2024060 Analogue Telephone Line (PSTN) Switch off	10,000	10,000	-	2,000
			-	
<b>Not on Capital Plan - New Business Case</b>				
BC2024054 Magtrace and Sentimag System- Breast Cancer	0	24,900	24,900	56,500
BC2024056 Refurbishment - Cook Chill Changing rooms	0	120,000	120,000	3,636
BC2024062 Replacement Maintenance Van	0	18,487	18,487	6,621
<b>Variation Request Business Case</b>				
BCREV2023039 Cardiology Reception Decoration	9,297	18,709	9,412	
<b>Total</b>	<b>179,297</b>	<b>289,804</b>	<b>110,507</b>	<b>120,746</b>

### BC2024057 Medicines Temperature Monitoring

**Requesting Total capital FY 24-25 £98k, On capital plan at £160k, total revenue FY24-25 £16.2k, FYE £52k - £31k for staffing, £8.5k for depreciation and £12.9k for maintenance.**

The purpose of this business case is to seek approval of £97,708 in support of installing a system across the Trust that will continually monitor the temperature of all drug storage areas including medicine fridges. To manage this system and take this work load off nursing across the organisation, a band 3 pharmacy assistant is also required at a cost of £30,593 per annum (including on-costs). Pharmacy actively monitors the temperatures of all drugs whilst they are stored in the Pharmacy department via our Kelsius© monitoring system. However, when drugs leave the department the temperatures of the areas they are stored in are not continually monitored and the temperature in the respective storage areas not controlled e.g. by air conditioning or air handling units.

At any time, there are approximately £69k worth of stock refrigerated drugs and £320k worth of stock ambient drugs on our wards and departments within the hospital. This does not include the extra drugs that have been issued to specific patients, which are frequently high cost medicines. Real-time monitoring of the temperatures of ward medication storage areas will allow us to proactively intervene where high or low temperatures are indicated leading to safer drug storage, ensuring better patient care and reducing unnecessary drugs wastage. The subject of the inadequate monitoring of drug storage temperatures at ward level has been raised at previous CQC inspections and local ward assurance visits.

Currently, nurses monitor minimum and maximum temperatures of ambient/fridges/freezers once per day when the area is operational. The wireless system being proposed would monitor temperatures every 5 to 10 minutes without any involvement from nursing staff. This would free up nursing staff to complete more patient facing and clinical tasks. An addition and dedicated resource would be required to actively monitor these probes which will realise the benefit of alleviating workload from nurses while simultaneously reacting swiftly to deviations as and when they occur. **Further discussions were had at TEC.**

### **BC2024060 Analogue Telephone Line (PSTN) Switch off**

**Requesting £10k capital, on prioritised capital plan 24-25 for £10k and total revenue FYE £2k for depreciation.**

The purpose of this business case is to seek approval of £10,000 in support of ISDN to SIP migration for all Trust telephony services. Openreach are retiring copper and legacy telephony services, every phone line in the UK has to move to a fully digital network that uses Internet Protocol (IP) across a fibre-based service. The Trust currently uses ISDN and Exchange Lines to deliver telephony services for 3005 phone numbers. Both these technologies are legacy and being retired by the industry, the replacement technology is SIP. IT is working with several suppliers to obtain design options and quotes. SIP has several delivery methods so IT are running several workshops to come up with the best option. The scope of transition includes the main Trust (Switchboard 01908 660033) number, the range of 3000 phone numbers (01908 99xxxx) and the emergency red phones such as that in ED used by ambulances for pre-admission comms. Contract length options include 3, 5 & 7 year via a Framework. **Approved at TEC**

### **BC2024054 Magtrace and Sentimag System- Breast Cancer**

**Requesting Total Capital £24.9k, not on Capital Plan. Total revenue expenditure FY 24-25 £28k, £2.1k for Depreciation, £1.2k for maintenance, £25k for Consumables and £0.3k for interest, FY25-26 and FY26-27 £56.5k - £8.3k for depreciation, £ 0.6k for interest, £2.5k for maintenance £45.1 for consumables, FY27-28 £28.8k.**

The purpose of this business case is to seek approval of acquiring a Magtrace magnetic tracer on the Breast theatre budget to replace radioisotopes and blue dye. This is in support of improving scheduling of Breast cancer patients for surgery, improve on delays to theatres and improve the treatment options for breast cancer patients at Milton Keynes NHS trust. The utilisation of Magtrace would replace Radioisotope and Blue Dye, reducing the risk of anaphylaxis associated with blue dye, improving theatre scheduling and delays due to nuclear medicine. Currently breast patients requiring a radioisotope would need to go to Bedford the day before their surgery date to receive this. This then can cause delays to treatment, (for instance on bank holidays etc). This has led to complaints and is an area for improvement on patient surveys. By acquiring a Magtrace magnetic tracer we would no longer need the SLA agreement with Bedford as patients can then have this done at MKUH on the day of the operation or any time before. **Approved at TEC**

**BC2024056 Refurbishment - Cook Chill Changing rooms**

**Requesting Total Capital £120k, Not on Capital Plan. Total revenue expenditure FY 24-25 £0.9k for depreciation FYE recurrent £3.6k for depreciation.**

The purpose of this business case is to seek approval for a £120K investment to revamp the Cook Chill staff changing facilities, benefiting over 280 employees. Currently, the facilities are in poor condition, with crumbling walls, mould, and broken showers, making it challenging for staff to meet hygiene requirements. Upgrading these spaces will improve morale, provide secure lockers, and encourage cycling to work. This project demonstrates our commitment to creating a supportive work environment and listening to employee feedback. With strong support from staff and leadership, this investment will enhance our team's daily experience and contribute to our broader goals of efficiency and well-being.

**Discussed at TEC.**

**BC2024062 Replacement Maintenance Van**

**Requesting Total Capital £18.5k, Not on Capital Plan. Total revenue expenditure FY 24-25 £3.3k- £3.1k for depreciation, £0.2k maintenance, FY25-26 and FY26-27, £6.6k - £6.1k for depreciation, £0.5 maintenance, FY 27-28 £3.3k- £3.1k for depreciation, £0.2k maintenance.**

The department is seeking investment of £18,487 to cover the capital lease cost of a replacement maintenance van. This is a direct replacement for the maintenance van that gets daily use and is essential for the department to undertake its duties. A replacement vehicle has been identified via Fleetcare who are appointed by the Trust to act as fleet managers via framework. They have undertaken a mini competition to identify the best value provider for the replacement van. The lease of the previous van (FG21ZTJ) expired in June 2023 and is currently rolling. This is an electrically powered van, in line with NHS rules. **Discussed at TEC**

**BCREV2023039 Cardiology Reception Decoration -Variation request**

**Requesting Total Capital FY 24-25 £19k, Original capital value requested FY24-25 £14.9k but only £9k was spend. Variation request £9k**

The initially proposed £14,972.24 inc. VAT for decoration works has been reviewed and completed at a lower cost of £9296.63 inc. VAT (table 2). To give a full sense of renovation and to ensure that the reception area is fully refurbished and suitable for our patients, the request (as per Table 2) suggests the additional buying of 26 new seats for our patients. Total of £9,412.20 including VAT, Option 1 from Table 2 is recommended as it fulfils the needs of the service and works within the available budget. This will provide appropriate conditions for our patients who frequently stand waiting for their appointment or, in the case of bariatric patients, where adequate seats aren't available. Currently only 16 seats are available leaving patients standing for long periods waiting for their appointments. This variation seeks approval to complete the works carried by Speechpath Limited and to proceed with the buying of new chairs, therefore completing the charitable fund project to redesign and refurbish the Cardiology reception area. **Discussed at TEC**



## 6. Capital Plan 25-26

Capital Plan process for 25-26 will commence in October, however there is limited funding available for 25-26. 1<sup>st</sup> draft of capital plan to be returned by 22<sup>nd</sup> October 2024.

### 7.0 Recommendations

#### 7.1 To note the following

- The Year to date spend of £9m

The 2 cases approved through the emergency route funded from CBIG contingency

- |   |         |
|---|---------|
| ➤ BC2024052 Mobile theatre operating lights Phase 1 | £25,284 |
| ➤ BC2024061 Ward 23, Bay 7 fire escape route        | £25,897 |

The 2 schemes approved as funded from Revenue to Capital Transfer

- |  |         |
|--|---------|
| ➤ BC2024064 5 Omniscope for W&C          | £33,885 |
| ➤ BC2024063 ENT Video Rhino Laryngoscope | £6,206  |

The Charity business case variation to be approved by Charitable Funds

- |  |         |
|--|---------|
| ➤ BCREV2023039 Cardiology Reception Decoration | £18,709 |
|--|---------|

#### 7.2 TEC discussed and approved the following business cases

The 2 Business Cases below £100k on prioritise capital Plan recommended by CCG and CBIG

- |  |         |
|--|---------|
| ➤ BC2024020 Cell Salvage for Obstetrics Theatres | £16,200 |
| ➤ BC2024058 Robot second picking head            | £46,737 |

The 5 New Business Cases and Cases above £100k on prioritise capital

BC2024057 Medicines Temperature Monitoring	£103,053
➤ BC2024060 Analogue Telephone Line (PSTN) Switch off	£10,000
➤ BC2024054 Magtrace and Sentimag System- Breast Cancer <b>(post CBIG, this case has been approved via emergency)</b>	£24,900
➤ BC2024056 Refurbishment - Cook Chill Changing room	£120,000
➤ BC2024062 Replacement Maintenance Van	£18,487

<b>Meeting Title</b>	<b>Council of Governors</b>	<b>Date: 23 October 2024</b>
<b>Report Title</b>	<b>Finance Paper Month 5 2024-25</b>	<b>Agenda Item Number: 8</b>
<b>Lead Director</b>	<b>Jonathan Dunk</b>	<b>Chief Finance Officer</b>
<b>Report Authors</b>	<b>Sue Fox Cheryl Williams</b>	<b>Head of Financial Management Head of Financial Control and Capital</b>

<b>Introduction</b>	This report provides an update on the financial position of the Trust at Month 5 (Aug 2024).		
<b>Key Messages to Note</b>	<p>The Trust is reporting a deficit position of £5m (on a Control Total basis) to the end of the August which is adverse to plan by £0.2m. The in-month position is a deficit of £0.8m which is favourable to plan by £0.2m.</p> <p>Elective Recovery Fund (ERF) performance is 133% above pre-Covid levels which is above the 106% national target and our internal budget target of 124%, with income showing £6.7m above the national target as at M05 resulting in a favourable income variance to plan of £2.1m.</p> <p>The Trust has a challenging financial plan this year which includes a savings target of 6% (£23.8m). £7m has been achieved to date against a year-to-date plan of £10m.</p>		
<b>Recommendation</b> <i>Tick the relevant box(es)</i>	<b>For Information</b> <input checked="" type="checkbox"/>	<b>For Approval</b> <input type="checkbox"/>	<b>For Assurance</b> <input type="checkbox"/>

<b>Strategic Objectives Links</b>	<p>7. <i>Spending money well on the care you receive</i></p> <p>10. <i>Innovating and investing in the future of your hospital</i></p>
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<b>Next steps</b>	To note the contents of this report.
<b>Appendices</b>	Pages 9-11



**FINANCE REPORT FOR THE MONTH TO 31<sup>st</sup> AUGUST 2024****CONTENTS**

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**EXECUTIVE SUMMARY**

Ref	All Figures in £'000	In Month			YTD			Full Year			RAG
		Plan	Actual	Var	Plan	Actual	Var	Plan	Forecast	Var	
1	Clinical Revenue	30,010	31,976	1,967	150,010	154,161	4,151	361,218	361,218	-	
2	Other Revenue	2,630	2,031	(599)	11,468	15,664	4,196	31,662	31,662	-	
3	Pay	(20,640)	(21,519)	(879)	(103,258)	(106,499)	(3,241)	(247,157)	(247,157)	-	
4	Non Pay	(10,453)	(11,306)	(853)	(52,154)	(53,567)	(1,413)	(115,206)	(115,206)	-	
5	Financing & Non-Ops	(2,069)	(2,021)	48	(10,275)	(10,073)	202	(24,931)	(24,931)	-	
6	Surplus/(Deficit)	(522)	(838)	(316)	(4,208)	(313)	3,895	5,586	5,586	-	
7	Control Total Surplus/(Deficit)	(981)	(787)	194	(4,823)	(5,067)	(244)	-	-	-	
<b>Memos</b>											
8	IA Cost	-	-	-	-	(153)	(153)	-	(153)	(153)	
9	High Cost Drugs	(2,108)	(2,455)	(347)	(10,483)	(12,106)	(1,623)	(25,096)	(25,096)	-	
10	Financial Efficiency	1,985	3,297	1,312	9,926	6,956	(2,970)	23,822	23,822	-	
11	Cash	22,451	17,474	(4,977)	22,451	17,474	(4,977)	12,356	12,356	-	
12	Capital Plan including donated	(2,839)	(2,532)	307	(9,561)	(9,028)	533	(38,670)	(47,164)	(8,494)	

**Key messages**

The Trust is reporting a deficit position of £5m (on a Control Total basis) to the end of August 2024. This is worse than plan by £0.2m.

At month 5 the Trust is behind its savings plan by £3m which is reflected in the pressure on the expenditure budgets.

ERF performance is currently above the 106% target, with income showing £6.7m above the national target as at M05 and £2.1m favourable to Plan. There is a risk relating to SDEC coding which could impact the ERF position in the second half of the financial year.

The capital expenditure programme now includes the additional national capital funding approved for the NHP enabling scheme for the Imaging scheme. The year end forecast now takes account of this.

**(1 & 2.) Revenue** – Clinical revenue for Integrated Care Board (ICB), NHS England (NHSE) contracts, and variable (non-ICB income) is above plan, due to Elective Recovery Fund (ERF) and the high-cost drugs (HCD) over performance. Other revenue is above plan due principally to donated income received.

**(3. & 4.) Operating expenses** – Pay costs are higher than plan due to the cost of temporary staff in escalation wards and additional hours carried out to reduce elective backlogs. Bank and Agency expenditure has increased slightly in August and is partly offset by substantive vacancies. Non-pay is overspent with an overspend on drugs offset by income for high-cost drugs.

**(7.) Control Total Deficit** - The Trust is reporting a deficit position to the end of August.

**(8.) Industrial Action costs** – Industrial action took place in June and July and costs were reflected in the month 3 position.

**(10.) Financial Efficiency** – £7m delivered against an annual target of £23.8m. This increases the year to date position by £3.3m in month with a significant number of schemes having been approved from a quality perspective.

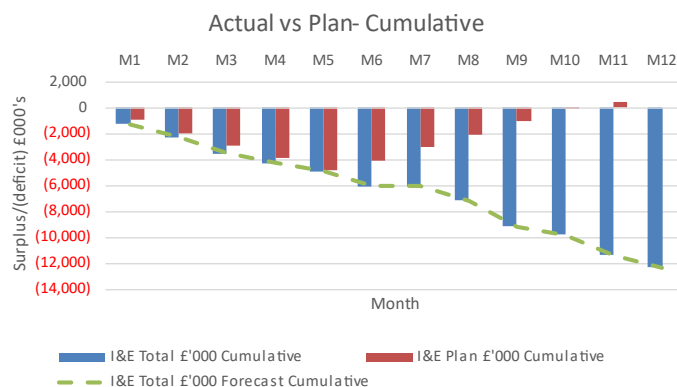
**(11.) Cash** – Cash balance is £15.1m, equivalent to 14 days cash to cover operating expenses.

**(12.) Capital** – Capital expenditure is slightly below YTD plan due to the timing of capital schemes however the Trust is now forecasting above its original plan due to the approval of additional funding for the NHP enabling scheme for Imaging which was received during August

**FORECAST**

2. Forecast

The annual plan for 2024/25 is for a breakeven position. The phasing of the final submitted plan delivers a deficit in the first 5 months of the year and a surplus in the remaining months to arrive at breakeven by March 2025. See the graph below for monthly phasing of plan against draft forecast:



The Trust continues to forecast a breakeven position in line with plan. However, there are very clear risks to delivery of this, including the need to recover the adverse year to date position, need to ensure payment of additional ERF income, costs of approved RTT recovery investments, additional cost pressures from utility costs and, more generically, the risk of full delivery of planned efficiency savings. As would be expected, the Trust is ensuring all possible options to mitigate against these risks, and ensure plan delivery, are explored.

3. Risks to Plan Achievement

Industrial action cost and lost income, ongoing cost of escalation capacity, cost pressures from RTT recovery, winter pressures, financial efficiency slippage, ERF baseline adjustments, the impact of Emergency Data Set reporting on ERF achievement.

4. Opportunities to improve the Position

ERF income for additional elective work, funding for RTT plans, baseline adjustment for SDEC, recovery from community providers for delayed discharges and non-recurrent plan mitigation.

**Key message**

The YTD position, and identified risks for the rest of the financial year, show clearly that delivery of the planned position will remain challenging. Work will continue to progress any mitigations necessary to reach breakeven. Achievement of the plan will depend heavily on the required efficiency savings being realised and the run rate steadily improving in the second half of the financial year, as well as achieving additional ERF income to offset investment in RTT recovery.

**CLINICAL INCOME**

**5. Block contracts.**

The Trust block contracts historically make up around 88% of the total clinical income, covering all activity except for planned care (covered by ERF), diagnostic imaging, HCD and devices, specialised chemotherapy activity, and the Community Diagnostic Centre (CDC).

**6. Elective Recovery Fund (ERF).**

Planned care income is managed through the ERF scheme. The 2024/25 target for MKUH is 106% above 2019/20 values. In 2023/24 the ERF target was reduced by 4% to 102% to compensate for the industrial action, but this has now been restored to the original target.

The reported position reflects the nationally published 2024/25 baseline values, which include a working day (WD) adjustment to account for the number of additional days in 2024/25 compared to 2023/24. This resulted in a material increase to the baseline (c£1.2m).

The August (M05) ERF position shows an estimated income over-performance against the 106% target of £6.7m. Including advice and guidance, the combined ERF performance shows £7.5m earned year to date. The 2024/25 values are higher than at this point of 2023/24. Using the latest indicative data and the nationally reported ERF rules, below shows the Trust M05 performance by care type.

Care Type	YTD Financial performance					YTD Activity performance				Current year (YTD) vs Prior Year (YTD)		
	2024/25 Target	YTD National Baseline (£) incl 106% Stretch	YTD actuals	YTD Variance	YTD Performance compared to 2019/20 (%)	YTD Target activity incl 106% Stretch	YTD actuals	YTD Variance	YTD Performance compared to 2019/20 (%)	Prior year YTD (£)	Current year YTD (£)	Variance (£)
01_Elective Day Case	98%	£7,127,988	£9,003,473	£1,875,485	135.29%	7,083	10,906	3,823	150.89%	£7,553,700	£9,003,473	£1,449,773
02_Elective Inpatient	102%	£5,606,039	£5,770,679	£164,640	110.25%	1,446	1,933	487	136.32%	£4,719,563	£5,770,679	£1,051,116
03_First Attendance with Procedure	110%	£1,608,853	£1,570,126	£-38,727	104.53%	8,136	8,025	-111	108.50%	£1,558,241	£1,570,126	£11,885
03_First Attendance without Procedures	110%	£11,279,641	£15,838,257	£4,558,616	150.39%	52,304	70,751	18,447	143.08%	£15,919,243	£15,838,257	£-80,986
04_Follow Up Attendance with Procedure	110%	£1,869,991	£1,988,221	£118,230	113.88%	12,428	12,019	-409	106.38%	£1,650,905	£1,988,221	£337,316
<b>Grand Total</b>	<b>106%</b>	<b>£27,492,512</b>	<b>£34,170,756</b>	<b>£6,678,244</b>	<b>133%</b>	<b>81,397</b>	<b>103,634</b>	<b>22,237</b>	<b>135%</b>	<b>£31,401,652</b>	<b>£34,170,756</b>	<b>£2,769,104</b>

NHSE are yet to publish any 2024/25 performance data, which should be available by now. The NHSE performance variances are expected to be higher due to NHSE using the Trust’s freeze data, whilst the Trust are using the indicative partially coded month to estimate the values. The anticipated change in reporting of SDEC (Same Day Emergency Care) activity is a risk to ERF income, and the Trust is in active dialogue with NHSE as to how this can be managed.

In addition, the Trust is yet to receive the outstanding 2023/24 ERF performance payments for BOB West ICB which has been escalated. The final publication of 2023-24 ERF performance is expected in Q2 which is likely to result in an adjustment 2024/25 ERF target to recognise the prior year over-performance.

**Key message**

Overall, ERF continues to over perform in 2024/25 which is a continuation of the 2023/24 performance position. This has resulted in a favourable year to date income variance to Plan of £2.1m. Risks relating to this income involve mandated changes to SDEC activity reporting as well as the uncertainty associated with the delay in publication of NHSE official performance.

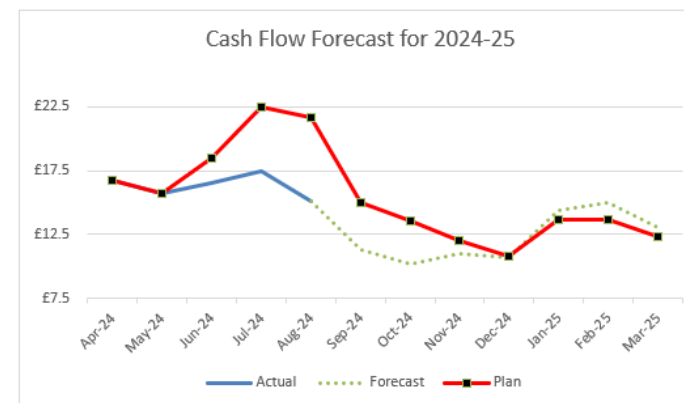
**CASH**

7. Summary of Cash Flow

The cash balance at the end of August was £15.1m, £6.6m behind the planned figure of £21.7m, (due to the delay in receipt of ERF income which was planned to have been received earlier in the year) and a £2.4m decrease on last month's figure of £17.5m (see opposite). The main reasons for the in-month decrease were £1.9m of capital expenditure in M5 and a £0.5m deficit in operating working capital.

8. Cash arrangements 2024/25

The Trust will continue to receive block funding for FY25 which includes an uplift for growth plus any additional incentive funding linked to activity delivery and funding for high-cost drugs on a pass-through basis.



**Key message**

Cash at the end of August was £6.6m behind plan, mostly due to delayed receipt of ERF income. There was a month on month decrease of £2.4m from July, due to capital expenditure and an in-month working capital deficit.

**BALANCE SHEET**9. Statement of Financial Position

The statement of financial position is set out in Appendix 3. The key YTD movements include:

- Non-Current Assets have increased from March 24 by £1.8m; this is driven by a £3.4m increase in tangible assets, offset by a £0.8m decrease in the Right of Use assets, and a £0.9m decrease in Intangible assets.
- Current assets have remained static; this includes increases in other receivables of £8.9m (£11m increase in prepayments, offset by a £2.1 decrease in non-NHS debtors) and in NHS receivables of £3.2m, offset by a decrease in cash of £12.1m.
- Current liabilities have increased by £1.7m; this is due to the £1.9m increase in payables and £0.8m increase in deferred income, offset by the £0.9m decrease in Right of Use assets liability.
- Non-Current Liabilities have increased from March 24 by £0.4m; this is due to the Right of Use assets, related to IFRS 16.

10. Aged debt

- The debtors position as of August 24 is £2.0m, which is a decrease of £0.4m from the prior month. Of this total £1.1m is over 121 days old;

11. Creditors

- The creditors position as of August 24 is £11.6m, which is an increase of £5.1m from the prior month. £2.8m is over 30 days of ageing with £1.6m approved for payment.

**Key message**

Main movements in year on the statement of financial position are the reduction in cash of £12.1m, offset by increases in other receivables of £8.9m (prepaid costs) and tangible assets £3.4m.



**RECOMMENDATIONS**

12. The Council of Governors is asked to note the financial position of the Trust as of 31<sup>st</sup> August 2024.

**Statement of Comprehensive Income  
For the period ending 31<sup>st</sup> August**

	FY25	M5 CUMULATIVE			M5			PRIOR MONTH	
	Annual Budget £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000	M4 Actual £'000	Change £'000
<b>INCOME</b>									
Outpatient First	33,734	13,643	14,134	491	2,677	(148)	(2,826)	3,457 ▼	(3,606)
Outpatient Procedures	5,076	1,664	1,809	145	391	(150)	(541)	1,594 ▼	(1,744)
Chemotherapy delivery	2,435	1,049	873	(176)	200	187	(13)	162 ▲	25
Day Case Admissions	21,191	8,318	10,156	1,837	1,693	1,652	(41)	2,027 ▼	(375)
Elective Admissions	16,667	6,328	6,432	104	1,344	1,093	(252)	1,544 ▼	(451)
High Cost Drugs & Devices	25,432	10,466	10,466	0	2,250	2,250	(0)	2,285 ▼	(35)
<b>Total Variable Income</b>	<b>104,535</b>	<b>41,469</b>	<b>43,871</b>	<b>2,402</b>	<b>8,555</b>	<b>4,884</b>	<b>(3,672)</b>	<b>11,069 ▼</b>	<b>(6,186)</b>
Outpatient Follow up	24,433	9,988	9,989	1	2,042	3,056	1,014	1,041 ▲	2,015
Emergency Admissions	92,557	37,959	37,963	3	7,095	7,096	1	7,948 ▼	(852)
A&E	20,484	8,437	8,437	0	1,638	1,639	0	1,720 ▼	(82)
Other Admissions	16,950	7,256	1,044	(6,212)	1,436	215	(1,222)	187 ▲	28
Maternity Other (Including Deliveries_	0	0	6,220	6,220	0	1,229	1,229	1,086 ▲	143
Maternity pathway (ante/post natal)	9,026	3,901	3,905	4	739	739	(0)	869 ▼	(129)
Critical Care (adult)	4,164	1,574	1,572	(2)	446	445	(1)	293 ▲	152
Neonatal	3,728	1,477	1,477	0	291	291	(0)	264 ▲	27
Imagin	7,363	2,741	2,741	0	609	609	(0)	497 ▲	111
Direct Access Pathology	6,123	2,516	2,516	(0)	521	542	21	495 ▲	47
Best Practice Tariffs	627	252	252	(0)	50	50	(0)	50 ▼	(0)
Other block income	8,513	3,562	3,562	(0)	710	710	(0)	709 ▲	0
<b>Total Block / Fixed Income</b>	<b>193,968</b>	<b>79,663</b>	<b>79,676</b>	<b>13</b>	<b>15,578</b>	<b>16,621</b>	<b>1,043</b>	<b>15,160 ▲</b>	<b>1,461</b>
Non-recurrent & additional income	0	1,884	3,620	1,736	477	5,073	4,596	(188) ▲	5,261
National Block	62,715	26,994	26,994	0	5,399	5,399	0	5,399 ▲	0
<b>Clinical Income</b>	<b>361,218</b>	<b>150,010</b>	<b>154,161</b>	<b>4,151</b>	<b>30,010</b>	<b>31,976</b>	<b>1,967</b>	<b>31,440 ▲</b>	<b>536</b>
Non-Patient Income	25,256	10,563	10,656	93	2,113	2,031	(82)	2,068 ▼	(37)
Donations	6,293	905	5,008	4,103	517	0	(517)	(380) ▲	380
<b>Non-Patient Income</b>	<b>31,550</b>	<b>11,468</b>	<b>15,664</b>	<b>4,196</b>	<b>2,630</b>	<b>2,031</b>	<b>(599)</b>	<b>1,689 ▲</b>	<b>343</b>
<b>TOTAL INCOME</b>	<b>392,768</b>	<b>161,479</b>	<b>169,826</b>	<b>8,347</b>	<b>32,640</b>	<b>34,008</b>	<b>1,368</b>	<b>33,129 ▲</b>	<b>879</b>
<b>EXPENDITURE</b>									
Pay - Substantive	(228,587)	(95,358)	(90,832)	4,526	(19,076)	(18,239)	837	(18,050) ▼	(189)
Pay - Bank	(10,361)	(4,297)	(8,261)	(3,964)	(859)	(1,718)	(859)	(1,628) ▼	(90)
Pay - Locum	(2,200)	(917)	(2,914)	(1,997)	(183)	(600)	(417)	(631) ▲	31
Pay - Agency	(5,045)	(2,329)	(4,070)	(1,741)	(450)	(880)	(430)	(788) ▼	(92)
Pay - Other	(942)	(392)	(422)	(29)	(78)	(83)	(4)	(82) ▼	(1)
Pay CIP	36	15	0	(15)	3	0	(3)	0 ▲	0
Vacancy Factor	50	21	0	(21)	4	0	(4)	0 ▲	0
<b>Pay</b>	<b>(247,049)</b>	<b>(103,258)</b>	<b>(106,499)</b>	<b>(3,241)</b>	<b>(20,640)</b>	<b>(21,519)</b>	<b>(879)</b>	<b>(21,179) ▼</b>	<b>(340)</b>
Non Pay	(90,106)	(41,671)	(41,461)	210	(8,344)	(8,851)	(506)	(8,330) ▼	(521)
Non Tariff Drugs (high cost/individual drugs)	(25,096)	(10,483)	(12,106)	(1,623)	(2,108)	(2,455)	(347)	(2,767) ▲	311
<b>Non Pay</b>	<b>(115,203)</b>	<b>(52,154)</b>	<b>(53,567)</b>	<b>(1,413)</b>	<b>(10,453)</b>	<b>(11,306)</b>	<b>(853)</b>	<b>(11,097) ▼</b>	<b>(209)</b>
<b>TOTAL EXPENDITURE</b>	<b>(362,251)</b>	<b>(155,412)</b>	<b>(160,066)</b>	<b>(4,654)</b>	<b>(31,093)</b>	<b>(32,825)</b>	<b>(1,732)</b>	<b>(32,276) ▼</b>	<b>(549)</b>
<b>EARNINGS BEFORE INTEREST, TAXATION, DEPRECIATION AND AMORTISATION (EBITDA)</b>	<b>30,517</b>	<b>6,067</b>	<b>9,760</b>	<b>3,693</b>	<b>1,547</b>	<b>1,182</b>	<b>(365)</b>	<b>853 ▲</b>	<b>329</b>
Interest Receivable	480	200	478	278	40	102	62	111 ▼	(9)
Interest Payable	(1,268)	(528)	(242)	286	(106)	(48)	57	(48) ▼	(0)
Depreciation, Impairments & Profit/Loss on Asset Disposal	(16,979)	(6,966)	(7,003)	(37)	(1,407)	(1,413)	(6)	(1,418) ▲	5
Donated Asset Depreciation	(707)	(290)	(254)	37	(58)	(51)	7	(51) ▲	0
Profit/Loss on Asset Disposal & Impairments	0	0	0	0	0	0	0	0 ▲	0
DEL Impairments	0	0	(290)	(290)	0	(58)	(58)	(58) ▲	0
AME Impairments	0	0	0	0	0	0	0	0 ▲	0
Unwinding of Discounts	0	0	0	0	0	0	0	0 ▲	0
<b>OPERATING SURPLUS/(DEFICIT) BEFORE DIVIDENDS</b>	<b>12,044</b>	<b>(1,517)</b>	<b>2,449</b>	<b>3,967</b>	<b>16</b>	<b>(286)</b>	<b>(302)</b>	<b>(612) ▲</b>	<b>326</b>
Dividends Payable	(6,457)	(2,691)	(2,762)	(71)	(538)	(552)	(14)	(552) ▲	0
<b>OPERATING SURPLUS/(DEFICIT) AFTER DIVIDENDS</b>	<b>5,586</b>	<b>(4,208)</b>	<b>(313)</b>	<b>3,895</b>	<b>(522)</b>	<b>(838)</b>	<b>(316)</b>	<b>(1,164) ▲</b>	<b>326</b>



**Statement of Cash Flow  
As of 31<sup>st</sup> August 2024**

	Mth12 2023-24 £000	Mth 5 £000	Mth 4 £000	In Month Movement £000
<b>Cash flows from operating activities</b>				
Operating (deficit)/surplus from continuing operations	13,970	2,503	2,787	284
Operating surplus/(deficit) of discontinued operations				
<b>Operating (deficit)/surplus from continuing operations</b>	<b>13,970</b>	<b>2,503</b>	<b>2,787</b>	<b>284</b>
<b>Non-cash income and expense:</b>				
Depreciation and amortisation	17,229	7,257	5,791	(1,466)
(Increase)/Decrease in Trade and Other Receivables	(3,720)	(12,063)	(6,914)	5,149
(Increase)/Decrease in Inventories	(127)	2	0	(2)
Increase/(Decrease) in Trade and Other Payables	544	(629)	(5,186)	(4,557)
Increase/(Decrease) in Other Liabilities	(6,967)	876	857	(19)
Increase/(Decrease) in Provisions	8,698	(118)	(108)	10
Income in respect of capital donations	(8,415)	0	(5,008)	(5,008)
Other movements in operating cash flows	891	0	0	0
<b>NET CASH (USED IN) GENERATED FROM OPERATIONS</b>	<b>22,103</b>	<b>(2,172)</b>	<b>(7,781)</b>	<b>(5,609)</b>
<b>Cash flows from investing activities</b>				
Interest received	1,399	478	376	(102)
Purchase of intangible assets	(425)	(66)	(59)	7
Purchase of Property, Plant and Equipment	(34,087)	(9,246)	(6,649)	2,597
Process from sale of Property, Plant and Equipment	252	0	0	0
<b>Net cash (used in) investing activities</b>	<b>(32,861)</b>	<b>(8,834)</b>	<b>(6,332)</b>	<b>2,502</b>
<b>Cash flows from financing activities</b>				
Public dividend capital received	11,039	0	0	0
Capital element of finance lease rental payments	(5,078)	(595)	(195)	400
Unwinding of discount	0	(290)	(232)	58
Interest element of finance lease	(680)	(242)	(194)	48
PDC Dividend paid	(5,725)	0	0	0
Receipt of cash donations to purchase capital assets	8,415	0	5,000	5,000
Cash flows from (used in) other financing activities	0	0	0	0
<b>Net cash generated from/(used in) financing activities</b>	<b>7,971</b>	<b>(1,127)</b>	<b>4,379</b>	<b>5,506</b>
<b>(Decrease)/increase in cash and cash equivalents</b>	<b>(2,787)</b>	<b>(12,133)</b>	<b>(9,734)</b>	<b>2,399</b>
<b>Opening Cash and Cash equivalents</b>	<b>27,208</b>	<b>27,208</b>	<b>27,208</b>	
<b>Closing Cash and Cash equivalents</b>	<b>27,208</b>	<b>15,075</b>	<b>17,474</b>	<b>2,399</b>

Statement of Financial Position as of 31<sup>st</sup> August 2024

	Mar-24 Audited	Aug-24 YTD Actual	YTD Mvmt	% Variance
<b>Assets Non-Current</b>				
Tangible Assets	241.4	244.8	3.4	1.4%
Intangible Assets	16.6	15.7	(0.9)	(5.4%)
ROU Assets	18.6	17.8	(0.8)	(4.3%)
Other Assets	3.2	3.3	0.1	3.1%
<b>Total Non Current Assets</b>	<b>279.8</b>	<b>281.6</b>	<b>1.8</b>	<b>0.6%</b>
<b>Assets Current</b>				
Inventory	5.3	5.3	0.0	0.0%
NHS Receivables	12.0	15.2	3.2	26.7%
Other Receivables	7.5	16.4	8.9	118.7%
Cash	27.2	15.1	(12.1)	(44.5%)
<b>Total Current Assets</b>	<b>52.0</b>	<b>52.0</b>	<b>0.0</b>	<b>0.0%</b>
<b>Liabilities Current</b>				
Interest-bearing borrowings	(1.5)	(0.6)	0.9	(60.0%)
Deferred Income	(11.6)	(12.4)	(0.8)	6.9%
Provisions	(11.7)	(11.6)	0.1	(0.9%)
Trade & other Creditors (incl NHS)	(60.8)	(62.7)	(1.9)	3.1%
<b>Total Current Liabilities</b>	<b>(85.6)</b>	<b>(87.3)</b>	<b>(1.7)</b>	<b>2.0%</b>
<b>Net current assets</b>	<b>(33.6)</b>	<b>(35.3)</b>	<b>(1.7)</b>	<b>5.1%</b>
<b>Liabilities Non-Current</b>				
Long-term Interest bearing borrowings	(18.2)	(18.6)	(0.4)	2.2%
Deferred Income	(0.5)	(0.5)	0.0	0.0%
Provisions for liabilities and charges	(1.6)	(1.6)	0.0	0.0%
<b>Total non-current liabilities</b>	<b>(20.3)</b>	<b>(20.7)</b>	<b>(0.4)</b>	<b>2.0%</b>
<b>Total Assets Employed</b>	<b>225.9</b>	<b>225.6</b>	<b>(0.3)</b>	<b>(0.1%)</b>
<b>Taxpayers Equity</b>				
Public Dividend Capital (PDC)	294.2	294.2	0.0	0.0%
Revaluation Reserve	64.6	64.6	0.0	0.0%
Financial assets at FV through OCI reserve	(2.6)	(2.6)	0.0	0.0%
I&E Reserve	(130.3)	(130.6)	(0.3)	0.2%
<b>Total Taxpayers Equity</b>	<b>225.9</b>	<b>225.6</b>	<b>(0.3)</b>	<b>(0.1%)</b>

## GLOSSARY OF TERMS

Abbreviation	Full name	Explanation
A/L	Annual Leave	Impact of staff annual leave
BAU	Business as usual	In the context of capital expenditure, this is the replacement of existing capital assets on a like for like basis.
BPP	Better payment practice	This requires all NHS Organisations to achieve a public sector payment standard for valid invoices to be paid within 30 days of their receipt or the receipt of the goods or services – the target for this is 95%
CDEL	Capital Departmental Expenditure Limit	Trusts maximum amount of capital expenditure available to be spent for the current year set by Regional NHS team and reviewed every financial year.
CIP	Cost Improvement Programme	Scheme designed to improve efficiency or reduce expenditure
COVID	COVID-19	Costs associated with COVID-19 virus
E&T	Education & Training	
ERF	Elective Recovery Fund	Additional non recurrent funding linked to recovery
HCD	High Cost/Individual Drugs	
NHP	New Hospital Programme	National capital funding for major hospital redevelopments
PDC	Public Dividend Capital	A form of long-term government finance which was initially provided to NHS trusts when they were first formed to enable them to purchase the Trust's assets from the Secretary of State. Public dividend capital (PDC) represents the Department of Health's (DH's) equity interest in defined public assets across the NHS.
R&D	Research & Development	
YTD	Year to date	Cumulative costs for the year
Other frequently used abbreviations		
Accelerator	Accelerator Funding	Additional funding linked to recovery
Block	Block value	Block income value linked to 19/20 values
Top-up	Top up Funding	Additional block income linked to 19/20 values
Covid	COVID Funding	Additional block funding to cover incremental COVID-19 expenditure

<b>Meeting Title</b>	<b>Council of Governors Meeting</b>	<b>Date: 23 October 2024</b>
<b>Report Title</b>	Non-Executive Director (NED) Appointment Committee Assurance Report	<b>Agenda Item Number: 9</b>
<b>Lead Director</b>	Kate Jarman, Chief Corporate Services Officer	
<b>Report Author</b>	'Kemi Olayiwola, Trust Secretary	

<b>Introduction</b>	This report is for Assurance		
<b>Key Messages to Note</b>	The Council of Governors are hereby asked to <b>APPROVE</b> the recommendations from the NED Appointment Committee to: <ol style="list-style-type: none"> <li>1. Appoint Piers Ricketts as Non-Executive Director</li> <li>2. Appoint Precious Zumbika-Lwanga as Non-Executive Director</li> <li>3. Appoint Ganesh Balial as Non-Executive Director</li> </ol>		
<b>Recommendation</b> <i>(Tick the relevant box(es))</i>	<b>For Information</b> <input checked="" type="checkbox"/>	<b>For Approval</b> <input checked="" type="checkbox"/>	<b>For Review</b> <input type="checkbox"/>

<b>Strategic Objectives Links</b> <i>(Please delete the objectives that are not relevant to the report)</i>	<ol style="list-style-type: none"> <li>1. <i>Working with partners in MK to improve everyone's health and care</i></li> <li>2. <i>Innovating and investing in the future of your hospital</i></li> </ol>
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<b>Report History</b>	NA
<b>Next Steps</b>	NA
<b>Appendices/Attachments</b>	NA

<b>Governance</b>	
i.	Since the last report to the Council of Governors, the NED Appointments Committee has met on one occasion on 26 September 2024
ii.	The meeting was called and convened pursuant to the Terms of Reference and was quorate.
iii.	The meeting was chaired by Babs Lisgarten – Lead Governor

<b>Recommendations to the Council of Governors</b>		
The Committee made the following recommendations to the Council for Approval:		
<b>Agenda Item</b>	<b>Decision Made</b>	<b>Comments</b>
Non-Executive Director (NED) Appointment Committee Update	The Committee resolved to recommend:	The recommendation is made following the recruitment process conducted by the Trust in line with the NHS requirement for

<ul style="list-style-type: none"> <li>Appointment of Finance Qualified NED</li> </ul>	<ul style="list-style-type: none"> <li>The appointment of Piers Ricketts as a Non-Executive Director to the Board of Milton Keynes University Hospital NHS Foundation Trust.</li> </ul>	<p>open advertisement to which 24 candidates applied, and the interviewing of 4 candidates by a panel including 5 governors/members of the NEDs Appointment Committee</p> <p>The Committee are satisfied that a proper process has been conducted and that Piers Ricketts is a strong candidate for the NED role.</p>
<p>Non-Executive Director (NED) Appointment Committee Update</p> <ul style="list-style-type: none"> <li>Appointment of Two Non-Executive Directors (former Associate NEDs)</li> </ul>	<p>The Committee resolved to recommend:</p> <ul style="list-style-type: none"> <li>The appointment of Precious Zumbika-Lwanga and Ganesh Baliaal as Non-Executive Directors to the Board of Milton Keynes University Hospital NHS Foundation Trust following the successful completion of their 2-year term as Associate NEDs.</li> </ul>	<p>The Committee noted that both Precious Zumbika-Lwanga and Ganesh Baliaal were appointed as Associate NEDs through the process of open advertisements conducted by the Trust in line with the NHS Code of Governance and were interviewed on 7 December 2022.</p> <p>The Committee noted that there has been a significant growth and development of both Associate NEDs over the last 2 years and have now been considered for a transition to full NED roles and responsibilities.</p> <p>The Committee further noted that there is a business need for additional NEDs on the Trust Board and both Associate NEDs possess the required skillset and experience to take on the vacancy.</p>

### Recommendations

The Council of Governors are hereby asked to **APPROVE** the recommendations from the NED Appointment Committee to:

1. Appoint Piers Ricketts as Non-Executive Director
2. Appoint Precious Zumbika-Lwanga as Non-Executive Director
3. Appoint Ganesh Baliaal as Non-Executive Director

<b>Meeting Title</b>	<b>COUNCIL OF GOVERNORS MEETING</b>	<b>Date: 23 October 2024</b>
<b>Report Title</b>	Board Committee Update - Finance & Investment Committee	<b>Agenda Item Number: 10</b>
<b>Committee Chair</b>	<b>Gary Marven</b> , Non- Executive Director & Chair of the Committee	
<b>Report Author</b>	<b>Gary Marven</b> , Non- Executive Director & Chair of the Committee	

<b>Introduction</b>	The purpose of the report is to provide an update to the Council of Governors on the activities of the Finance & Investment Committee since the last CoG meeting.		
<b>Key Messages to Note</b>	The Council of Governors is invited to NOTE the update.		
<b>Recommendation</b> <i>(Tick the relevant box(es))</i>	<b>For Information</b> <input checked="" type="checkbox"/>	<b>For Approval</b> <input type="checkbox"/>	<b>For Assurance</b> <input checked="" type="checkbox"/>

<b>Strategic Objectives Links</b> <i>(Please delete the objectives that are not relevant to the report)</i>	<ol style="list-style-type: none"> <li>1. <i>Spending money well on the care you receive</i></li> <li>2. <i>Employ the best people to care for you</i></li> <li>3. <i>Expanding and improving your environment</i></li> <li>4. <i>Innovating and investing in the future of your hospital</i></li> </ol>
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<b>Governance</b>	
i.	The Finance & Investment Committee met on 27 August 2024
ii.	The meeting was called and convened pursuant to the Terms of Reference and was quorate.
iii.	The meeting was chaired by Gary Marven

<b>Committee Discussions and Decisions</b>		
The following decisions were made at the committee:		
<b>Agenda Item</b>	<b>Decision Made</b>	<b>Comments</b>
<b>Capital programme update</b>	The Committee noted the update	In the light of the New Hospital Project funds approved (and the Oak Ward case) it would be helpful to understand what the proposed end-state ward configuration will be going forward when all capacity is complete (and what this looks like during the interim period). Also, how this aligns with predicted patient demand - escalated to Board
<b>Oak Wards Business Case</b>	Approved	This case was onward recommended to Board. It was noted that the case only sets out the capital costs and the revenue costs of running the building. A further business case, to support the operating model costs this build will incur, needs to be brought forward to Oct/Nov Board. The capital risks, namely resource availability over future years (given the Capital Departmental Expenditure Limit (CDEL)

		allocation is under pressure) was noted and the options to mitigate discussed.
<b>Heat network de-carbonisation</b>	Approved	This case, in essence, and under the current energy tax regime, would see an increase in operational costs incurred to achieve our green objectives. The option on the table, which involves an external capital grant, will offset some unavoidable capital replacement costs in addition to decarbonisation benefits, the priority we are giving this, at a busy time for the hospital and weighing up the increased revenue costs that will result, as compared to the potential future benefits (inclusive of potentially reduced CDEL costs) all need further discussion.
<b>Financial report and Cash flow report</b>	Noted	<p>Whilst we are in a challenging environment, with a 6% efficiency target, we saw a £0.5m improvement in our year to date variance to plan from last month. Our year to date deficit now stands at £4.3m, which in terms of direction of travel, is pleasing and evidences the focus on these targets.</p> <p>Against this improved position, the Committee deep dived on the performance of the core clinical division which is significantly behind plan and the need to implement an improvement plan along with discussion for what support they need to be successful.</p> <p>It should be noted that in general, and as highlighted on the BAF, our agreed plan of reaching a breakeven position by year end has many risks attached to it. The Committee discussed in detail a risk regards elective recovery fund (ERF) activity taking place in same day emergency care (SDEC) and how changes in how this is recognised could impact both profit and cash.</p> <p>The Committee also noted the wider financial performance of the Integrated Care System (ICS) and the resultant risk that regulatory action may ultimately result given the system deficit position. This would limit management ability to take financial decisions independently and result in additional oversight upon both the system and Trust.</p>
<b>Efficiency report</b>	Noted	The committee noted the very impressive work underway to deliver necessary financial efficiency, supported by PA consultancy. This has put in place a professional programme management structure, to drive both divisional efficiencies and also identifies cross divisional

		efficiencies. The important point here is the identification of recurring savings
<b>Performance report</b>	Noted	Challenges remain and the discussion focused on the zero target for over 65 day waits
<b>Dermatology contract</b>	Approved	The Committee approved a procurement approach to delivering this contract, following very limited response to recent market engagement exercise. A discussion around how the Trust could avoid similar situations in the future, and how priority had been given to service needs in this process, too place. The Committee felt satisfied with clarification on these matters.
<b>Radiology reporting contract</b>	Approved	New contract at reduced costs  We need to consider how important this is, i.e. what priority we should place on finding a new or more competitive process, given that the performance of the current supplier is satisfactory

#### 5. Recommendation

The Council of Governors are invited to note the Finance Committee Assurance Update.



<b>Meeting Title</b>	<b>Council of Governors Meeting</b>	<b>Date: 23 October 2024</b>
<b>Report Title</b>	Succession Planning – Acting Trust Chair	<b>Agenda Item Number: 11</b>
<b>Lead</b>	Gary Marven, Senior Independent Non-Executive Director	
<b>Report Author</b>	Gary Marven, Senior Independent Non-Executive Director	

<b>Introduction</b>	This report is a response to action from the Council of Governors Meeting held in Private on 24 July 2024		
<b>Key Messages to Note</b>	<p>The Council of Governors is asked to:</p> <p><b>NOTE</b> the report and uphold the decision of the Council of Governors in Private to extend the term of Heidi Travis as Acting Trust Chair for an additional 6 months from 31 October 2024</p>		
<b>Recommendation</b> <i>(Tick the relevant box(es))</i>	<b>For Information</b> <input type="checkbox"/>	<b>For Approval</b> <input type="checkbox"/>	<b>For Review</b> <input type="checkbox"/>

<b>Strategic Objectives Links</b> <i>(Please delete the objectives that are not relevant to the report)</i>	<ol style="list-style-type: none"> <li>1. <i>Working with partners in MK to improve everyone’s health and care</i></li> <li>2. <i>Innovating and investing in the future of your hospital</i></li> </ol>
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<b>Report History</b>	NA
<b>Next Steps</b>	NA
<b>Appendices/Attachments</b>	NA

## 1. Background

The Trust has undergone significant changes in the composition of the Executive team recently with several senior posts changing: Finance Director, Chief Nursing Officer and HR Director as well as changes in some of the NED positions

The Trust is facing a challenging clinical environment, where, whilst performing well relatively, we are falling short of our required targets.

The financial environment is equally difficult, to achieve the goal of breakeven this year we will need to hit efficiency targets of circa 6%, versus a norm of nearer to 2%. In addition Capital funding is under pressure. Both of these factors also place pressure on our cash position, where we are anticipating a significant reduction in our cash balance by the end of the year.

Furthermore, a detailed review on diversity and inclusion is ongoing at the Trust, while its relationships and ways of working with partners in the ICB are still developing.

This background places a significant need for strong leadership, clear strategic direction and to maintain as much stability and experience as possible whilst the team finds its feet and moves through the traditional storming/ norming performing stages.

This report is a response to action from the Council of Governors Meeting held in Private on 24 July 2024 following the recommendation from the Non-Executive Directors Appointment Committee to extend the term of Heidi Travis as Acting Chair for an additional 6 months effective 31 October 2024. The Council in Private in approving the extension of term had requested that the Senior Independent NED to provide an outline of Heidi's performance and achievements during her first six months as Acting Trust Chair to the Council of Governors in Public to support the approval of the extension of term.

This report is for noting.

## 2. Trust Chair Extension of term as Acting Chair

Heidi's experience as having been the senior independent director over many years and currently as acting Chair is exactly what the trust needs now, in addition her previous role at Sue Ryder has provided a wealth of relevant experience.

Since being in place as acting Chair, Heidi has:

- Developed further her strong relationship with our CEO and capitalised on her relationships with key individuals at the ICB.
- Reconsidered and assessed the composition and skill sets of the NED's
- Played a prominent and visible role in the day to day events of the Hospital being available to staff
- Attended all major committees and pro-actively challenged and helped direct the executive team through these governance sessions
- Led sessions to better clarify the role of the governors and the nature of the interaction of the governors with the NED's
- Supported, challenged and directed the CEO on key matters such as the current diversity and inclusion review.

## 3. Recommendations

The Council of Governors is asked to:

- NOTE** the report and uphold the decision of the Council of Governors in Private to extend the term of Heidi Travis as Acting Trust Chair for an additional 6 months from 31 October 2024.

<b>MEETING TITLE</b>	<b>COUNCIL OF GOVERNORS MEETING</b>	<b>Date: 23 October 2024</b>
<b>REPORT TITLE</b>	<b>Membership &amp; Governor Engagement Report</b>	<b>Agenda Item Number: 12</b>
<b>LEAD</b>	Lui Straccia, Membership & Engagement Manager	
<b>AUTHOR</b>	Lui Straccia, Membership & Engagement Manager	

<b>PURPOSE</b>			
<b>ASSURANCE</b>	<b>APPROVAL</b>	<b>DISCUSS</b>	<b>INFORMATION</b>

## **UPDATE ON MEMBERSHIP & GOVERNOR ENGAGEMENT**

### **1. Annual Members' Meeting (AMM)**

The AMM was held on 9 October as part of a Community Health Day event at Unity Place, Grafton Gate, MK. The event itself was a success. One member who attended commented that the attendance was somewhat lower than when she had last attended the AMM, at Christ the Cornerstone Church 6 or 7 years ago. Babs Lisgarten thanked the member for the feedback and highlighted the pandemic as having a significant effect on AMM attendances during this period, while Heidi Travis also commented that the feedback will be taken onboard in terms of future events. Ahead of the event, all members were emailed to invite them to the AMM, while a press release was also published, and messages to staff were published on the intranet news and in the Weekly message. Consideration will be given to boosting attendance for next year's event, in evaluation. This could be a priority topic for the new Governor Engagement Committee. Any comments or views on this from Governors would be welcome.

### **2. Welcome to 2 new Governors – and farewell to 4 Governors**

Following recent nominations process, 1 new Public Governor (Ian Oswald) and 1 new Staff Governor (David Cattigan) have joined the MKUH Council of Governors. Since the last meeting, Rachel Medill, Stevie Jones, Tracy Rea and Kat Jaitly have stepped down as Governors. Voting for elections in two public constituencies is currently underway with declarations to be made on 1 November. This will bring the Council of Governors back up to 23 out of 26 Governor seats filled.

### 3. Membership – 2,670 – up from 2,488 (+182) since July 2024

Membership sign-ups continue to increase, via a variety of avenues: via the MyCare appointment app; whilst browsing the Trust website; word of mouth; by hearing about membership at local community meetings; as patients, using QR codes to sign up online; at an event; and via social media. The most common ways of signing up are still via MyCare; as a patient; and browsing the Trust website.

### 4. Governor Engagement Committee

Terms of Reference are currently being drafted for this new committee. If any Governors are interested in being a member of this group, please let Lui Straccia know. The aim of the committee is to support MKUH Governors in their engagement activities, in turn supporting Governors' overarching roles and responsibilities. Once the new Governors have been declared on 1 November, a message will be sent to all Governors inviting interest for participation in the new group and a date set for the first meeting (to be aimed at December). Topics for consideration could be planning Governor engagement activity for 2025, and engagement priorities for the year.

### 5. Governor Briefing Pack

The first Governor Briefing Pack was published in September, aimed at supporting Governors with their engagement activity, when they are out and about speaking to members and the public, listening to their queries and concerns, and answering their questions. Any feedback would be most welcome on the pack, to ensure it meets Governors' requirements. The next pack is scheduled for November 2024.

## MKUH GOVERNOR ACTIVITY APRIL-JULY 2024

Andrea Vincent	<ul style="list-style-type: none"> <li>MKUH Community Health Day – Governors &amp; Membership stand – 9 October</li> <li>PLACE Audit – 17 October</li> </ul>
Christine Thompson	<ul style="list-style-type: none"> <li>Strategic Estates stall – MK Central Library – 5 September</li> <li>MK Job Show – 20 September</li> <li>Community Health Day – Governors &amp; Membership stand - 9 October</li> <li>PLACE Audit – 17 October</li> </ul>
Ken Rowe	<ul style="list-style-type: none"> <li>PLACE Audit – 17 October</li> </ul>
Hany Eldeeb	<ul style="list-style-type: none"> <li>Meeting with MK mosques – 30 July</li> </ul>
Ansar Hussain	<ul style="list-style-type: none"> <li>Community Health Day – 9 October</li> </ul>

	<ul style="list-style-type: none"> <li>• PLACE Audit – 17 October</li> </ul>
Clare Hill	<ul style="list-style-type: none"> <li>• Community Health Day – 9 October</li> </ul>

## 1. Governor activity

### Coming up of note:

Date	Event	Governor attending
20 November	Kings Community Centre Food Bank – Patient Experience stall	Andy Forbes, Fran Vernon

### Recommendation:

The Council of Governors are asked to DISCUSS the report.

## **Healthwatch Milton Keynes**

# **Report to the Milton Keynes University Hospital Council of Governors**

**October 2024**

### **Response to information from September Trust Board**

The Healthwatch Milton Keynes staff and volunteers considered the papers of the Trust Board meeting held in September and asked that the Council of Governors consider the following comments and considerations in relation to Patient Experience when holding the Non-Exec Directors to account.

#### **Patient Safety Update**

The Trust Board pack review panel acknowledged that the patient safety incidents listed in the report had been reflected in response plans and felt the information about the process for learning from incidents is detailed quite clearly. The panel felt that public readers would benefit from more information regarding how a resident, patient, or governor could gain assurance that learnings/changes are embedded and result in reduction in incidents.

#### **Trust Performance Summary**

The panel noted that the number of patients not meeting the criteria to reside, stranded and super stranded patients sat much higher than thresholds and welcome MKUH to invite Healthwatch Milton Keynes to discuss the issues in more detail. HWMK could support to explore gathering the experiences of these patients, as an independent view within the context of patient experience could provide opportunities to reduce length of stay.

The panel noted the significant increase in the DNA rate and were keen to understand what the Trust felt the drivers were behind this sudden and sustained increase in the DNA rate.

#### **Workforce Report**

The HWMK panel noted and welcomed the introduction of Values Based Recruitment, as part of the Trust's cultural improvement work and thanked the Trust for providing the public with MKUH's Workforce Equality, Diversity, and Inclusion Annual Report which highlighted an extensive approach to EDI at the Trust. The panel felt that HWMK needs a better understanding of the patient participation forums within the trust, so as to ensure the patient engagement work of the Trust and HWMK is complementary, promoted, and HWMK have more formal channels through which to discuss any particular themes arising from the wider community conversations undertaken by HWMK.

### **Complaints and PALS Annual Report**

The panel welcomed the clear and thorough annual report with regards to complaints and PALS activity and were pleased to see many examples of where action has been taken to address key themes of complaints.

### **Activity and Partnership Updates from Healthwatch Milton Keynes**

There are several activities that will be of interest to the Council of Governors.

#### **Improving System Flow**

Healthwatch MK have begun undertaking patient interviews with patients being discharged from MKUH through the new Integrated Discharge Hub. Interviewing a sample size of patients being discharged on Pathways 1 and 2, this work will help to understand patient experience in real time and support the early delivery of the integrated pathway model to work effectively. Due to limitations on data sharing and work around processes, whereby the Integrated Discharge Team must hold conversations about the project with each patient and gain consent to share details with Healthwatch, we are not seeing the sample size of patients that was agreed. Our staff are working with the team to better communicate the aims of the project with each patient. From the interviews that have taken place, however, we are already seeing themes of patient experience where improvements to discharge pathways could be made and will be reporting these findings to the System Flow Core Group.

#### **Monthly Engagement Campaigns**

Healthwatch MK is running a series of Engagement Campaigns this year. The Chair of the Council of Governors was incredibly supportive earlier in the year by streaming a video for our social media promotion of patient participation by talking about membership of MKUH and how to get involved as a resident/patient at the Trust.

We are currently running our month focusing on experiences of people with Learning Disabilities and will be holding a focus group at the Recovery College next week with residents.

In November, we'll be focusing on Men's Health and heading along to the Man Cave to hear from residents about their experiences and needs from health and social care.

In December we'll be supporting the system with communications about keeping safe and well during winter and promoting self-care, pharmacy first pathways and community support.

In January, we'll be discussing support for Deaf residents and with the support of Great Linford Parish Council, who have provided £500 of funding for interpreters, we'll be holding a session specifically for Deaf residents covering all the topics we've covered so far this year including patient participation, participation in research, general health and mental health.

### **Denny Review Recommendations – Translation and Interpretation Mapping**

As part of the response to the Denny Review, HWMK has been funded by BLMK ICB to undertake a scoping exercise of translation and interpretation services and how effective they are for patients, families and staff. The activities include capturing information about all translation and provider services being used by local health and care providers, detailed conversations with service leads/managers and the workforce about how ensuring patients receive the translation and interpretation support works on the ground and observational visits within services.

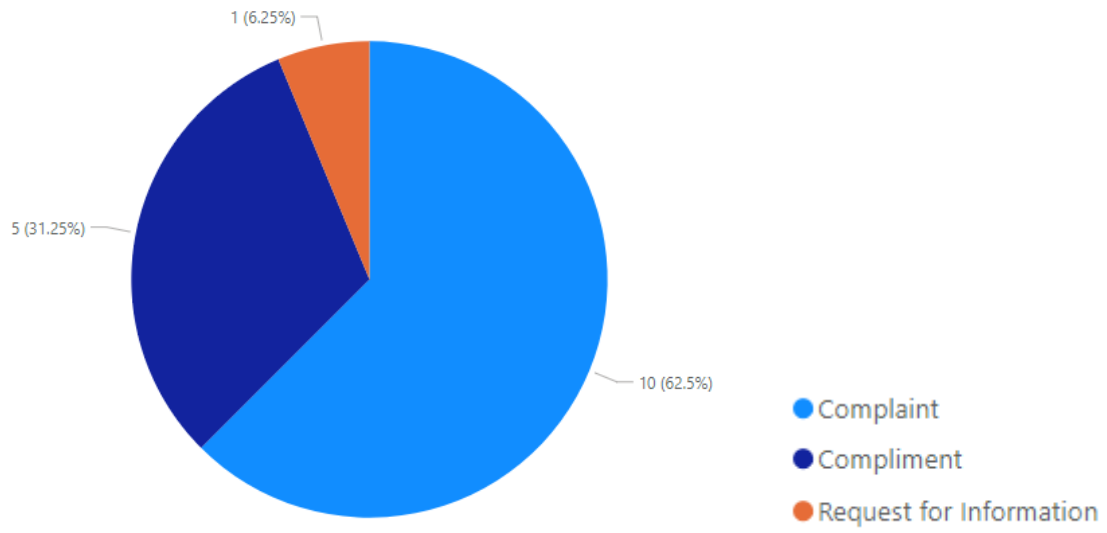
In September the HWMK team carried out these visits to MKUH. We were able to visit Main Reception, Pharmacy, Maple Unit – Same Day Emergency and inpatients, Maternity, Dermatology and Audiology, Outpatients and the Eye Clinic.

Findings from the observations will be submitted to the ICB in November, once other provider visits are concluded. HWMK have been asked by the ICB to provide any recommendations for improvements with providers and it will be important to ensure we have an opportunity to discuss our findings and recommendations in full.

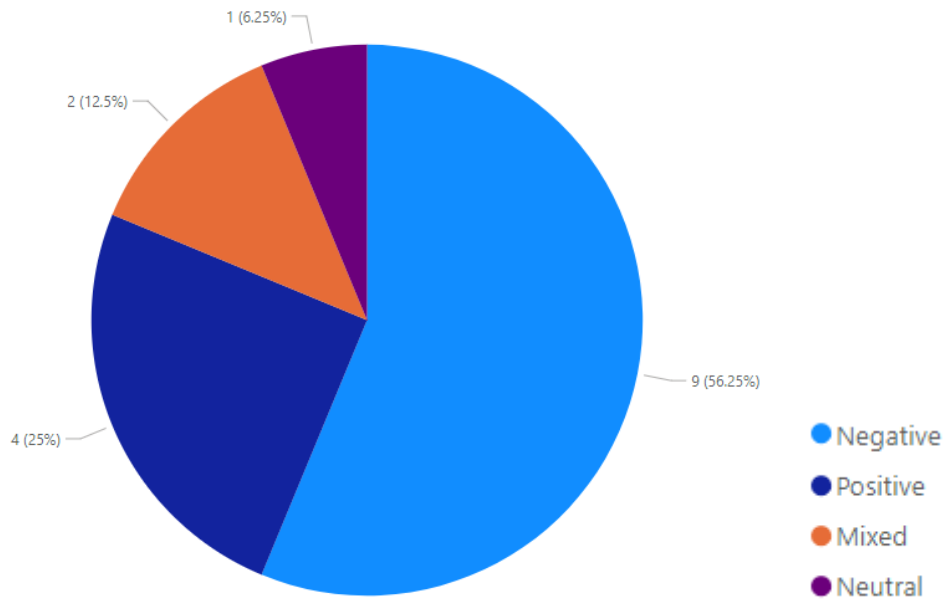


## Experiences shared with Healthwatch Milton Keynes

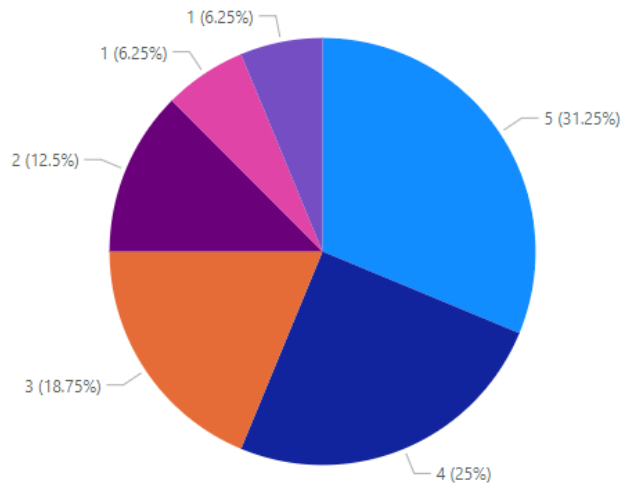
### Nature of Contact



### Sentiment of feedback



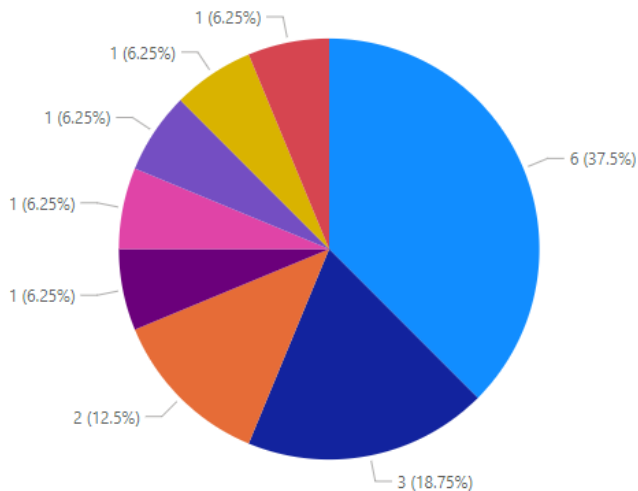
## Theme of feedback



- Access to services
- Communication with patients; treatment explanation; verbal advice
- Waiting for appointments or treatment; waiting lists.
- Caring, kindness, respect and dignity
- Accessibility and reasonable adjustments
- Referrals

## Service Category

- Hospital services- not stated
- General outpatients and hospital-based consultants
- Urgent primary care, including Urgent Treatment Centres, walk-in care,
- Emergency department (inc A&E)
- General Practice (GP)
- Hospital-based psychiatric care
- Maternity care
- Ophthalmology



Healthwatch Milton Keynes received 16 experiences of care at MKUH between 1<sup>st</sup> July and 30<sup>th</sup> September 2024. Some examples of feedback included:

- One patient expressed concerns about the accessibility and service delays at MKUH. They reported that the toilets are not spacious enough to accommodate wheelchairs, forcing some users to leave them outside and struggle to enter. Additionally, the client experienced lengthy wait times for Orthotics appointments, with a potential 12-week wait for the first fitting of measured shoes. If the shoes do not fit upon arrival, further adjustments can take up to three more months, during which time the client's foot condition may change, rendering the original measurements invalid. This process can extend over months or even years, often resulting in shoes becoming unusable.
- The patient reported having an ulcer on the big toe, which was initially treated by podiatrists without any indication that amputation might be necessary. Referred to MKUH by their GP last year, the client experienced slow progress in their treatment, and now faces a likely need for toe removal. They had to repeatedly contact the hospital to inquire about upcoming treatments and felt that the lack of urgency in addressing their condition has contributed to a deterioration. The client contacted HWMK because they were unsure who to reach out to regarding their concerns and frustrations.
- One patient recently underwent minor knee surgery and spent two weeks in the hospital, where they received exceptional care. Despite some minor administrative errors due to the hospital's busy environment, the client praised the hard-working nurses, who always had a positive attitude. They found the doctors and consultants to be excellent and were impressed with the overall quality of care. Additionally, the client appreciated the hospital food. They expressed their gratitude, stating that the staff made a difficult experience as comfortable as possible.
- One patient reported a difficult experience at Milton Keynes A&E, where waiting 23 hours before being given a bed, and was then moved twice more before finally being placed in a ward. The patient felt a lack of empathy from staff. Although the consultant and staff on the Acute Stroke Ward were efficient and friendly, the client was given an upsetting diagnosis in front of other patients, raising concerns about patient privacy.
- Another patient shared their positive experience with the Retinal Eye Screening at the hospital, praising the professional and outstanding care

they received. They expressed gratitude and noted that they only had to wait one week for an appointment, emphasising their pride in the hospital's service.

# **COUNCIL OF GOVERNORS**

**Agenda item: 14**

**Inclusion and Leadership Council Report**

**Chair**

**Verbal/Note**

<b>Meeting Title</b>	<b>Council of Governors Meeting</b>	<b>Date: 23 October 2024</b>
<b>Report Title</b>	Council of Governors Terms of Refence	<b>Agenda Item Number: 15</b>
<b>Lead Director</b>	Kate Jarman, Chief Corporate Services Officer	
<b>Report Author</b>	'Kemi Olayiwola, Trust Secretary	

<b>Introduction</b>	For Assurance		
<b>Key Messages to Note</b>	The Council of Governors are invited to: <ol style="list-style-type: none"> <li>1. <b>NOTE</b> the amendments to the Terms of Reference</li> <li>2. <b>APPROVE</b> the Terms of reference</li> </ol>		
<b>Recommendation</b> <i>(Tick the relevant box(es))</i>	<b>For Information</b> <input checked="" type="checkbox"/>	<b>For Approval</b> <input checked="" type="checkbox"/>	<b>For Review</b> <input type="checkbox"/>

<b>Strategic Objectives Links</b> <i>(Please delete the objectives that are not relevant to the report)</i>	<ol style="list-style-type: none"> <li>1. <i>Working with partners in MK to improve everyone's health and care</i></li> <li>2. <i>Innovating and investing in the future of your hospital</i></li> </ol>
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<b>Report History</b>	NA
<b>Next Steps</b>	Trust Board in Public
<b>Appendices/Attachments</b>	CoG Terms of Reference

## COUNCIL OF GOVERNORS TERMS OF REFERENCE

### 1 Constitution

The Council of Governors is mandated under paragraph 12 of the Constitution as such will comprise of both elected and appointed Governors.

#### Authority

The powers of the Council of Governors are set out in the Trust Constitution.

#### Accountability

The Council of Governors is accountable to the various bodies set out in statute, including Monitor and other third-party bodies and is also accountable to the Trust Membership.

~~A~~ Minutes of each meeting will be taken and approved by the subsequent meeting. The draft public minutes will be posted on the Trust website.

### 2 Purpose

To provide oversight of the leadership of Milton Keynes University Hospital NHS Foundation Trust; to have input, review, scrutinize and approve its strategic direction, aims and values; to ensure accountability to the public and to assure that the Trust is managed with integrity.

### 3 Membership, Attendance and Quorum

#### 3.1 Membership

The membership of the Council of Governors shall be as mandated in Annex 3 of the Trust Constitution and shall consist of:

- Chair of the Trust, who will Chair the meeting.
- 15 Public Governors;
- 7 staff Governors;
- One ~~the~~ Integrated Care System (ICS) Governor appointed by the Bedford Luton Milton Keynes ICS (if they wish to continue with this practice);
- One Local Authority Governor to be appointed by Milton Keynes Borough Council;
- Three Partnership Governors to be appointed by partner organisations.

The above comprise the voting membership of the Council of Governors.

A table naming the current Council of Governors is appended (Appendix 1).

### 3.2 Attendance

Members of the Council of Governors are expected to attend all Council meetings and should, in line with the provisions of the Trust Constitution, not absent themselves from three successive Council meetings.

The Constitution determines that a Governor immediately ceases to be a Governor if they absent themselves from three successive Council meetings without reasonable cause. With reference to paragraph 9 of the Constitution's Annex 5 – Additional Provisions – Council of Governors:

Paragraph 9 – A person holding office as a Governor shall immediately cease to do so if:

- i. Paragraph 9.2 – they fail to attend three consecutive meetings of the Council of Governors, unless the other Governors are satisfied that:
- ii. Paragraph 9.2.1 – the absences were due to reasonable causes; and
- iii. Paragraph 9.2.2 – they will be able to start attending meetings of the Council of Governors again within such a period as the other Governors consider reasonable.

### 3.3 Administration

The Council of Governors 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 Council of Governors and shall attend to take minutes of the meeting and provide appropriate advice and support to the Chair and the Governors.

### 3.4 Quorum

A quorum of the Council of Governors shall be as specified in the constitution:

“Ten Governors, including not less than four Public Governors, not less than one Staff Governor and not less than one appointed Governors shall form a quorum.”

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## **4. Meetings and Conduct of Business**

### 4.1 Frequency

The Council of Governors will meet at least five times in each financial year, including the Annual Members Meeting, save in the case of emergencies or the need to conduct urgent business.

### 4.2 Calling meetings

Meetings may be called by the Trust Secretary or by the Chair, or by ten Governors (including at least two elected Governors and two appointed Governors) who will give written notice to the Trust Secretary specifying the business to be carried out.

### 4.3 Declarations of Interest

Any member or attendee of the Council of Governors shall declare any interests which may or may be seen to conflict or potentially impact on any item of business.



They shall absent themselves from the discussion of that item if the meeting so requires.

**4.4 Agenda**

The Council of Governors will at least annually:

- review these terms of reference
- receive the Annual Report & Accounts;
- receive the Annual Quality Account.
- receive and approve the Trust's annual quality priorities

The rules of procedure for each meeting will be followed in line with the Standing Orders for the practice and procedure of the Council of Governors meetings - paragraph 18 (Annex 6) of the Trust Constitution.

**5 Duties of the Council of Governors**

The Council of Governors, as set out in paragraph 16 of the Trust Constitution, will:

1. Hold the non-executive directors individually and collectively to account for the performance of the Board of Directors; and
2. Represent the interests of the members of the Trust as a whole and the interests of the public

Version	Date	Author	Comments	Status
1.1	Oct 2013	Michelle Evans-Riches	Annual Review	Approved
1.2	Jan 2021	Julia Price	Review	Approved
1.3	February 2023	Kwame Mensa-Bonsu	Review	Approved
1.4	July 2023	Kwame Mensa-Bonsu	Update – Attendance at CoG meeting	Approved
<u>1.5</u>	<u>October 2024</u>	<u>Oluwakemi Olayiwola</u>	<u>Annual Review</u>	

Appendix 1

CONSTITUENCIES AND GOVERNORS OCTOBER 2024<sup>43</sup>

		Constituency	No.	Governors	Term of Office	
					From	To
PUBLIC (ELECTED)	A	Bletchley & Fenny Stratford, Denbigh, Eaton Manor & Whaddon	2	Babs Lisgarten	02 Sept 2019	01 Sept 2022
				Ken Rowe	21 Oct 2022	20 Oct 2025
	B	Emerson Valley, Furzton, Loughton Park	2	William Butler	26 Oct 2017	25 Oct 2020
				Andrea Vincent	01 Nov 2021	31 Oct 2024
	C	Linford South, Bradwell, Campbell Park	2	VACANT		
				VACANT		
	D	Hanslope Park, Olney, Sherington, Newport Pagnell	2	John Gall	07 May 2024	06 May 2027
				Christine Thompson	22 Feb 2023	21 Feb 2026
	E	Walton Park, Danesborough, Middleton, Woughton	2	Clare Hill	14 Mar 2017	13 Mar 2020
					14 Mar 2020	13 Mar 2023
26 Apr 2023					25 Apr 2026	
F	Stantonbury, Stony Stratford, Wolverton	2	Adam Chapman-Ballard	07 May 2024	06 May 2027	
			Andy Forbes	01 Sep 2023	31 Aug 2026	
G	Outer catchment area	2	Fran Vernon	12 Dec 2023	12 Dec 2026	
			VACANT			
H	Extended area	1	Tom Daffurn	22 Feb 2023	21 Feb 2026	
			VACANT			

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Updated 23/10/2024<sup>43</sup>

<b>STAFF (ELECTED)</b>	<u>I</u>	<u>Doctors and Dentists</u>	<u>1</u>	<u>Hany Eldeeb</u>	<u>22 Feb 2023</u>	<u>21 Feb 2026</u>
	<u>J</u>	<u>Nurses and Midwives</u>	<u>2</u>	<u>Caroline Kintu</u>	<u>29 Mar 2023</u>	<u>28 Mar 2026</u>
	<u>K</u>	<u>Scientists, technicians and allied health professionals</u>	<u>1</u>	<u>Matthew Burnett</u>	<u>07 May 2024</u>	<u>06 May 2027</u>
	<u>L</u>	<u>Non-clinical staff groups e.g. admin &amp; clerical, estates, finance, HR, management</u>	<u>3</u>	<u>Emma Isted</u>	<u>26 Feb 2024</u>	<u>25 Feb 2027</u>
<b>APPOINTED</b>				<u>Stevie Jones</u>	<u>01 Nov 2021</u>	<u>31 Oct 2024</u>
				<u>Fiona Burns</u>	<u>07 May 2024</u>	<u>06 May 2027</u>
	<u>M</u>	<u>Milton Keynes Business Leaders</u>	<u>1</u>	<u>Nicholas Mann</u>	<u>31 Mar 2023</u>	<u>30 Mar 2026</u>
	<u>N</u>	<u>Healthwatch Milton Keynes</u>	<u>1</u>	<u>Maxine Taffetani</u>	<u>29 Aug 2017</u>	<u>28 Aug 2020</u>
					<u>29 Aug 2020</u>	<u>28 Aug 2023</u>
					<u>29 Aug 2023</u>	<u>28 Aug 2026</u>
	<u>O</u>	<u>Community Group (Seat to be filled)</u>	<u>1</u>	<u>VACANT</u>		
	<u>P</u>	<u>Milton Keynes Council</u>	<u>1</u>	<u>Cllr Ansar Hussain</u>	<u>18 Jun 2024</u>	<u>17 Jun 2027</u>
	<u>Q</u>	<u>University of Buckingham</u>	<u>1</u>	<u>Professor Doug McWhinnie</u>	<u>18 Oct 2023</u>	<u>17 Oct 2026</u>

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## **COUNCIL OF GOVERNORS**

**Agenda item: 16**

**Any Other Business**

**Chair**

**Verbal/ Discuss/Note/Approve**

## Council of Governors

### Forward Plan 2024-25

	Agenda Item	Lead	Purpose	Frequency Paper(P)/Verbal (V)	Formal	Formal	Private Meeting	AMM	Formal	Formal
					17-Apr-24	24-Jul-24	25/09/2024 Annual Report and Accounts	07-Oct-24	23-Oct-24	29-Jan-25
1	Welcome, Apologies, Declarations of Interest	Chair	Opening Business	Standing Item						
2	Minutes of Previous Meeting	Chair	Note	Standing Item						
3	Action-log	Chair	Note	Standing Item						
4	Chair's Update	Chair	Note	Standing Item						
5	Chief Executive Officer Update	Chief Executive Officer	Note	Standing Item						
6	Lead Governor's Update	Lead Governor	Note	Standing Item						
7	Presentation by MKUH Clinical Unit (Dementia)	Lead Dementia Nurse	Note	Annually						
8	Financial and Investment Committee Annual Summary	Chair - Finance and Investment Committee	Note	Annually						
9	Board Committee Update – Audit Committee	Chair - Audit Committee	Note	Annually						
11	Board Committee Update - Quality and Clinical Risk Committee	Chair - Quality and Clinical Risk Committee	Note	Annually						
12	Presentation by Milton Keynes (health-related or social) Charity	MKUH Charity	Note	Annually						
13	Presentation by MKUH Clinical Unit (Dementia)	Lead Dementia Nurse	Note	Annually						
14	Board Committee Updates – Finance and Investment Committee	Chair - Finance and Investment Committee	Note	Annually						
15	HR Updates – Allyship, Time to Hire, Disciplinary, Grievance, Staff Bullying & Harassment	Chief People Officer	Discuss	Annually						

16	Alcoholics Anonymous	Alcoholics Anonymous (Via Membership and Engagement Manager)	Discuss	Annually						
18	Terms of Reference	Chair	Approve	Annually						
19	Capital Programme Update	Chief Executive	Note	Standing Item						
20	Finance Update	Chief Finance Officer	Note	Standing Item						
21	Inclusion and Leadership Council Report	Chair	Note	Standing Item						
22	Membership and Engagement Manager's Report	Membership & Engagement Manager	Note	Standing Item						
23	Healthwatch Milton Keynes Report	CEO, Healthwatch Milton Keynes	Note	Standing Item						
24	Any Other Business	Chair	Discuss/ Note/ Approve	Standing Item						
25	Forward Agenda Planner	Chair		Standing Item						