Transcript

24 July 2024, 03:02pm

Academic Centre - Conference Room 0:13
Definitely it's a good.
We've got some new people joining us, so I might just look to those new people just to say hello and their names. So councillor Hansard, would you like to just say hello and who you are. Good afternoon everyone. I'm councillor.
City Council.
And the greatest one works is that the gadget in the middle spins and points that people as they speak. So both looking and picking up sound.
From you're shaking your head.
Where are you?

Tom Daffurn 0:47
I did. The camera didn't move. I didn't see the person that was talking, I'm afraid.

Academic Centre - Conference Room 0:53
It should move towards them.
Would you like to just try again? Oh, hello, everyone. Good afternoon. My name is councillor Ansar Hussain Hussain. I'm looking to council.
But can you hear Tom?

Tom Daffurn 1:07
Yes, yes, I can hear.

Academic Centre - Conference Room 1:11
OK, as long as it's as long as it you can hear.
I would welcome chair your badges.
Super and then online.
Yeah, it was Adam.

Adam Chapman-Ballard 1:29
I'm new.

Academic Centre - Conference Room 1:31
Hi this is your first formal council, Adam, I think, isn't it?

Adam Chapman-Ballard 1:34
It is. That's right. Yeah. I'm so I'm. I represent the the Walton end of the world. Danesburg and Walton live over in Wabton Gate myself. I'm also the chairman of Walton Community Council. So that was kind of what inspired me to, to, to sign up and and become a governor in the 1st place, getting lots of inquiries from my from my residents over here.

Academic Centre - Conference Room 1:54
Love me. So I think what we'll do is as we go, any of us speak, we'll just introduce ourselves rather than all of us going around, because that can take quite some time with such a big group and I'm sure we'll get opportunities to meet each other as we carry on working together going forward. And just to note for the governors, because I think in the last two meetings, people were having or talking about having a private session at the start, but the agreement and I think Bob sent an e-mail was that there will be a private session for governors after the meeting.
So if anyone hasn't noted that and is able to stay for that, that's good and Babs will be obviously leaving on that. But just to make sure, we've noted that and we'll obviously try to get through this agenda as promptly as we can. But with, you know, good discussion. So hopefully that might not be too late for people staying on and we've got some apologies. So welcome to everyone to the meeting and we've got apologies from Fiona Burns from William Daniel, Patch from Ganesh, who's one of the non execs from magazine.
Health watch.
And I'm not looking at marking the room or Deb, who are the neds as well at the moment, but I haven't had formal apologies from them so that might come. And just to say that Fiona Hoskins, who's our new chief nurse, is going to come across and join us at 5:00 o'clock to meet us and say hello to the governor's, if that's OK.
So we think that's everything in terms of apologies, any declarations of interest from anyone.
Yeah. Thank you very much. Are there any comments on the minutes of the previous meeting?

On anybody.
Incarnate a couple of Corrections with Timmy on those, but nothing from anyone.
No. So the Minutes are taken as noted. That's lovely. Thank you.
And the action log, there were two actions, one which was already closed actually even before last time. So I think we were looking at it and the other writing which was the government training to be organised, I think it was.
Is really done and completed as of now anyway, so I'm. I'm thinking we can actually take those off the action log and we'll be fresh from today. When we intensify, we go forward so happy with that lovely.
I'm feeling this right. I was just thinking that governing world chairs are training for the new government.
They need to. I don't know if that needs to actually just I think we can capture that. But we want to do going well for training, for governors ongoing, don't we? Yes. However, we the four new governors that just recently joined were able to join last training.
Yeah, the weather's not bad. I don't think councillor saying was.
Make sure we'll take that. The idea very definitely here is to get it cleaning and rolling renewal for people who are joining it so.
OK, lovely.
There's lovely else on there. I think we can go to my update because obviously we have our last red one here is new. We had our last formal Council on the 17th of April and our what we can now turn open for rather than informal governance on the 5th of June.
And so I was just going to note a few things that we said that we've had since then that we updated that at the Open Forum, but we didn't note at the Forum Council and we probably just should for the Minutes and but I'd also like to at this meeting say that since those meetings were had Allison's farewell drop in, which was very well attended by people and she really enjoyed saying goodbye to everybody and and having a really good send off. And I've attended.
The chill group at a local school, which we noted at one of the meetings, but we will just do it for these minutes.
Which is a Nuffield Foundation funded project, so it's a proper research project project which was looking at young people's experience living in perhaps a more deprived area of a city like Milton Keynes. And we've said that we're very happy as a hospital to support them and perhaps show their material in the foyer as one of our

pieces that we present going forward and just reaching out as the hospital will soon young people and talking to them, I interlong about how they can think about health in many ways in terms of a career for them going forward.
Quite some time back now I went to an IC BCP seminar which was very much looking about working across community partnerships in many forms, whether that's voluntary groups or more formalised groups. In terms of groups of GP surgeries etcetera. And as already mentioned, we have the governor training in May, which we talked about at the Open Forum, but we'll note in the formal minutes. And we also had for noting in the government, the Council of Governments. We have volunteers. Thank you. Afternoon, which was fantastic loads of.
Volunteers had a brilliant afternoon up in the city.
Big, big sort of. Thank you. And cakes and sandwiches and certificates and presented with our thanks.
Just my update is to say I've been tending a number of different meetings across the hospital in terms of network. So I've been to the Women's Network group and I went along with other members of the exact team actually to the Armed Forces Day that we had been involved in a number of interviews across the piece both for consultants across the hospitals, but also not steal anything. Joe's going to say.
Lord Chief officer as Danielle is obviously leaving us. We have had an appointment committee, which we've attended and I went to the Windrush webinar which was part of the Windrush Day. A few 3-4 fighters ago. It was fantastic and I actually had to miss part of it but listened to it on the recording after so if anybody wants to hear it it is available. I have to have someone guide me as to how to find it but I'm sure we you're all more clever than I am and you'll be able to find it but it's really incredible to listen to some of the individual stories.
Of members of staff at our organisation and how they talk about their their family and coming over as part of the rush.
Just for information for governors, I've met with Paul Ewers, who's our risk lead? This is really just to seek understanding of his, his view of how we do risk to obviously reports into Secretary and the exact team really under Daniel under the HRE leadership, have completed the Fit and proper person submission. And I mentioned that here because it turns out to be absolutely huge.
In terms of what you have to get from every member of the exec and it'll be member of the Nets in terms of completing what we do in different elements of their life in terms of submission and you end up with a wedge for every person which ends up in

an enormous paper submission and it still is paper which will come to another time. But that has been signed off and appropriately done, so that's now going on to our formal system. I went along completely differently to see Daniel Daniel, Denzel Ferrera, who was a winner of the Chairs Award. In fact, the awards staff awards. But he couldn't be there on that date because he was on holiday.
I went along to the imaging team.
And it was lovely because the whole team came out and were obviously clearly very proud of him having won the award. And he's a really nice guy. And so it was really good to be able to give him his reward in person.
I also did some ward visits last week with Governor Caroline Kintu. I'm pretty sure it's all on screen. I'll get she's there and we went round on Friday. We picked the hottest day so far that we could to go and mention all things. All elements of maternity, labour and anti Natal pre prenatal leave. We did the we did the journey and we also went to a couple of other wards, wards 2A and 2B. It was really lovely work going with Caroline softly as a member of staff and we've we could we really just got talking to lots of different staff members.
And hear lots of different matters from. I thought it was in some parts of the building and which has already been seen to by members of the state team, which is really fantastic. I just met someone in the corridor just now when I was speaking to her and. And then brace weight.
Maybe.
Auntie Natal.
And stuff, you know I'll there.
Name it down anyway, so she just seen me and say it was really great because something happened on Friday for her that a portable machine rolled up. And so, you know, it's good to go around and talk, but also to hear about people's journeys and on Ward 2. But to a number of healthcare assistants who were keen to go on the journey to develop into nurse roles.
And and we have excellent conversation with them and they seem to be in very positive mode about their future prospects might be working with the trust.
And then lastly, just to say that.
I've been meeting with the governors. I offered up slots for governors. I think I've probably met with about 1314 governors, both staff and non staff and public governors. Over the last few weeks, and I've got more thoughts coming up. I think we're meeting next week. I think it's next week, isn't it? So I'm going to carry on

doing that and I think that's all part of what we talked about last time, just in terms of just creating that conversation and understanding and sharing the information in something.
That's so it's good. Busy lots to do and I am have got some holiday in August and. And we'll be back, organs blazing and hopefully in September. So that's everything from me.
This thing I want to to say about.
Me. Just at the end is it would be a great point of sharing themes from your meetings, from the Council of Government Governors or not, or will that come settle out and well, I think what might, what we might do there is show that in I'll share that interview next month to you. We'll see if. Yeah.
I think I think it's really good to talk to people and there is that element of kind of trying to get understanding of the role in the government. So we're almost falling out of an on from govern well about how we go on working together. I think everyone's very keen.
To have.
Open conversation, particularly as we face the trust. You know, the challenge in terms of delivering to the public. I think we want to create that conversation before Joe's going to touch on some of those things in the moment. But I think that's coming out of the conversation. What Matt talked about, we talked with the staff governors. We're perhaps inevitably going to talk about some of the things that are actually happening here on site. But I think I think their conversations were saying, we're trying to understand how the group works together and how we can get more out of working together as a team.
And with the except to work positively going forward.
I think that's what it's coming through, but we'll share more. Definitely mention as we as we continue.
And I have to say to staff, you know, similar conversations when I was at Caroline, we met a lot of people giving the rural boiling boiling cup.
We met a lot of people and yeah, it's interesting to kind of to hear people's journeys and what they want to do and that they do feel supported. A lot of people are talking about feeling supported in their development journey and and hoping that can continue, really enjoying what we do.
Busy areas you might expect to hear things where people are feeling more pressured, but generally people are very positive about what their day job is and I

don't think Caroline is very good at getting to talk.
To her because, you know, they see the chair badge, and they might be quite light, we might think, but I don't. I think people were quite open and we talked to one lovely midwife who's done 20 years of bid elsewhere.
In other countries and about how that comes through and how you.
Bring that journey through into the roles here. So I think people are quite open about.
The positives and some of the things that perhaps they would like to see change over and we'll certainly want to talk more about all of those things as we go forward. Yes.
Thank you, honey. Have a few things. Let me just pick up on the appointment of the Chief People Officer. Who is Catherine Wills who's going to join us from Kettering. She's been in Kettering as their chief of the last couple of years. So delighted.
And she is having to start at the beginning of October.
If I then move on to what's going in the organisation I mentioned to you last time I came about the fact that we've had a significant increase in the number of urgent patients and patients with suspected cancer that are being referred to our S 8 hospitals and we see that continuing.
What I think we have really started to see the impact of now is on our longest waiters in the organisation.
That you can imagine if our pollutions get sent a referral for a strategic cancer, they will see that patient within the tumour pathway, assume it's safe and ultimately if that number has increased then those that are waiting for routine procedures are more likely to.
And you may or may not have picked up the news that as a consequence of this increase of pressure on the very longest waiters in our organisation and interesting moves have spoken to us about increased monitoring and increased organ monitoring. And we are now doing that with NHS England and then we've changed the code.
It's it's also I think a combination of that, a combination of the decline in performance in our emergency departments.
Has led to a change in tone for me about how we as an organisation need to really focus on doing the right thing and focus on the fact that we as a team are here to look after patients and we are not always seeing that that is the number one.
And so I know that the Council of Governors does get sent to my weekly newsletter.

You will have, I hope, registered that change in tone over the last few weeks for an organisation that, in my view, could be and and absolutely should be, delivering a better service to the population, which is just quite challenging, been says.
I'm immensely proud of our organisation. I don't like to have to admit that, but I think we could and should be best.
I met with the top 100 managers of clinical and other professional in our organisation about 10 days ago and set out all of the performance metrics that were causing us concern, be that financial, be that performance in terms of wasting times and emergency environment. I think it's interesting as an organisation I think we have probably around about 2/3 of the organisation recognised that we could and should be better.
I think there's 1/3 of the organisation.
Doesn't see that and sees people working incredibly hard, and one of the long hours. That's not the point that I was making. The point that I'm making the team are now making is we have to do the right thing and not necessarily the thing that we have come in to do over the last number days and weeks and years. And we need to change with the times and the right and appropriate level of service.
So many questions about that as I go on, but let me just finish a couple of things. We are we have today something else to get on this. I don't think we are making it public yet, so I appreciate a level of confidence charity. But we did get our strategic out on pace and also signed off today and we will make a big press release around that over the next few weeks or so I'm sure. But I thought it was discipline to know that piece of information and not tell you especially as it is actually an exceptionally good news.
I'm so delighted about that. And since we last met, we were also going to the Imaging Centre 35.
So very, very positive signals that unlike a lot of the new hospital programmes in north of the country, ours is both being funded and getting over the next regulatory hurdles to be built.
If I if I pause there, if I may.
I didn't take industrial strength.
I just want to say thank you so much for your candour also. And it's really it's exactly what affecting his government's we've been looking for. Just tell us what to norm, because actually it really helps us to get a picture and say, where can we support rather than pushing on something we feel we're not getting the traction now we can

say OK, that's the reality of it. Where can we support you to do that? So thank you. Yeah. So in the last trust Board meeting, I was very encouraged when you said to directors and non directors, actually most of our questions seem to be around finance rather than our core, which is patient care, really took note of that actually thank you for that. That was really good. Am I allowed to ask questions other than things that have been said or do I need to leave those? Why did we roll back to those then we won't forget that you've got those.
Yes, thank you. Thank you for your calendar, Joe. I mean it's it's never easy to admit that and on the basis that if we carry on doing what we've always done, we'll get the same outcome. What do you foresee doing differently and specifically in the week in the area of working more collaboratively across the system, what folks might you've had as a as a chief recognising?
If I bring that question down into a couple of parts, there is a clear imperative.
To treat more patients as quickly as we can.
And we are doing that by a whole series of interventions that both include the use of the private sector.
The use of our facilities.
For longer periods of time with our clinicians and with other clinicians coming in to use it.
And indeed, certainly ambitions into the private sector.
And so that priority around making sure that we reduce the overall waiting time for our patients is is.
In terms of collaboration with the system, we are the only ICS in the whole of the East of England that does not have an elective.
Land centre patients to be treated who are waiting for routine operations. So our ICS does not have that treatment centre.
One of the things I think we have to work well together as an icsa over the last couple of months is to enable us to attract much of the central funding into.
And brnk and evidence that there is a shortfall and it's a shortfall that goes back many years that we are now starting as one to say we need to resolve this big conversation in the region today was again violating that that it's it's not surprise that.
Picture I can't sit on a position to ourselves around having extremely long waiters, and we need to come together as a system to do that. I think my final point on that is that you will know others will know that we have got doctor Andrectus on the

medical director, Chief Medical Officer.
Working part time with the ICS part time in the organisation.
Those steps are all designed to ensure that we we make sure that Milton Keynes.
As well, big, we work well.
Could you build more on the point when he said delivered the right level of service for the current times?
Yes, let's start off with a very hard metric of how long patients wait. Yeah. And the reality is that as an apolitical statement over the last year, wasting times nationally, not the numbers of patients on a waiting national basis for waiting times nationally have come down.
We are in the I would suggest bottom quartile nationally IE the patients in that there are certain groups of patients in Milton Keynes that have longer than they are in all parts of the country. So that part metric we are not picking up patients faster.
There's second base, which we are we are waiting to get formally, which is our patient experience survey. Our Patient Experience survey after the last over the last few years has not improved the level that we would like it to despite some unbelievable 21st century facilities being built.
The experience our patients have in those facilities is still not good enough. We have the latest Patient Experience survey coming through in the next few weeks.
And I am certain that that will continue to reflect an experience for our patients.
That's not good enough and not what we aspire to. And I find that really challenging when our staff survey is fantastic. So we're looking after our staff really, really well and I'll start by telling us that we are in the top 10% in the country. Feedback from our staff and our patients are telling us that they experience that they have, there is not good enough.
Something isn't gone, so when you start to look at it in the right, you start to think well, it's not as though we're sacrificing experience for the past times you go. If you use the if you use the the sort of food sector as the analogy, you know you go into McDonald's, you expect to be served immediately. You sort of know what you get and it's not gastro food. It's OK you.
Yes or no standing. But you know what I mean. But as we go to a two star Michelin restaurant, you pay an absolute premium price.
And you expect quality of food to go on, something you are neither delivering a good service, which is good, nor a service that our patients are saying is in need. And we've got to change that.

Thank you. Yeah. So on feedback, a great deal of staff feedback. Oh, sorry, Andy Forbes, governor for Walton and other places. So I've been past the visiting since 1983 here. So I've seen a culture of fear in the NHS generally. Ambulance chasers who's going to sue who?
My personal thing is if I ask any questions, my one driver is what can we do better? I'm not looking for blame. I'm not looking for fault.
I think you're trying to change that culture. You yourself. What I've. I've listened to. How do you see that as an ongoing? For me, that needs to be a change within hospitals generally towards the culture of sharing so that we get it right, not so that we find somebody who sue them and shoot them down. Does that make sense? Because you can learn.
And and what one of the one of the really interesting positions we find ourselves in is that.
When you speak to people who are new to the MKUH team.
Almost without exception, people will say that we are.
And that's that's on the one hand, that's the lovely way to have. There's a description of the organisation that the button there is actually, I would rather people describe our organisation as kind.
And that is kind in terms of telling people when they're doing a great job and equally kind in turn people when they're not doing what is needed and how they can improve. And so I think if we can shift our organisation being a nice organisation which quite often therefore not being challenging when things aren't going well to being a kind of organisation and putting that challenge forward in an appropriate fashion and in a way that is well received.
It backs me. I think that is the that is what we are.
I've got that awesome.
Just wondering when you're talking about?
The system what I've noticed on my visits is that there seems to be silent working and.
Not not even necessarily blaming the rest of the hospital. But but but they thought they were doing the right thing, but others weren't. And. And I just wonder if if there is.
A culture there but but I know.
And I don't know whether that's that's any anything that will be resolved, but I would have thought that would then help.

Better patience. There's no doubt that.
We are within our own organisation, our biggest victories and if you go to any pastoral organisation and I have to say this is consistent with with other organisations I've worked here.
There will be that challenge of if only the ward. If only the emergency department, if only pharmacy. If we look internal and then if internally we're in the same room.
If only primary care. If only the reason, if only so and and it's an outward focus. I think our challenge, the challenge to the organisation that I think we are placing very firmly on the table is holding mirror up to what we're doing ourselves. If you think you're doing a great job then.
That's interesting. How do you actually know that you're doing a great job, or people are being nice to you?
What's the evidence that you're doing? Great job. And if you are doing a great job and everybody else around you isn't, what's stopping them from copying you? How do you take those people with you to do a great job as well?
Actually, it's not acceptable to be an island of greatness in a sea of.
Of mediocrity. And that's our challenge.
Thank you. Yes, my first question, I remember it's probably a question, but the far away first we congratulations on the good news that in the shared welcoming the leader.
Positive in the USA my question is around.
Where do you come when you say we can talk? Are we looking at a generally waiting times across the board or is it certain departments that are suffering? Is it lack of resources?
We can certainly departments have been data since having been more impact.
That.
That's absolutely so. My expectation is that by the time.
The government previous government's target of looking to achieve a maximum of 65 weeks by the end of September we will be in a position as an organisation to have only surgical specialties that are causing us a problem.
And within those surgical specialties?
There are a handful of particular areas that have got real pressures, urology within you, Orthopaedics, orthodontics and one handful of other sort of specialties that are that we are hopeful to clear up by the end of September. But then to the main.
It's.

Difficult to ensure that the message is clear, that this is not about.
Individuals within specialties sitting around on their bums doing nothing. This is not what I'm saying. It is a combination of absolute increase in demand that we've seen and the ability of our organisation and our specialties, not general teams to change with the times to do things differently, to do the best that we possibly.
Can deliberately avoiding the question about resource. In some areas it is about needing an additional.
Set of clinicians to support other areas. Yeah, absolutely.
That we don't have a consistent view.
Honestly helpful conversation there and I think it's what we've been talking. We've all been doing. I know. Certainly when we're exactly working on exactly the objects we're trying to have those conversations to kind of really understand, you know what the journey is and not promise that everything will be fixed in three months because we know it won't be. So I think it's, you know, we're going to have some challenging, difficult times ahead, but we're going to work through them to make sure it's going to work together really.
I suppose the other thing that I haven't mentioned, which is really relevant is the context.
And actually, if you're a consultant and you're proud of your service and you've been working here for however many years and you're in an environment whereby your your trainees are grumpy because there's industrial action going on, you come into work every day and there's never an end insight because numbers of patients coming in are increasing every day.
We, as a senior leadership team, as execs have to galvanised the organisation.
Our senior clinicians and senior professionals are not advanced of the organisation, have to get organised organisation.
It's not always easy and we have to do. That's what we get paid from.
OK, let's start with quick one observation on neurology. I've just been through nine months of neurology since becoming a governor didn't say much. I have to say they were excellent. The problems that I encountered were to do with communication and to do with failure of communication between the GP and the hospitals. And yes, the NHS act has helped so quite genuinely just an observation.
And I'm clear by the way, such As for the good front.
I think on on that I mean we have to use every method available to us to enable our patients to be with our and whether that's the telephone, whether that's e-mail,

whether that's the NHS, the technology getting out of the mindset of you can phone the hospital between 9:00 and 5:00. And if you can't do that, that's it is not acceptable in today's world.
So I'm pleased that you've had in phones with the actual town handled a lot more than we do in.
Let me carry on, Joe, if you have anything that's I'm going to come back. Thank you. Did you want Jonathan Mayer to just go talk? Thanks. But did you want to mention the Roger Pine reports were shared or we're going to do that? We did that part of the ILC kind of updated. We touched that there would be not be good.
And you're going to just talk briefly on you to the finances. Yeah. Very briefly. Thank you, chair. So, yeah, I'm John duck.
Who I haven't met before, so just building on some of the messages Joe's just given around climate. Just give you the headlines of where we are financially and then what that means in the context of what's just been outlined.
So yesterday we had a planned deficit of 2.9 million and for and 1/2. So in the great scheme of NHS finances, that's a relatively small variance, but nonetheless it's there is we have a plan this year to break even and we still want to continue to broadcast that. But there are some key underlying things which I think it's beside the financial issues. So one is at the start of the year we signed up for a 23.8 million efficiency plan.
Eventually, how can we drive out efficiency of the organisation in order to achieve break even? To be really clear, this organisation, given everything Jose just said, that's not about to rotate costs out by large, it's about how we can choose our weightedness in a more productive way and we can make sure we're more efficient at every turn of the organisation. So focus on fierceness, patience, human fussy and how much you drive that more productivity. Yeah, good. You'll see that actually makes really good progress on the long.
But I'm interested now to efficiency scale.
I guess the other key thing which is hanging out as opposition right is to address all the wasting time challenges Joe has just outlined. That does mean in some cases for the issues, not your but it's and in some cases that cost helps to is what we're getting back when it work. So that is starts in the base of the threshold of financial relationship which we're working on to make sure we minimise that if that does present.
Year. So there are some challenging headwinds, but we're still hope and expect we

can deliver on that position.
Yes, wider context, just so governors are aware of what's happening outside our system, requirements where systems, in terms of IC, SS are deviated from their financial plan, NHS is adopted, more interventionist approach now. So they are going in now to get involved in improving. So things like appointments, new, non pay contracts and the like. So that will be involved. Icb and HC being involved in those decisions and they are going into effectively mandated recovery plans.
Culture is emerging out there. We're not there at the moment, but I think it's helpful for people to be aware that there was a club out there that developed financial position as a system where I think deteriorates. That could be some.
Where largely on track at the moment, but with some challenging issues emerging, which transit probably needs to hear. But we hope to get it.
Jon.
Like our cats. Could you go into the headwinds a bit more just to give a bit more detail on that? Yeah, I guess that the most immediate one is that one in terms of the need to bring that working pops and fact that as Joe says, we're outsourcing in sourcing, paying some of our own staff more, do more work that comes with the pressure which the way the NHS works is we get the page book that activates efficiently, but it manifests that doesn't cover the whole costs.
That price has to cover the procedure.
And what we ask is there is a margin there which is not getting covered by that edition. OK. So eventually we have to find other means to cover that within our own electric position, right. So that is a significant pressure for us.
Through our productivity regime, I think we can significantly more patients on this. You know, more patients in clinics in the state, I should. But nonetheless it's still.
Do you think that the? Sorry, do you think that the productivity measures could have an impact on patient care?
Or have you considered that so so every efficiency step we take goes through all quality and purpose?
Led by document. So that's really really critical and we are looking to do things which have been done elsewhere quite commonly. So I think we are doing it in a safe fashion. The productivity metrics are there to say we have these opportunities that address. So we're not doing anything which hasn't been done elsewhere.
Thank.
I don't know who went up first. Then you were very, very.

My concern is that.
You are very clear adept at looking at how we can stretch the purse, as it were, but I'm just wondering whether or not the hospital and the ICB gets on the that matches the growth of Nelson Keene's in any way, because we we are different.
Yep.
And I'll get. I'll be getting ones that reflect that. Or is it? It will be interesting. And everywhere else that we've got. So the funding does go up year on year to reflect growth, but it's a known fact that this is the is currently under budget and it will take a number of years under the current funding regime for that to get to a point where we are effectively funded in light of what our population needs are. So we are being candid.
But that doesn't mean we don't have opportunities to do more. We've got, I mean, is there anything before?
Governance could do to.
If the challenges that per capita funding as I've come to understand there.
Cross the country.
Lacks the journey of the actual size of the capital demographic.
So in a new town, it's it's it's not, yes.
I think it's by the team of right and the right to keep saying it and eating it because the growth of this.
Is going to be significant, but it is very much talked about, isn't it?
It's a recognised national.
To say that you know this is something that.
Has been impacting.
That's it. But you know, if you try and get some change to that is, it just seems to move on. Yeah, there's no path talking to people to make sure it's known as an issue. Clearly, I guess the challenge is to address patients issues in one part of the country have to take it away from other parts of the country which are effectively overfunded. So which is why there's a transitional pathway to address this. So I think it's something we do need to raise as an issue.
We do, but I don't necessarily see there's a quick path to addressing that.
I suppose on the on the positive side of that, we are the only new hospital out of the port is predicated on population growth. So we've we've got through the we've got through the new hospital gateway with the government at the time recognising that it was because of the Australian say that is an investment of sorts. It's not a recurrent

revenue that we would like as well.
Uh, for all my question is that it's about that you alluded to it bigger, this is a bit of a deficit and it's you said that you can't say when it would any predictions going to be break even with that. But our plan for this year is to break it. Our plan for this year to be clear was always to have a deficit in the first half of the year while our efficiency programme mobilised a little bit in the second-half of this year last we are relatively marginally on plan at the moment that still remains our plan.
The broadcast is digital by the end of March.
And interest on if that's OK. Thank you very much.
Stabs.
Conscious of the time. So I'm badly's garden and I'm the lead governor.
In terms of my update to try and keep it short, so just a few points. So Heidi mentioned earlier about the need appointment committee meeting. We'll go into that in a bit more detail a little bit later on.
I attended the governor our conference.
This month, and it was very, very insightful in terms of the stresses and strains that the all the hospitals and the country or the NHS are undergoing. But also there are lots of.
Ideas from the different hospital governors from different governors, from different hospitals, about how they're what they're doing in terms of engaging with the community, engaging with their hospitals, including things like.
Northampton, if I mentioned Northampton, they were saying that they've managed to.
Get all of the the governors to make certain pledges which were achievable, that weren't things that are pie in the sky, that they could take off, that were within their skill set or within their time availability, and they it wasn't just a simple discussion, it was put everything on the table. OK, take this this that off because it's not going to work. You you do this.
Once you do that, or what whether it's visiting wards or going out into the community, or writing A blog doing this.
Specific things you can sign up to two things. One thing, five things. As long as you're able to take that off at the end of the year, and it might be something that we might want to discuss a little bit later on. I think there's a, there's a an item on the agenda that might touch on that.
I also had updates from Heidi in terms of matters there were that.

Were gonna be raised. Whether it's the appointment of new neds or whether there was going to be a report coming out or there's going to be something that Joan's going to be mentioning in every one of his newsletter news items. So there would things have been very, very useful.
And in terms of my own personal experience.
I was unfortunate enough having to use the urgent care and A&E having a hockey ball, smash my face open and having to be stitched up, but.
Being me, I thought it would be good a good way to actually see what it's like and do the whole 15 steps. Do you remember back in the back in the day 15 steps and see how untreated? So walk into it urgent care and within a few minutes spoke to reception and there was set of steps where actually I felt supported even though there was no one always coming up and saying are you OK because that's not what we expect. And then I was moved on to A&E and equally the only thing that I noticed was that I had to repeat.
What had happened and very.
Information from urgent care to A&E and then three three different people at A&E, which might be an issue with people that attend. But that's a 2000 opportunity to see that when normally I don't have the opportunity to come into the hospital as often as I would like.
So yeah, in another.
Thing that I noticed was there is that I could listen to other people when the things that were important to them and there was one gentleman that went to reception and he'd asked for where was it that he could buy.
Tea or coffee because it couldn't afford Costa or the the other subway. And it was really interesting listening to that. And I was thinking, what is there available?
Actually if you don't really have funds and you just want to just have a slightly more comfortable experience there. So yeah. So that's my very, very quick.
And I don't think there's no question that's really helpful. I think we'll move on to the next item, which is the new ways of working updates. And are you taking that case?
Yes. So this has been paper that's been prepared to my Kenny but follows the.
First decision govern well and I think hopefully summarises what governors would like in terms of next steps and what we want to put into place. There's a summary here of some of the feedback from the day.
Emerged from the day and also from the conversations governors over over a period of time.

And there's a proposal for the next steps in in putting some of those, there's there's interaction. So I think those those include the.
Reinstitution of standing committees for the Council of Governors and so Governor engagement committee.
And and there's a thing which is.
Which is there.
So I think we've talked about a restructure of the governors in terms of the formal informal meetings, which is and so with the open balls, then we'll develop the standing committees. We've obviously redeveloped the nominations committee, which I think there was much, much clearer.
And to improve the work of the engagement committee around what work needs to take place as part of that and then other committees that we've set up that work in a very in bit into in place, patient information, you know looking at sort of user groups that can get more involved in different areas of business at all.
But there's a number of different recommendations that some of page 549 leaders impact to approve the relaunch of the membership engagement board for the Standing Committee under the Governor's Engagement Committee and the composition, which is included in terms of reference here as well as part of the documentation.
And then the other recommendations really around ongoing development.
And comments on theses I mean these things I think we feel like we've discussed it a few times round, doesn't it? But it's it's obviously bringing it to formal Council of governors so that it's noted, but I think we're all on the journey of wanting. Thank you is what we said.
That's actually very helpful. Yeah, it's. And we and I think you know we've talked as well with Kemi that we're going to go on developing that cycle of what's actually that we're in, how.
Build up with what governments want, you know, want to get involved in? What's even involved in it? I think there's thing that we really need to work on is this getting out into the organisation, which we've talked about before and getting a schedule for that's happening in a in a managed way according to people's availability. So let's work on that. There's all September meeting.
So that's proved, I think by Council. Am I taking that as nons? Thank you very much everyone. And we move on to insurance reports. And so we've got the board committee updates and we've got the audit committee, which I think Gary, I am not

looking at Mark. So I'm I should be looking at Mark, but I haven't got him in the room. So I don't know whether anyone else is able to make a comment on it. Gary, I don't.

Gary Marven 51:29
I I I don't mind making a comment, I wasn't expecting to have to till I logged on and realised Mark wasn't here. But I'm happy to take it if we could just tie in in future so that if Mark isn't showing up I get some sort of advance warning that that will be helpful.

Academic Centre - Conference Room 51:44
Sorry about that.

Gary Marven 51:46
So OK, so.
So I think on the 21st of June, we.
Received the grant on Audit report. I think that's just worth mentioning and running through his app because I don't believe we've covered that off.
As an update, so the audit focus for this year was on 333 areas.
Based on the fact that they do a risk based audit and the areas that they were concerned about going into the audit was the valuation of London buildings.
A presumed risk of fraud in revenue recognition and a presumed risk of management override of controls, so the audit looks at many things, but they can't look at everything, so they need to have a risk based approach to where they focus.
And in a nutshell, we ended up with a pretty much clean audit report, which is excellent news. There was one or two issues they raised around how our property valuation works, which is around our access to some of the underlying data which Jonathan is going to take on board and and can possibly speak to in a bit more detail. But I didn't see that as significant. We didn't actually accept the recommendation at the time, but we're going to think about it a little bit.
Jonathan, can you elaborate on that? The second area that the the auditors focusing on and reports on is effectively value for money. So are we, have we been delivering value for money and there's three areas that they they focus on which is financial sustainability.
Our governance and whether we're improving.

Our efficiency and effectiveness.
And we got a very good report off them for that actually. I mean I think it's it's very commendable. Grant Thornton look after about 1/3 of the NHS organisations. So. So when they say that we've we've been doing quite well, I think we can say that as quite a good level of assurance moving forward.
So that's kind of historic and and just worth noting in quite significant and that that all.
I'm not sure what date that got approved by the board, but it went through the audit committee towards the end of June.
On the back of that audit report and building on what Jonathan said, just to context things a little bit more, we have got a tough year ahead of us in terms of delivering nearly £24 million worth of efficiencies in terms of what assurance that you can have as governors from that. From my perspective as an Ned.
My major concern though that is a big number and and and a task and a challenge. My major concern is about less about whether we get to the number this year, but whether it's done in a way where it's recurring will be built in efficiencies into the system that that can replicate themselves in future years, whether that's around procurement, efficiencies, in terms of flow.
Use of new technology.
You know a better utilisation of staff as opposed to 1 offs such as additional elective elective funding. I think last year about half of our efficiencies came from one offs. Again, Jonathan, I'm I'm. I'm trying to remember the number off the top of my head but so that's that's really the focus and I think one of the things that I would applaud the the current execs for is that we are so the issue is not so much about the next 12 months it's about getting a programme underway.
That deals with what will be an ongoing.
Challenging financial regime as our population grows and demands grows, and I'd applaud the board because they've taken some steps to bring in some external support to help us ensure that we've got the best tools available and the most up to date way of of looking at how we do this and how we put a fresh lens on how we deliver efficiencies and how we refocus on it.
So so I think that's key and I think it's a good step forward and I guess we'll, we'll feedback on that in the future. I guess from an audit viewpoint. The other thing probably just worth mentioning and and Kate can elaborate on this, but.
We are looking to put a couple of new risks or or change the status of a couple of

risks on our bath. One is.
Around we were concerned about the deteriorating quality of the estate and I think the key reason for that was that we were struggling.
The funding that we needed to to meet our depreciation, which is a basic requisite that you, your ongoing capital funding should at least be equal to your annual depreciation and ours is slightly below that. I think we've actually resolved that issue, but it quite clearly for the current year, but it quite clearly is going to be an ongoing issue of concern. So I think Kate wanted that on the bath. And the second thing that that I think Kate raised was that.
She was looking to move what we had as a risk, which was a data and cyber security. It's under. Our wrists have broken down into 12 months and three years and over the three-year horizon we saw data and cybersecurity is a concern. She was looking to to push that I think into the next 12 months now. We were talking about that a month ago and obviously most of you will be aware of some of the issues Microsoft have experienced and the impact that has had on the nhsi think it was quite right that that was highlighted.
So I think there would be the salient updates. I'd I'd give the the the Governors on on the audit and Risk Committee. Jonathan, Kate, is there anything you want to add to that?

A **Academic Centre - Conference Room** 57:59
I think it's really clear. Thank you very much. Are there any questions?
Yeah. Don't know whether I should ask the question, but is there anything in the way you assess things going forward in all kinds of areas? I guess with with or without AI, meaning is that a way forward, not a way forward in, in the way we go through things and you risk assess etcetera? Question.

GM **Gary Marven** 58:29
I think that the use of technology is going to play an increasing part in how the NHS delivers efficiencies. I mean, there are normally several pillars to where you look for it for efficiencies. One is the state and how you effectively use the state. Another big area is procurement 3 is use of staff, better utilisation of staff but increasingly and Joel can speak to this because he he drives a lot of this at national level. The you know, the use of technology.
It's gonna be critical, both at a very basic level in how we move data around the

organisation. I know you touched on AI, but you know we've got a lot to do just to get systems integrated so that data isn't constantly re entered. If you wander into the hospital, you've inevitably see people on keyboards tapping away and putting data in, and often it's the repeating of data that creates problems with patients because not all the data gets put put in or it doesn't get updated.
So it's not just about efficiency, it's also about just being effective. But in terms of of AI then yeah, you know, I think there'll be a number of areas where we'll be using that to in the longer term to help a diagnose diagnostics. But the key issue is, you know, the other key issue around efficiency at the moment is flow. And part of that is around bottlenecks in the, in the organisation, either shortage of key staff in key areas which Joe touched on, which leads to a back up.
Or shortage of cat.
Or problems elsewhere in the wider ICB mean we have circa 80 beds at the moment where which is roughly 20% of our beds where patients shouldn't be residing because we can't move them onto elsewhere. So there's a lot to do before we get onto AI is the point I'm trying to make there. You know there's a, there's a big efficiency agenda and it's not just about saving money, it's also about being more effective and delivering better care.
Which is actually tied together. Sorry if I waffled a bit there, but I was trying to give you what is it?

A **Academic Centre - Conference Room** 1:00:41
That's great. I'm going to take one more.
Yeah, it was just. It just really sort of tie it all together. I was at the audit committee as well, just to say how we're very lucky having Gary, who can recall all that in that way. I wonder if there's a case for presenting sort of the top five outputs from a committee to centre corporate, the corporate team, so that we have that joined up coordinated view of things which I know Gary's very keen on so that we can make sure that actually everything we're doing is.
How it's meant right? OK. No, no, you don't need to shut that. It's how it's meant to be. You can give a little. It's not to Gary because he's not actually chair of the audit committee. No, I know, but is it is a good reminder that we are meant to do a written summary thought. Right. That is what's meant to come. And actually Kenny has done some work over the last six weeks. Really, isn't it? As part of that of reminding that that's how that's meant to come here. So it's a good point to note again and we'll

note it to ourselves from September for the next. I think that would be really helpful. I'll move this on. Oh, just I'll quickly. Were we affected by the Crown strike issues or not much.
The painting when I was on Saturday, Friday, we'll kind of go around collecting paper rosters. It's just in case, but that was more a so someone centrally got them just in case it was very long on his programme.
And I'll leave it on to the quality and Clinical Risk Committee reports going to be more challenging because we haven't got.
Jeff here with us. He was going to do the verbal update. So I think what we might do is take that forward. I think to the next meetings. Otherwise I think we're going to kind of try and do an oversumary of it and that wouldn't be appropriate. So I think we'll carry that on forward.
And then the chair of the Workforce Committee did write a paper.

GM **Gary Marven** 1:02:45
Who's that?

A **Academic Centre - Conference Room** 1:02:48
Well, I'm looking to Tom really because Tom critiqued my Finance Report two meetings ago as being too detailed and too lengthy. So I'm hoping that when I did the workforce, Lizzie went on. I've slightly slimmed it down and made it less fewer bullets that I'm hopefully.
Been a bit more on the nail for you there on that one. See, he's gone off camera there. He's not going to hear. It's gone. He's gone hiding so that I'm not sort of a but I'm very happy. I think we have talked about full stuff even at open forum but I'm very happy to take any questions on.
And the workforce paper for the year, which was very much the summary really up to last March, stroke, April, anything I was really pleased to see and it was, it was interesting, but work might work out was the when you were talking about the figures of retention in churn.
Whether.
Which part of work was doing that impact? Or was it all the work? All sorts of clinical work place or I think it's the whole work. I mean the whole workforce, there are certainly services.
Water cleaners. I think that and I would not be wrong in saying that others who know

better than me will correct me, but I think certainly I think in terms of healthcare assistance is the is the area where we come to want to make sure most that we've got the vacancies filled that we have I think from a nurse perspective.
Team has done a really good job over the last Turk 18 months to make sure that nurse roles keep and key nurse roles are filled. I guess we're going to find, I think from post a pandemic when it was quite busy in terms of turnover and vacancies. I think we're going to find a settling point in my view over the next nine months as to what our normal turn will be, where people will certainly if they can't find the role they require here at the trust, we'll do everything we can to make sure they can. We'll move on, but I think we're in a much more separate position. I think it's healthcare assistance. We'd probably say that we're.
Which probably the people who are more sensitive to salary, if they can find roles elsewhere. But I think I think I think that otherwise it's a cross piece, Andrea, really.
Do we have any?
Of this, it's in.
Lovely. OK, that's the three committee reports and we will be making sure onwards that they are written supports. Thank you very much. Perhaps I'm going to hand over to you for the Appointments Committee update. OK. That's all right. Got the changes in the committee membership to note. Yes. So this report says 2 notes, so we the.
Appointments committee. The Appointments Committee is now up and running and we had our first meeting on the 28th of June.
You'll notice the new the lanes, as that includes myself, Tom, Andrea, William, Maxine, RC, Heidi is acting trust chair. Just to the matters to draw out of this report.
Firstly, there's we're in the process of the trustees in the process of recruiting a new non executive director with a finance qualification because that's the part that's been identified as missing.
We discussed that as more in line of OK, are we now looking to plug areas where we need someone who will ask the questions because they have their living knowledge rather than have a group of Nets who at the time.
They're when their experience is relevant, but now there are different things coming up. So what do we need to seek assurance and who do we need in place?
The other matter to note is.
Was the discussion on.
Strategic succession planning of non insects and associate Nets.
I was part of the formerly the the.

Group of governors that appointed that Nets was part of the appointment panel, and at that time, when we had a group of or a load of C VS and we thought actually that person is not going to hit that particular place. But actually we see lots of scope for there may be coming in as associates and that's how we've got the Group of Associates we have in place. But we didn't foresee that we'd have so many really good.
And you know that Jason is going to be leaving and the the trust in August and there's no role for him to step into. So we had to have a think about actually what we're going to do, who do we need to have in place and how is it going to roll out. We can't just have people, they stay their term. And then there's nothing really has for them at the end. So This is why we have we had a discussion about having maybe staggered on boarding. So that as at the end of a certain set of period, we'll see whether there's actually a role because.
It's more likely there'll be one role available than three roles for associate nids and therefore we're not wasting the talents of some very, very good associates who can be really good non execs and also it allows us to still recruit them. So that was the whole discussion in this in what was then discussed was for Kimmy to have have more of a looking to what we're going to do in terms of.
Commissioning a development plan.
Creative procedure of how we're going to deal with this and also the recruitment of non execs. Yeah, so those are the bits I'd like to draw out. But if you have any questions, well, we've got Andrea, who was there, that's the rest of us who'll be able to give answers to any questions you have.
I think what's really good about conversation is that piece of what I think we've been talking about for a few months of everything we do, we want to do it with intent because it would continue to travel and and medium sized trust. How many people we can support in a board is probably quite important to make sure then that both the fullness and the associated meds are getting a really good training and development process themselves. And it's a bit like the changes we've just made with some of the committee chairs. Otherwise someone does chair the committee for six years and.
That's that's great. That's what we all come on board to do as an execs. But sometimes getting a blended experience and a journey is is also really positive.
We're certain we're certainly building that plan looking forward now beyond now as to what skill sets we want and as the terms come to an end for our other associates,

how we can get into an, I think we all agreed a rolling position probably works well is what we were saying about that. So you have one and you might think Oh well, that person is very good and would feel a potential role in 12 months. But having one or two rolling it's probably is probably a better position for us to manage and develop individuals really well.
And then then two or three people joining all in one day.
We, well, we wanted to get a talent for our own organisation. We are we also can contribute to the wider net across the system. So actually we're developing non exempt directors through this programme for the for healthcare. And so I think it's it's it has to do better with. Yeah.
So observation, just to say in the last six months, there's been a big change in the structure in what we're doing and the fact is we all now know them. The communications that the communication keeps improving for everybody who's grabbing. So that's a big change. So thank you.
Excellent. There's no questions on that. Thank you very much. Babs. I think we're moving on to a presentation on my life moving sync and it's actually it. Yes, we are obviously.
Welcome. I don't know if you'd like to introduce yourself to the room. And then I think that's that will pick you up somewhere. Please.
Yes, whatever you feel that you'd like to do, I'll join. Yeah.
Thank you. Yeah, good afternoon. I'm Liz. I bet you don't worry at my point. Weren't you thinking? Where is she going with the agenda that she's not going to get the time.
That's it's all good. Thank you.
So yeah, my name's Liz. Pry from the die cutting service lead.
And Ivan had asked me. It was a few months ago, actually, when she was chief nurse, just to come along and share with you how we've developed it and during knowledge risk policy over the last couple of years. And so she's going to spend the next 10 minutes or so just going through the kind of timeline of how you develop the policy, the purpose and the time of occasions that would be applicable to this policy.
And where we are now, what kind of aim to achieve it OK with my present. I've obviously got a presentation which I will go through, which I understand circulated, I think afterwards and within that the policy is in bed in so you'll be able to see the policies and the resources that are around that afterwards.

So is it just a set? See, because I'm not really aware necessarily from a kind of background perspective. So apologies. So I'm telling you things that you already know, but these I think it's best to assume, OK.
So kind of just to set, see eating and drinking knowledge risk is a term that we use to describe when a person has got an unsaid swallow. So from a mental state we we call it dysphasia. It's an unsaid to follow that person's decided to continue to eat and drink and they're accepting your risk of that. So it's a policy around having managed that across refuse and community.
Policy.
Was developed by usability, but also collaboration with Cmw well, so those of course both services have an Inter primary care, so at least I'm going to forge you for five seconds there to assume that I might be wrong. So this is Fiona Hastings, who's our new TUT nurse. I don't want you to carry on until you know I've said that way I can just to introduce Fiona to the room and to the guys online. So Fiona's our new chief nurse who started how long ago did you start?
We chilling day three, there we are.
Relatively new and we'll just, I think we'll do the eating and drinking presentation if that's all right with you. And then perhaps we can talk with yourself a few minutes that would be good. So sorry. No, sorry. I didn't want you to carry on. Then go. Oh, that's your. Now. I'm. I'm assumed you would know, but I'll make sure.
Thank you. OK. So I'll just, yeah, so.
I would alter it anyway.
So on the background to this policy was in. So it's been on over the last couple of years at the end of kind of 2021, it's identified that we didn't have anything and drinking with acknowledged risk policy within the hospital or across cmwl, which as I say is to support patients with dissipation who have wished to continue to inclu during and they are accepting the risk of that.
It's usually in other trusts. Other trusts do have these policies, usually delayed by a speech language delay team, and it was. We then asked as well, and the read that you should have said that again, the reason that I'm here reporting on it is that I'm the Co chair of the Nutrition steering group. So it came from the Nutrition steering group. So that's why I'm just kind of really just keeping ourselves up to date with how the hours progressed.
Speech and language therapists all that have currently gave most of your children know this. Other healthcare professionals who advise patients with regarding to their

kind of swallowing difficulty. So that's why it is their funds by them. Further to there have been you will be aware there's been a number of inquests which have been related to swallowing concerns and therefore we took the opportunity to review what guidance and policies we've got on rare and dysphasia and it became where we feel aware that obviously we had got the policy and that's why we were developing it.
They're the types of very small and bright, but I will talk through the timeline of just the last developing policy was we started in to kind of April, May 2022.
Led by speech to language therapy, who are ordered by CNW. Well, so it was a it was a collaboration, as I said before with acute community. We formed initially a working group with lots of different professionals kind of input to that working group. So that speech language learning, this dietitian's, medical colleagues, nursing colleagues and also other allied health professionals that so for example we had physio who's working with Neuro nations.
We had positive care and so forth set up.
Policy and from that we then had a draught policy which was written mainly by speech and or historical team, but went round mates and went through June process through the Nutrition Steering Group and also through.
The Harman Prevention group, which is led.
And it was approved through trust, documentation and tech, and also from the Cmw equivalent committees at the end of last year.
And then upload it to our documentation site and you can see in the presentation I've got just the PDF documents there documentation. So if you want to look at that you can do afterwards. But basically what's on the PDF say I've got it here, but I've got policy which is kind of 20 page policy, but it's also got some resources which I'll talk about a little bit later, which is the patient passport and also patient information. Machines.
So the purpose of the policy.
Is to really look at the process that we follow and we're supporting patients in a sustainable dysphasia for then they decide that they would like to integrate. So it's all about the processes about communication, particularly in between.
Huge services and also primary care, so obviously GPS inspected. You're also CNW well start.
When you think about the type of patients who this may be applicable to.
Could be and there could be a variety of different patients. Could be a person who's

not capacity and they understand that there is risks eating and drinking, but they want to continue to do that even though there's risks. So there's obviously there's social aspect and the quality of life and all of those things that come into any health which kind of needs to be looked at, kind of holistic decision.
You also might have somebody who's perhaps end who is nearing the end of their life, and then for their kind of focusing away, perhaps away from medicalization, and again more into thinking about quality of life.
You also may get a group of patients who are fed by the majority by artificial means, so will be tube feeding so that will be seen called clinically.
Assisted nutrition hydration so they would have two bits of majority of their nutrition, but then they may just take a small amount of food and fluids again just from a kind of social equality perspective. So you might have somebody who really likes tea and therefore they like 6 of tea through the day, just a few spoonfuls. And they know there's risk around that. But that's exciting that they're making. So these are the kind of group of patients.
I've got a lot of patients, some patients who have got urological conditions, so there may be an assortment patients with Parkinson's. You also may improve cancer patients. You also could have patients who have dementia and therefore, so they're the type of patients that this may be doing.
So with regards to the aim of the policy was before we had the policy in place, these people work. Patients were already doing this and we already have a these discussions around with patients about these areas. However, the policy hopefully helps to guide the healthcare professionals through the decision making process and ensuring the process includes patient choice and also that the Multidiscibular linear chamber included in kind of a part of that decision making supporting patients wishes.
It can be quite difficult to manage this area.
And therefore hopefully the document helps to alleviate perhaps areas.
And also there's a standard structure that the patients are admitted to hospital or whether they're in the community, they're all kind of.
Paperwork is similar that we're using at the communication is clear about what we're doing around patients. So it's like consistent approach.
When we looked at writing the policy, we're really aware that what we were aiming to achieve was that it was some more healthcare professionals through the shared decision making process that it could ensure consistency of care for patients who

require decisions around.
Drinking with acknowledged rest and it should be followed by all patients who are would fit this kind of criterion. So it's a standard process it provides.
We're an accessible documentation and that's that documentation from a notice perspective in the community and in the queue and as part of that we have developed, we should I'll talk about a little bit in a minute, patient passport, patient information we need that also ward signage.
And it improves communication between all parties, so patients, carers and other members of the team, and also Nikki with GPS as well, just to show that. So there's a clear message.
So when we're up to now is from a kind of progress perspective as to say the policy. As was approved at the end of last year and then it started to be introduced across the areas and it consists of, as I say, there's the main policy. There's also which the ID people look at the league, but I haven't even got one of you afraid. But I've got it's like a patient passport and this basically the patient passport is got various different areas that the speech and therapist will primarily live with the patient and then it stays with the patient and it goes with the patient. So when they're in hospital, they have it and then they go as well as well, this patient passport will be is uploaded on citor 1.
Documented around an EKG, the locations are discharged and it goes through the processes of clinical evaluation of the swallow decision making capacity and then what's recommended and also kind of a review of. And then we also have those along with it as well, is eating and drinking with acknowledged risk patient information, which is the patient. So it explains more detail around what the risks are and therefore just a bit more about the process.
So we basically give us, This is why just probably a reasonably small number of patients from actually an inpatient perspective rather than piloting on one ward where pilots are on kind of all the wards. And when we get a patient who's admitted who is capable to using this paperwork and it's then following patients out through poverty as well, it's been, it's been monitored by the Nutrition Steering group and also through the Heart Prevention Group.
And so far, it's like we've been really good feedback. So typically for medical students, it makes it clear the process and the documentations were, but also from a nursing perspective as well.
And we are monitoring feedback and then we've officially at the end of September

the speech and language service again to a kind of formal, we're getting back over all kicked up, so review it.
So that just gives you an idea of what we've done from a process perspective, really has been to hopefully that makes sense, but I'll have to take questions around that as well.
Andrea, I'm really pleased to hear that sound by the great project.
Very helpful.
It was interesting when somebody doesn't have capacity.
Do you speak to their relatives? Do you speak to their care home or to the carer?
Yeah, absolutely. So somebody doesn't have capacity and there is absolutely thinking about what's in their best interest. Speaking to the most brilliant person who that would be. So sometimes people will already make some kind of offensive kind of formal decision making around that already. So, absolutely. And also it's then part of thinking about.
If there's somebody who has what they say, apparent Tony or Ben. Extra kid. That's it. Who? The most appropriate place person that is. And within the the tool there is in reliance to. There's a section here that is around determining capacity. And then the capacity assessment and then a best interests. And it also talks about actually who discussions been with with regards to whether it's relatives, attorney, medical team, other professionals, etc.
Yeah, a similar thing actually. First of all, great, I'm, I'm going to call it undiagnosed capacity. So in my role of visiting years back then over the 21 year old man who'd had a tracheotomy because of a brain tumour and efficiently he had no capacity problems. But he clearly did. And so social services came in and I met with three hospital staff, his mother and then we all thought this man needs care and then his capacity isn't there.
Social services wouldn't have it.
The road and he got his friends to read 2 long smoke shakes not once but twice went straight into his lungs because his thing was like he was in A&E twice as a result of that decision. But the hospital worked absolutely faultless, fighting that the social services ruled. And my question is whether there can be when you're is there a bringing a psychiatrist to somebody who can quickly do something when somebody's doing that?
Legally still work.
One of my favourite areas.

I suppose it's really it's complex because people who have decisions specific around what capacity can happen and what decision and obviously we can't control all the things that people that people might do. So I think this is done a great job in working really closely with partners around you know, how do we make an evolving families as well because families might have a very different idea of someone's best interests than a very professionals, not always and hoping that's.
And I think you're right. You know that the importance of being able to work with people across different, it was the system when social care or other partners are involved, but and also with families, friends and people understand risk, they understand capacity around whatever decision it is that they're making and that we get an agreement. And when we don't have that, we can't get that. Then we use legal frameworks in order to help, to save all those patients. It was 25 years ago, by the way.
Thank you for the talk. It was really interesting. I guess. How has the patient experience been of torn? How much do they have to deal with it and other people actually with it being used a bit angry with it being used as I will get the pass experience for it. Yeah, I think I think we've put this possibly that's quite early to say that at this stage I did speak to the speech language only because they're leading this presentation. So have you got any kind of feedback for OB?
They talked about that. There's probably there's quite they've got a number of these options, but they've been talked about examples where they've had patient, for example, who was patient in the community, who was patient with Ms, Who had in the community, they were.
Knowledge risk and they didn't have anything documented. They shouldn't. This was never patient, came in to hospital. Reports of the elected care in May during this year reward staff picked up that the patient was only in a commit. So then refers to speech language therapist who then did went and assessed.
Go to the patient and then she started this. The EDAR password. Yeah. And then since then, the patient has been back into hospital, and that hospital has just held that patient with regards to the process, each time that they come in. So I'd appreciate that really don't was that patient, but it's going to give an example, I think absolutely that is something that when it's looked at really last year in September, I'm pulling that information that they actually can link that information. And those two things, that's absolutely, really important. That's yeah.
So thank you.

Thank you so much this for coming in and talking to us, something that really, really interesting and helpful and very nice to meet you.
You said that's going to get passed around, didn't you? That presentation was got it so.
I think there's only when you do look at it, there's any queries with it or anything at all. Then obviously my details are there, very helpful to be contacted. Thank you.
Thank you very much.
And thank you very much. I'm going to move on and just to introduce Fiona, who's the new chief nurse of the hospital. Like you said, two weeks.
I just want to say welcome and welcome to the Council of Governors. We are very, very blessed in Milton Keynes. We're having a phenomenal group of governors. We I'd say we have 26 because we do have obviously sometimes one person coming in and one person going. So we're we're kind of sometimes I'm a bit of a journey, but I'm really committed and passionate.
About patient care and about service for the people of North Queens and beyond and service that we deliver, how we deliver and recognising you've had a really good conversation today with Joe about challenges we face currently and how we're going to go on that journey together and openly and honestly and over the last few weeks, Kelly started not that not that long ago we've been doing a lot of work about how we can get this conversation to the right place.
And accepting and acknowledging all the confidentialities that go with some things and share.
Their former wife. And I'm sure that will go on developing over the period of time. So I don't know whether you want to give a one minute. I haven't asked for this, but a one minute, 2 minute flavour of your time here. So far. Of course. So, yeah. Thank you.
And buddies for not being here earlier. So fine to do business as usual and get out.
I have been here 2 weeks and two days.
On the South Coast, nearly merged, so very similar from my starting site, which is very similar sized organisation.
First questions, I'd say that mentality didn't break site. Different staff, different populations. So it could be at the moment it's just around looking at what's going on in the National Health Service.
Understand a bit more about Lincoln Keys and our services and what our geography looks like so that I can help to support.

The organisation to suit the population so coming very much with an open mind and open viewpoint, but really seeing some things that I feel.
And that is a challenge. That's been that we work with.
Practise on there. So really phenomenal things going on here but not seen in an organisations that are really impressive as on vacation where we can get us on the national picture phenomenal and then work on things that as we grow as an organisation and move towards the hospital, develop and transform our services. So just yeah, keen to be here things I've recognised about the weather.
Of Newton service, I've got to learn lots about the hospital.
I'm sure even they've been there a very short time. You'll have looked looked at the risk register and is there anything that jumps out at you thinking we're not capturing that?
Do I think what I've seen so far? I would say we are capturing most things. There are things that I'm looking at that.
A slightly different lens, but there is ending most specific risk perspective that I think I've not seen that on risk list or I've not heard it spoken about amongst my colleagues, so nothing specific in the one. Thank you.
Hi, Fiona. I'm Sarah Whitman. I'm one of the new non execs and be working with you on the maternity surance group. We've got one to one on Wednesday, and I just wondered what your clinical background was. Oh, my goodness. So I can really varies clinical background.
I'm very nice. It's always scary because when I meet the universities now, they weren't involved and so that's quite frightening.
London and there were no jobs when I qualified.
I thought it all been a private week, guys. We're all doing plastics and cardiothoracic surgery on the week for coming over to have their treatments here and found in love for cardio graphics and moved down back coming to the South Coast and worked in Southampton General Hospital.
Really fortunate in 1997 to be selected to be one of the first to keep nurse practitioners in the key trust and successfully implementing the role we current for us in practitioner at that Unix.
Until around March 2003, when I moved on. So that gives me a really good grounding in advanced practise, technical governance, how nurses practise safely and how our policies.
So my early sort of foray into sort of nurse management was very much managed

advanced practise.
But we enjoyed developing the team and thought I was naturally a nurse educationalist, so I went off and did a bit of education and then learned that wasn't for me. So I came back into practise development and won the NHS. Where do reform was moved into a job in mixed medicine?
To be a clinical coordinator, so kind of site management. So I'm saying that I have a brain that's quite process driven into problem solving. So patient flow operations sort of that will naturally in my family but then got moved into being the leading metro sterling part of the amount of season 98% target did that for a few years and then a job opportunities came up as a divisional head. So really stepping into management was a bit cautious having had the education experience but.
Nursing, which is equivalent.
In unscheduled care ended that five years and large USD teaching hospital getting quite near the top of the triangle. So I've chose to do some cushioning with that friendly healthcare and work as a Commissioner for two years with policy looking at population health and how that all fits together. But not surprisingly, Mr patients and then took the job in Bournemouth as the Deputy Director of nursing and then we run it.
I said quite a broad spectrum where I moved across a lot of specialities and sort of my phone in a very much.
Something it's really good, I think. Really good for the Council to hear. That's a really, you know, good way from the introduction. Yeah. How are you finding the change from the South Coast to the South?
With the the was it. Why are you coming? I actually live in Southampton.
So live in a big city on the South Coast and kind of live there all my life, so I'm quite excited to come up to Milton Keynes and we've looked around some of the villages and the surrounding countryside. Nothing. I'm looking forward to embracing it. We do have a 1972 we have about. We're just going to stay on the South Coast. They will still have something to go back down here. I came from Southampton. I'm still here.
And so we'll go with some agenda. So we've got the Council of the Councils, the governor's serve evaluation report.
And are we going to take that?
She says looking at yours.
Yeah, it's it's attached separately. Managed to see it, yes. And is that?
Yes.

So is there anything to we want to comment on on it? People may not lots of time to read it, but it helps our development programme, doesn't it? I think there are areas picked up in there that are clearly, you know, we know that we need to develop. It really helps to shape that programme. So I think it's really.
Constructive feedback and I think some of the things as well I think could even already start to earning. So I think there's that come back to ourselves about it that would be helpful, wouldn't it?
And so I'm going to take that moment's got my hands up there. How they Nets looking. OK. And again, it's objective. So we've got a good programme item here, item 12. And it says Joe.
Am I am not clear who without Joe, is acting as Joe. There are many things I could update on, but this is not one of them.
Scoop my way to the board to see if I can be of any help for you. If we're going to ask anything. So is there are there any questions?
For noting indeed, is there anything anybody wants to ask? You can't answer. They'll take the question away and then come back to people.
It was just highlighting. I think we've talked before, haven't we about the decarbonization programme. We're going to talk about that. We've talked about Lloyds court.
And that's just kind of we knew, I think we mentioned somewhere about the original reach issues.
Delay. But that's kind of coming very shortly, I believe updated obviously today into the NHP and on the high voltage cable upgrade sounds riveting is rotating quite a lot of money, so it's riveting.
We're obviously waiting for the finalised design, so I think it all speaks for itself.
We can always come back to any of those policies. We've said we've got throughout the year. Excellent.
And moving on to item 13.
You've got the membership and engagement managers report, yes.
For me, Matt is the government, the draught proposal for the breaking impact.
Many comments.
On that, we have any questions on the report. I think again, some of that we've talked about have been in terms of how we're working together and working across the group. Is there anything anybody wants to?
Face here.

I think I think.
Question like that is that what was happening done?
To share any roles, it's made something big. We might do really in September.
Said that, Luigi knows what he's doing. What and?
We want a job because it rather than what people do, everything.
I think the main thing is it's a living document, isn't it? You're going to keep adapting it. We can keep inputting, so yeah, great pointing.
Please is this is the briefing proposed to be a monthly pack?
Every two months, OK.
Unless, unless there's appetite for it's the monthly. But I'm not sure how much it would change through.
Excellent. Thank you very much Louis for that. Thank you for everything you're doing. Thank you.
Item 14 is the Health Watch report, which we've got the report, but we don't unfortunately have vaccine as we thought we would have. She sent her apologies and so I think we can actually brief, I don't know if there's anything in the paper anybody wants to ask a question of, but otherwise I think what we can do is carry that forward again. This conversation with Maxine when she is at the next meeting at the end of the, I would say, is that both.
Maxine and I were at the Denver board meeting at the YMCA and just be interested to know how.
The investment is is implementing.
That report, because it it seems that it's it's very valuable.
Yeah, I agree. I think there's there's quite a bit for us to do in that report. I think you make some recommendations. Clearly we are going to do some work around as it as it's as as the Health watch report around translation and interpretation. So we'll do that piece of work with partners around understanding, need and and you know and then what the sort of landscape looks like in terms of being able to fulfil that need. But I think Louie something that Louise brings just this week. So we're working on how we what all involvement looks like what what we're going to need to do is a commitment and leading the commitment in there's any review boards.
And and we'll bring that back through the governor's bring it back through Board of Governors. It's AI think it's a sick piece of work that the RCB has really, really great. And we, we've absolutely want to do it justice here. So we'll bring it back through with our commitments and programme.

To join in with the work that's going on across the system.
And there's nothing further. Item 14, I think that links quite well into item 15 and the including the Leadership Council report is there. I mean obviously this last time it was a relatively short agenda.
And I think.
Reporting from people at that meeting, but I think certainly from some of the conversations we've had as a group and what Kate was just talking about in terms of like the Denny report, one of the things that we have reflected on after the ALC organ talked with Kenny and Kate is that.
There's more we can do and more that we need to do to help that sort of.
Pyramid, or just an up and down of communication. So I think I'm. I'm quite keen that we make sure that the voices from the networks.
Are heard properly through the organisation, so we're just doing a little bit of work on how that might be reported through to board and then indeed obviously reported to governments, we're actually thinking of thinking in terms of potentially policy, confidentially, a sub committee.
Do we say sub committee or committee, we say Committee of board?
So the so that it has a kind of real position of how that voice gets shared with non execs and it's actually that would be something that's kind of come next on to the agenda that we want to make travel through. And I think here we were just going to mention we've published to the organisation and we've shared at board we were just going to mention the Roger Plym report obviously that we've received in the piece of work that he did in the first part of this year.
And Kate, maybe you just want to link it with what's coming with Yvonne as part of as well, how we're going to make sure we keep this journey going. So we've questioned these two pieces of work around tackling racism in the organisation and looking at equality and discrimination. So Roger and Klein was focused on recruitment, retention, progression, particularly and they aligned with the rest, the workforce issue that brightly standard metrics and has produced a really a really good report. It's hard to read actually.
You know some things that are difficult to hear but really important if on **** Hill, who is another sort of recognised expert in equality coming in to do, to sort of look all around the experience around discrimination, experience of discrimination in the organisation.
And and so together those reforms, single action and programme of work, we can be

over a long period of time. You know, it will take us. There are some things that we can do quickly. There are some things around change that will take take a little period but we really want the inclusion Leadership Council to be.
And the networks to be involved in formulating that action plan so that we created together that it's not, we're taking some time to do this because I don't want it to be transactional than just you know getting it and immediately responding with a list of things that we'll do wants to be transformative.
So we want to do the Yvonne's work, Yvonne as well. The autumn, she's doing some work on the board first, actually, around all. Development and board commitment and then Co create this action plan. The board that we'll see if they have a bit of programme about over the next few years.
But links also with you know how we how our patients experience the organisation start saying it reaches out into community and touches on things like you know Denny report and health inequality etcetera.
I think the more I really think Rogers report, which is out there and I think we can share it directly with governors, if it's not easy, it's on the Internet, it's entrenched, it's on the Internet. Yeah, yeah.
But I think for me, the words the words used within it in terms of nepotism and of out talking with staff on wards, that's not, that's not always about racism.
But that's like enjoying working with people I work with and they're the people I'm going to put into a new role.
People might not see that as directly empty any characteristic, but it's not a good thing if there's not always a professional objective journey to who you're promoting or who. And you're it's not fair and equitable. I always talk in my previous organisation about being fair fairness sitting at the heart of everything.
And actually for me, in terms of our networks.
Well, absolutely. We have a journey to go on in terms of race.
And inclusion I I think we also have a journey to go on in terms of LGBTQ. So I think it's about getting that sort of balance and conversation right in the mix of everything and that's where I think it's important to make sure that we give including leash inclusion Leadership Committee if it becomes that or in however that happens the right voice and connection up to the board. So that you know people who are involved, who feel that's being heard appropriately, there's more work to do.
Yeah, last trust board meeting.
Lady Gaga, Lady Fantastic Story and I think is a living example of what she had to

overcome was very telling things we wouldn't have even thought of. Absolutely brilliant. So everybody should hear it. And I think when I was out with Caroline, I think she's gone off enough seeing that Caroline came to with the maternal health. well-being midlife community virtually operates in two and hearing a nurse tell a story. Really. Why to tell a story. It was very sensible, spoke very well, but then kind of let out that she she had been a midwife for 20 years.
Be it abroad and the group of us, some of the midwives, what have been brilliant conversations together, that was a bit of a surprise to some people that she had 20 years experience. Now, I don't think anyone was deliberately setting out to exclude the idea she'd had 20 years, but it just hasn't really come as part of that conversation. So you can see how these things flow through.
Not deliberately, but then perhaps that's the point. We need to be more deliberate about some of the practise of how do we have the conversation, Andrea?
I mentioned that meeting, but.
And doesn't any knowledge that the one thing that Mrs missed in there are lots of these reports?
It's discrimination around age and and particularly.
Older people.
Their access to health, their access to services whilst they're in the health system, and that such things.
Included in that committee agreement, I think it's important I say that it is this balance of all inclusions, yes, and we might sometimes be doing a better job on some parts than others, but we need to make sure we come out, you know, pence years down the road in a better place for for everyone.
Yeah, that's it's good that we're at in a position or at a place where this is this come to the the form and that we're addressing it because I remember a couple of years ago talking about going to a Bain meeting within the hospital. And one of the things that I've found quite surprising because I didn't realise was what a few of the the staff were saying that they would rather do night shifts because that was when they were less likely to have.
Negative interactions and also and you don't see that unless you actually probe it or you you're you're part of that conversation.
And I think we want to have that conversation appropriately and then we'll work through the exact team and the leaders in the organisation, work through how that changes, don't we? Yeah.

Just wait. Wait for the for the was that the?
When will that be released?
This depends on how long she, how long she sort of takes to do her work. She's starting in September, October. She's coming to the October board, so I would hope by the New Year. But I think it's probably going to commit to a time frame at the moment, just in case she takes Good England and that September, she's going to come talk to her and then board sessions. Or if he wants to work with board enough. So I'm I'm guessing we'll have some flavours come here. Comes December time. We've got be having sort of got from her yet a pin down date as to what she's doing in terms of.
Thank you everyone. That's really helpful.
Looking at where we are somehow by a miracle we have arrived at almost the right time at the right part of the agenda and so we are on any other business.
Yes, you're not going to ruin my tiny, are you?
I just want to think of information of the Council of Governors, the annual Members meeting is going to schedule for 7th of October, but we're trying to explore celebrating the annual members meeting along with the first Portia anniversary on the 9th. So with the permission of the Council.
We're hoping to be able to move the date from 7th is on the same week from 7 to 9th.
Wednesday 7th of.
Monday. So it's OK and it's going to be.
Loads of activities is planned for the celebration so.
Would be at the the centre. What's it like?
So with the idea of that be to try and get a larger audience for the yes, it's going to be a whole day affair with different activities and fun for the day.
Tom, you've got your hand up.

Tom Daffurn 1:52:35
Yes. Thank you, Heidi. During Joe's presentation, he mentioned.
Something a bit awarded today.
Is really delighted and he asked us to keep it confidential. Well, just out of interest, I didn't hear what he said. So my my confidentiality is not in doubt.

Academic Centre - Conference Room 1:52:57
Sure that you're not the neek then.

Tom Daffurn 1:53:03
Could you could you please enlighten me? While he was thrilled about please?

Academic Centre - Conference Room 1:53:08
So we've been going through the different well different phases of the new hospital programme and obviously there are several applications to the new hospital programme. We knew that we were making good progress because we've had small releases of enabling funds over the last period of 18 months, let's say, to do various elements, but also to do some of the beginning of the design phase that you have to do that costs quite a lot of money.
What we've had is the strategic outline case approval.
Which really means that in the round they are approving the journey that we are going on. And because I think we think with the one and only so far to have got that far and the fact that as we are doing some of the work already such as the high voltage line certainly getting on with the car parks looking at decounting the centre of the hospital so that we can begin to clear our space to make sure that people are appropriately, you know, office individuals appropriately housed elsewhere.
That, you know, it's a really big tick if we have got that strategic outcomes outcome.
So that's what that was. So now we know we now we know we have to watch you as well in case it.

Tom Daffurn 1:54:10
Good.
Good.
You can you you can rely on my confidentiality.

Academic Centre - Conference Room 1:54:22
I wouldn't doubt that for a minute.
Any other week at just following on from that, are there any major obstacles still in the way, barring the international projects? So this is a £300 million year programme.
I I guess there are lots of potential hurdles to go over. Of course, once it starts to get

so much momentum, what the Central hospital programme, which itself is also being reviewed at the moment, I think as to how well that's functioning and how patient it is. But if you can imagine once this tip. So far we've spent the gun, we will begin to spend money to a certain scale that it would be not great if that was then drawn to a halt. So I think the team have been working really incredibly hard, perhaps quite invisibly.
In terms of trying to make sure this keeps tipping forward.
I'm going to say this is from my view. One of the things that can be quite difficult is if we don't get to go soon enough, we're planning a cost of a build as you would in any build that if it doesn't go through the timeline might get more expensive as time moves forward due to inflation and all other matters, that's probably the biggest risk in the sense. But there's, you know, there's plenty of hurdles we've got to go through to get to there.
Don't want to deal with it now my question to Joe was going to be the change of government.
Positives negatives in the sense of how we see that progressing, but I think we're waiting to see.
They've certainly often put some messaging out about waiting times and about other matters that they want to see delivered through the NHS. But I think in terms of the real change for funding for Milton as was wanting.
We have got in a connection with W Streeting to riders actually got a connection with W Streeting I actually met with the Chancellor before she was the chancellor only few months back and said to her at the time.
You know, you are very welcome to come and have a real conversation and it's just that was talk about the challenges.
We we're having to engage.
And do we want just to mention in AOB potential Telegraph?
Yeah, with the the Telegraph. Burton Keynes is a sort of way into the health system, sort of looking to the NHS and its challenges for a potential piece on Sunday.
So.
See how that just.
I guess I'll following again on from that it because there was the BBC thing that happened and is there any reason why there's been such a large?
Out.
There's lots of unconnected as a city quite accessible. Unlike some cities where it's

much more complicated to get to the different parts, it's quite interesting around growth and things like this. I think there's probably lots of interesting things about about Milton Keynes, but.
But yeah, you're right. We have had a flurry of sort of this, you know, it media interest in and in waiting times particularly then we know that 18 weeks for us is I think that will continue.
And you know, we'll just need to try and keep the balance around.
Between the two education centres and in biggest cities.
Yeah, I'm just aware because we've all gone some negatives. So we don't want to completely destroy it. We're acknowledging there is acknowledge acknowledgement, we've got challenge and we're not. That challenge isn't going to go away in three months.
And I think we just want to kind of manage that now too, because we certainly don't want to end up in a triple lock position. We don't want to end up you know, but there might be some positive out of it if people say, well, hang on a minute, obviously the population's growing challenges are here aren't clearly all without. So we can always be an example of how to step out of that problem. I think is where.
OK. Any other way of beats?
And so they've got forward agenda on screen. If you've got any comments on that, you said I think that we could developing no lovely. So I think I'm going to formally close the meeting if everyone's going to be index 18 of the form is this on the 23rd of October and 4:00 PM again in this room. And therefore now the session there's going to be a private session which I think you're going to find business.
So thank you very much.
No worries. Thank you. Thank you very much. Thank you everyone. Thank you.
The governor's governors should please stay on the governors online if they can take.

Timi Achom stopped transcription