

## **COUNCIL OF GOVERNORS MEETING IN PUBLIC**

**Academic Centre Conference Room.**

**17 April 2024**

**4:00-6:00**



## **MEETING PACK**

## COUNCIL OF GOVERNORS' MEETING

**Wednesday, 17 April 2024**

**16:00-18:00**

**Conference Room at the Academic Centre**

### AGENDA

No.	Time	Item	Purpose	Format	Lead
<b>OPENING BUSINESS</b>					
1	16:00	Chair's Welcome, Apologies, Declarations of Interest	Note	Verbal	Chair
2		Minutes of Previous Meeting	Note	Verbal	Chair
3		Action-log	Note	Verbal	Chair
4	16:10	Chair's Update <ul style="list-style-type: none"> <li>Highlights of the Informal CoG of 13 March 2024 – Next steps</li> </ul>	Note	Verbal	Chair
5	16:15	Chief Executive Officer's Update	Note	Verbal	Chief Executive Officer
6	16:20	Lead Governor's Update	Note	Verbal	Lead Governor
<b>ITEMS FOR DECISION</b>					
7	16:25	Assurance Report from the NED Appointment Committee of 10 April 2024:	Approve	Verbal/ Paper	Director of Corporate Services
8	16:30	GovernWell Support and Training and Development Proposal <ul style="list-style-type: none"> <li>Training Agenda</li> </ul>	Note	Paper/ Verbal	Director of Corporate Services
9	16:35	Quality Priorities 2024/25	Discuss/ Approve	Paper	Director of Corporate Services
10	16:45	Annual Evaluation of Collective Effectiveness of Governors <ul style="list-style-type: none"> <li>Evaluation Questionnaire</li> </ul>	Discuss/ Approve	Paper	Director of Corporate Services
<b>ASSURANCE REPORTS FOR DISCUSSION</b>					
11	16:50	Board Committee Updates: <ul style="list-style-type: none"> <li>Charitable Funds Committee</li> </ul>	Note	Verbal	Chair - Charitable Funds Committee
12	17:10	Finance and Investment Committee Annual Summary	Note	Paper	Chair - Finance and Investment Committee

13	17:20	Presentations: <ul style="list-style-type: none"> <li>Dementia Care</li> </ul>	Note	Paper	Janet Page
<b>PROGRESS AGAINST MKUH OBJECTIVES</b>					
14	17:30	Capital Programme Update	Note	Paper	Chief Executive
15	17:35	Membership and Engagement Manager's Report	Note	Paper	Membership & Engagement Manager
16	17:45	Healthwatch Milton Keynes Report	Note	Paper/ Verbal	CEO, Healthwatch Milton Keynes
17	17:50	Inclusion and Leadership Council Report	Note	Verbal	Chair
<b>CLOSING BUSINESS</b>					
18	17:55	Any Other Business	Discuss/ Note/ Approve	Verbal	Chair
19	18:00	Close			
		Date of next meeting: 24 July 2024 at 16:00, Conference Room, MKUH Academic Centre			

## **COUNCIL OF GOVERNORS**

**Agenda item: 1**

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

**Trust Chair**

**Verbal**

<p><b>MILTON KEYNES UNIVERSITY HOSPITAL NHS FOUNDATION TRUST COUNCIL OF GOVERNORS' MEETING</b></p>
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**Minutes of the Council of Governors' meeting held in public at 16.00 hours on  
Wednesday 24 January 2024, in the Conference Room at the Academic Centre  
and via MS Teams**

**Present**

Alison Davis (Chair)	Trust Chair	(AD)
Andrea Vincent	Public Governor	(AV)
Kat Jaitly	Public Governor	(KJ)
Babs Lisgarten	Public Governor	(BL)
Clare Hill	Public Governor	(CH)
Shirley Moon	Public Governor	(SM)
William Butler	Public Governor	(WB)
Rachel Medill	Public Governor	(RM)
Francesca Vernon	Public Governor	(FV)
Andy Forbes	Public Governor	(AF)
Rachel Medill	Public Governor	(RM)
Dianna Moylan	Public Governor	(DM)
Tom Daffurn	Public Governor	(TD)
Ken Rowe	Public Governor	(KR)
Nicholas Mann	Business Leaders Representative	(NM)
Keith McLean	Milton Keynes Council Representative	(KM)
Yolanda Potter	Staff Governor	(YP)
Emma Isted	Staff Governor	(EI)
Pirran Salter	Staff Governor	(PS)

**In Attendance**

Joe Harrison	Chief Executive Officer	(JH)
Kate Jarman	Chief Corporate Services Officer	(KJ)
Heidi Travis	Non-Executive Director	(HT)
Gary Marven	Non-Executive Director	(GM)
Mark Versallion	Non-Executive Director	(MV)
Haider Husain	Non-Executive Director	(HH)
Ganesh Baliah	Non-Executive Director	(GB)
Dev Ahuja	Non-Executive Director	(DA)
Jason Sinclair	Associate Non-Executive Director	(JS)
Lui Straccia	Membership and Engagement Manager	(LS)
Daphne Thomas	Interim Chief Finance Officer	(DT)
Yvonne Christley	Chief Nurse & Director of Patient Care	(YC)
Janet Page (For Item 12)	Lead Dementia Nurse	(JP)
Jo Faul	Eastern Trustee, General Service Office Alcoholics	(JF)
	Anonymous	
Pab Kennedy	Chair, Milton Keynes Intergroup and Health Representative,	(PK)
	Eastern Region, Alcoholics Anonymous	
Timi Achom	Assistant Trust Secretary	(TA)

## 1 Welcome and Announcements

**The Council had a pre-meet from 16:00hrs to 16:30hrs.**

- 1.1 The Chair extended a warm welcome to those attending the meeting, particularly the new Governors, FV, AF and RM. She also welcomed JF and PK from Alcoholic Anonymous presenting item 11

## 2 Apologies

- 2.1 Apologies were received from Maxine Taffetani (Healthwatch Milton Keynes Representative), Doug McWhinnie and Christine Thompson (Public Governors) and Tracey Rea (Staff Governor). Apologies were also received from Precious Zumbika-Lwanga (Associate Non-Executive Director), John Blakesley (Deputy Chief Executive Officer) and Ian Reckless (Chief Medical Officer).

## 3 Declarations of Interests

- 3.1 The Chair declared that HT would present agenda item 6.1 which related to the reappointment of Chair (AD) for a Second Term of Office.

There were no further declarations of interest received in relation to the items on the agenda.

## 4 Minutes from the Council of Governors meeting held on 25 October 2023

- 4.1 The minutes from 26 July 2023 were approved as an accurate record with the following clarification under attendees and Item 6.1.

Attendance: Janet Page  
Item 6.1: Buckingham University

## 5 Matters Arising/Action Log

- 5.1 The action log was reviewed and updated as follows.

### **Action 22 – An Alzheimer’s Society Awareness session to be arranged for Governors and Non-Executive Directors**

On agenda

- 5.2 The progress made in relation to the actions on the Action Log was **noted**.

## 6 Chair’s Update

- 6.1 AD highlighted the following items from her report:

- As a general principle, where Governors meet to discuss Trust business, whether formally or informally, meetings should be facilitated by the Trust Secretariat and a record taken to ensure that actions or issues are captured and can be taken forward. This is to ensure good governance and the smooth running of the Council and its subgroups, and to ensure that Governors are supported to fulfil their statutory duties.
- If Governors and NEDs meet socially - it should not be to discuss Trust business. For the avoidance of doubt, this includes the role of Governor and the administration of the Council of Governors and its subgroups.

- 6.1.1 Recruitment Flowchart

- 6.1.2 In response to RM's query around the recruitment process for the appointments committee, KJ explained that the appointment panel was convened each time there was a non-executive vacancy. She stated that the majority of the appointment panel were Governors with the lead Governor always in attendance. KJ advised that this was a standing committee with Terms of Reference. KJ also stated that one of the reasons that the appointment panel was standing committee and not just convened in the event of the reappointment was because the role included appraisal and performance review.

Action: KJ to draft an appointment committee panel rotation proposal around and circulate the Terms of Reference.

The Council **noted** the Chair's Recruitment Flowchart

- 6.2 Feedback was provided from the Council's pre-meet at 16:00hrs.
- 6.2.1 The Council discussed clarity around note taking at informal (social) meetings and sought for secretarial support for informal/social sessions to capture actions if necessary. In response, KJ stated that when issues are discussed during social meetings and then passed to the Board, the messages become fragmented, making it difficult to capture the context of the issues. It also made it difficult to coordinate a development plan with the Trust Secretary and determine which support was required.
- 6.2.2 KJ stated that a governance process around informal meetings would be discussed to ensure actions and progress were captured and to ensure the Council had appropriate support. She also advised that support after localised induction would be reviewed, in response to AF question.
- 6.2.3 NM reported that there was a reference to some Governors not having security ID badges and suggested an audit of who had badges and who required one. He also stated that he was awaiting details of how to access his MKUH email account.
- 6.2.4 KJ commended the positive active nature of the Council.
- 6.2.5 In response to NM question around the recruitment of a new Trust Secretary, KJ stated that the role had been advertised twice with the first set of interviews being unsuccessful; however, a successful candidate had been appointment following the second round of interviews. The successful candidate was expected to start their role in March 2024.
- 6.2.6 There was a discussion around an external provider to provide collective Council training regarding the role of a Governor and the difference between the role of Governor and the role of Non-Executive Directors.
- 6.1.1 Extension To A Non-Executive Director Tenure For A Final 3 Year Re Heidi Travis
- 6.1.2 After a meeting on 08 December 2023, the Council of Governors Non-Executive Director Appointments Committee recommended that the Council approve the re-appointment of HT, Non-Executive Director, for a single and final three-year term of office from 01 March 2024. This was approved by the majority of the Council outside of the meeting.
- 6.1.3 The Council **noted** the extension to Heidi Travis's tenure as a Non-Executive Director for a final three-term (from 01 March 2024).
- 6.1.4 Reappointment of Chair (Alison Davis) for a Second Term of Office
- 6.1.5 HT explained the rationale for seeking approval to re-appoint AD for second term of office. HT stated that AD had served her term of three years ending on 31 January 2024 and that it was crucial for the Non-Executive Director Appointment Committee of the Council of Governors to convene a meeting to finalise AD's reappointment, as there was only six days left until January 30.

6.1.6 The Council agreed to extend AD for 3 months to allow a review of the appointment process by the Council.

6.2 The Council **noted** the Chair's update.

## **7 Chief Executive's Update**

7.1 JH updated the Council on the following matters.

7.2 The organisation was facing winter pressures but was coping adequately. While patient experiences may not be optimal, safety and care remained priorities. The same-day Emergency Care Center had proven helpful. Planned elective patients were being treated with an aim to reduce waiting times.

7.3 The Trust had secured funding for enabling works for the New Hospital development, particularly for powering the facility, amounting to approximately £8.5million. Progress was visible with ongoing excavation work to bring power on site. Two other business cases for a multi-storey car park and a diagnostic center were advancing for approval. Each validated step brought them closer to the project goal, and compared to other hospitals this was significant progress.

7.4 Three pieces of work had been commissioned with the Board's agreement:

- Focusing on improving the lived experiences of staff and ensuring that minority voices were heard, and their experiences matched the desired team environment.
- Reviewing HR policies and procedures to ensure best practices were in place.
- Improving the governance of Board information to ensure appropriate decision-making.

These initiatives aimed to enhance the organisation's operations and employee experiences, emphasising continuous improvement despite existing positive feedback from staff surveys. The first piece of work had already commenced, and the others would follow shortly.

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

## **8 Capital Programme Update**

8.1 On behalf of JH, DT highlighted the following from the report:

1. The Lloyds Court Community Diagnostic Centre was progressing.
2. Work had begun at Phase 2 Decarbonisation and was expected to progress through 2024. Risks were reduced following the agreed re-scope.
3. Milton Mouse project was on track for completion before the end of the financial year (March 2024).
4. The Radiotherapy project was on track to complete aligned to the programme and Oxford University Hospital had commenced procurement of medical equipment.

8.2 The Council **noted** the update.

## **9 Inclusion and Leadership Council (ILC) Update**

9.1 AD provided highlights from the Denny Review, commissioned by the Integrated Care Board and the system, focusing on population health. She advised that the Review highlighted four key areas: inequalities, cultural competency, communication, and access/representation in healthcare. Reference was made to E-care improvements, particularly in catering to veterans' specific needs and other individuals requiring special attention such as those with faith and care requirements, and handling situations involving violence and aggression.



AD proposed circulating the Denny Review electronically to Governors for wider distribution and concluded the ILC update by expressing optimism about the ongoing developments within the Council emphasising the importance of continued efforts to make a meaningful impact.

9.2 The Council **noted** the Inclusion and Leadership Council (ILC) Update

## **10 HR Updates – Time to Hire, Disciplinary, Grievance, Staff Bullying & Harassment**

10.1 AD introduced the HR updates papers which addressed questions raised previously regarding HR matters, particularly focusing on the time to hire and recruitment processes, especially in relation to opening new wards.

10.2 Concerns were raised about recruitment timelines and strategies and the Council discussed the use of Skype in recruitment and its potential impact on timelines. The importance of streamlining processes to attract and retain qualified candidates was emphasised.

10.3 Metrics for tracking recruitment timelines and retention rates were highlighted, with an emphasis on consistent monitoring and evaluation for both clinical and non-clinical staff. The Council also emphasised the need for providing career development opportunities and training to enable employees to flourish in their roles.

10.4 The Council **noted** the HR Updates report

## **11 Alcoholics Anonymous**

11.1 PK and JF began the presentation by introducing themselves as alcoholics in recovery. PB stated that despite initial denial, he struggled with alcohol abuse, which led to strained relationships and health issues. After hitting rock bottom, he found help through Alcoholics Anonymous and that although it took time to fully accept his condition, he eventually embraced the 12-step program and found sustained recovery. Through his commitment to sobriety, he was able to rebuild his life, pursue education, and be present for his family.

11.2 JF stated that Alcoholics Anonymous (AA) was often misunderstood as a religious organisation, however, it was a supportive community where individuals shared experiences, strength, and hope to overcome alcoholism. AA views alcoholism as a progressive illness affecting individuals physically and mentally, not a choice but a condition of loss of control over drinking.

11.3 The 12-step program of AA was integral to recovery, helping individuals not only stop drinking but also maintain sobriety long term. Membership was open to anyone with a desire to stop drinking, with no dues or fees. The organisation operated on a voluntary basis, with members remaining anonymous to protect privacy.

11.4 The Nice quality standard 11 emphasised providing information and support for those seeking help for alcohol use disorder, including access to community support networks like AA. AA offered various forms of support, including patient-specific meetings, sponsored meetings, open meetings, and opportunities for members to share experiences. The 12 Traditions of AA helped maintain unity and anonymity within the organisation, ensuring the focus remained on carrying the message of recovery. AA operated independently from professional or religious affiliations, solely focused on helping individuals overcome alcoholism.

11.5 Stories like PK's emphasised the effectiveness of support groups in overcoming addiction and spreading hope to others facing similar struggles. Despite initial scepticism, PK and JF stood as advocates for this organisation, having witnessed firsthand the transformative power of recovery. Their journey served as a testament to the importance of seeking help and the possibility of finding

redemption and fulfilment through perseverance and community support. The Council thanked PK and JF for their presentation.

11.6 The Council **noted** the Alcoholics Anonymous presentation

## **12 Dementia Care**

12.1 Deferred to April 2024

## **13 Eating and Drinking at Risk Programme**

13.1 Deferred to April 2024

## **14 Healthwatch Milton Keynes – Council of Governors’ Report**

14.1 The Council noted the Healthwatch Milton Keynes (MK) – Council of Governors’ Report

## **15 Lead Governor’s Update**

15.1 BL welcomed the new Governors DM and FV and wished PS best of luck in the future as it was their last month with the Council of Governors.

15.2 The Council **noted** the Lead Governor’s Update

## **16 Membership and Engagement Manager’s Report**

16.1 In response to SM’s question around the criteria for this year’s (2024) staff awards, LS stated that he would advise once the criteria had been confirmed.

16.2 In response to RM’s question around defining the role of Governors in community engagement and establishing clear objectives and targets, and the key messages to convey to the community and strategies for gathering feedback. AD stated that there was a recognition of the importance of effective communication and engagement with the community, with a focus on providing relevant information and gathering feedback.

**Action:** LS to provide an update around feedback strategy

16.1 The Council **noted** the Membership and Engagement Manager’s Report

## **17 Terms of Reference**

17.1 RM highlighted an error on the Terms of Reference noting that the Chair of the Trust should not be listed as a voting member of the Council.

17.2 The Council **reviewed** and **approved** the Terms of Reference subject to the above amendment.

## **18 Motions and Questions from Council of Governors**

18.1 RM asked for clarity around the role of Governors and their need for visibility on key issues to effectively hold the executive team accountable. She expressed difficulty in understanding the executive team’s concerns and priorities, as there’s limited visibility between meetings while acknowledging Governor’s role was not to question executive decisions, but to seek assurance on matters such as patient safety and performance indicators. RM highlighted the importance of having a forum to question the executive team on issues raised in reports, such as the effectiveness of

recovery plans or and the understanding of MKUH's performance compared to peer groups, particularly regarding key areas like Referral To Treatment (RTT) pathways.

In response, HT stated that sub-committee reports were routinely provided at Council of Governors meeting and in addition to this, GM advised that the Board Assurance Framework (BA)F was a structured assurance framework to address concerns and priorities collectively as Governors. This framework categorises issues into short-term (six months) and long-term (three years) concerns, providing a strategic framework for decision-making and evaluation. By aligning data, Governors could prioritise immediate concerns, ensuring a focus and systematic approach to addressing governance issues and promoting effective decision-making.

**19 Any Other Business**

19.1 None

**20 Council of Governors Forward Agenda Planner**

20.1 The Council **noted** the forward agenda planner.

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

21.1 Wednesday 17 April 2024 at 16:00.

Updated

26/07/2023

### Council of Governors Action Log

Action No.	Date added to log	Agenda Item No.	Subject	Action	Owner	Completion Date	Update	Status Open/ Closed
22	18-Apr-23	10.5	Community Presentation - Alzheimer's Society	An Alzheimer's Society Awareness session to be arranged for Governors and Non-Executive Directors	Kwame Mensa-Bonsu/ Alison Davis	25-Jan-24	A meeting had been arranged with Jacqui Page (Lead Dementia Nurse) for November 15, 2023. Feedback to be provided at the next Council of Governors meeting in January 2024.	Open

# **COUNCIL OF GOVERNORS**

**Agenda item: 4**

**Chair's Update**

**Trust Chair**

**Verbal**

# **COUNCIL OF GOVERNORS**

**Agenda item: 5**

**Chief Executive Officer's Update**

**Joe Harrison**

**Verbal**

# **COUNCIL OF GOVERNORS**

**Agenda item: 6**

**Lead Governor's Update**

**Babs Lisgarten**

**Verbal**

<b>MEETING TITLE</b>	<b>COUNCIL OF GOVERNORS MEETING</b>	<b>Date: 17 April 2024</b>
<b>REPORT TITLE</b>	<b>Assurance Report from the Non-Executive Directors Appointment Committee</b>	<b>Agenda Item Number: 7</b>
<b>LEAD</b>	Kate Jarman, Director of Corporate Services	
<b>AUTHOR</b>	'Kemi Olayiwola, Trust Secretary	

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

<b>MEETING GOVERNANCE</b>	
<ul style="list-style-type: none"> <li>i. The Council of Governors' Non-Executive Directors Appointment Committee met on one occasion on 10 April 2024</li> <li>ii. The meeting was convened in accordance with the Terms of Reference and the Trust's constitution.</li> <li>iii. The meeting was quorate and was chaired by the Lead Governor – Baba Lisgarten</li> </ul>	

<b>RECOMMENDATIONS TO THE COUNCIL OF GOVERNORS</b>			
<b>Item no.</b>	<b>Agenda Item</b>	<b>Decision</b>	<b>Comments</b>
2	NED Appointment Committee Terms of Reference (ToR)	<p>The Committee resolved to recommend:</p> <p>The draft Non-Executive Director Appointment Committee Terms of Reference for a further review and approval of the Council.</p>	<p>The Committee reviewed the draft ToR and approved subject to the following:</p> <ul style="list-style-type: none"> <li>i. Amendment to clause 4 relating to Membership Attendance and Quorum to reflect the option and process for nominating a Governor to act as lead in the absence of the lead governor to Chair the Committee</li> <li>ii. Amend clause relating to 'where a member of the Committee is</li> </ul>



			<p>absent a substitute may be co-opted:</p> <p>In the absence of a publicly elected Governor, another public governor or <i>an appointed</i> Governor can attend.</p>
3	Appointment of Non-Executive Director	<p>The committee resolved to recommend:</p> <p>The Appointment of Sarah Whiteman as a Non-Executive Director</p>	<p>Following the appointment process that was carried out by a panel consisting of the Trust Chair, Lead Governor, 3 governors, with the support of the Chief People Officer to ensure a fair and transparent process of recruitment, the Committee are satisfied that a proper process has been followed and that Sarah Whiteman is a suitable candidate for the NED role.</p>
4	Trust Chair's Appraisal	<p>The Committee received the feedback from the appraisal of the Trust Chair that was conducted by the Senior Independent Non-Executive Director for noting.</p>	<p>The annual appraisal of the Trust Chair was conducted in May 2023, and in October 2023. The committee noted the positive feedback from the NED colleagues, ICB, Trust Execs, and other partners.</p> <p>The Committee recommended that a more robust framework should be followed for future appraisal of the Trust Chair in line with the NHSE framework which incorporates feedback from Governors.</p>
5.	Reappointment of Trust Chair	<p>The Committee resolved to recommend:</p> <p>The Re-appointment of Alison Davis as Trust Chair for another term of 3 years.</p>	<p>AD's first term was extended by a period of 3 months from January 2024 to enable a formal process to be followed through the NED Appointment Committee.</p> <p>Having followed the due process through a recommendation of the Committee, it was unanimously approved that Alison Davis be reappointed for a second term of 3 years as Trust Chair.</p>

## RECOMMENDATIONS

The Council of Governors are invited to APPROVE the recommendations from the Committee to:

- i. Approve the NED Appointment Committee's Terms of Reference subject to any further comments from the Council.
- ii. Appoint Sarah Whiteman as Non-Executive Director on the Trust Board.
- iii. Re-appoint Alison Davis for another term of 3 years as Chair of the Trust.

MEETING TITLE	COUNCIL OF GOVERNORS MEETING	Date: 17 April 2024
REPORT TITLE	GovernWell Support and Training and Development – Draft Agenda	Agenda Item Number: 8
LEAD	Kate Jarman, Director of Corporate Services	
AUTHOR	'Kemi Olayiwola, Trust Secretary	

## PURPOSE

ASSURANCE	APPROVAL	DISCUSS	INFORMATION
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## PROPOSED AGENDA

1. Welcome, Introductions – Ice breaker
2. Governance: the respective roles of the board, directors and governors
3. The statutory context (Roles & Duties)
4. Holding to account and gaining assurance
  - What is holding to account and how does it work? Effective questioning & challenge (a case study approach)
  - Importance of good relationship
  - What is assurance and why is it important?
  - How do you gain assurance?
5. Overview of the role of Governors in recruitment of Chair/NEDs
  - Chair/NED Appraisal
6. Building Trust
7. Membership and public engagement
8. Effective working together – Ingredients for success
9. How do we achieve best practice / Next Steps

## RECOMMENDATIONS

- The Council of Governors are asked to **DISCUSS** the purpose of the coming joint session development training and **AGREE** the agenda based on the needs of the Unitary Board, the NEDs and the Council of Governors for smooth, effective and progressive working together.

<b>Meeting title</b>	<b>Council of Governors</b>	<b>Date: 17 April 2024</b>
<b>Report title:</b>	<b>Quality Priorities 2024/25</b>	<b>Agenda item: 9</b>
<b>Lead director</b>	<b>Kate Jarman</b>	<b>Director of Corporate Services</b>
<b>Fol status:</b>	<b>Public</b>	

<b>Report summary</b>	The Trust is required to set three 'quality priorities' in the annual Quality Account, which must be agreed and approved by the Council of Governors.			
<b>Purpose</b> <i>(tick one box only)</i>	<b>Information</b>	<b>Approval</b> <b>Yes</b>	<b>To note</b>	<b>Decision</b>
<b>Recommendation</b>	<b>Governors are asked to select three quality priorities from the list proposed.</b>			

<b>Strategic objectives links</b>	Patient safety, patient experience, clinical effectiveness, well governed
<b>Board Assurance Framework links</b>	
<b>CQC regulations</b>	All domains
<b>Identified risks and risk management actions</b>	
<b>Resource implications</b>	
<b>Legal implications including equality and diversity assessment</b>	Pursuant to individual risks

<b>Report history</b>	Quality and Clinical Risk Committee
<b>Next steps</b>	Trust Board of Directors May 2024
<b>Appendices</b>	Papers follow

The Trust agreed the below three priorities for improvement in 2023/24, forming the three 'quality priorities' in the annual Quality Account, which were agreed and approved by the Council of Governors.

**Quality priorities for 2023/24 were:**

- **Priority 1:** Reduction in deep tissue injuries (pressure ulcers)
- **Priority 2:** Improvement in sepsis management
- **Priority 3:** Improvement in the reporting rates of low harm incidents

Good progress was made against these priorities in the year – this will be reported in the Quality Account.

The Trust has always selected the priorities to cover the three domains of quality (safety, experience, effectiveness), which also aligns with the organisation's three core strategic objectives.

**Quality priorities for 2024/25:**

The following are proposed. Governors are asked to select three from the list, following discussion around areas of priority at the Quality and Clinical Risk Committee in March.

1. Continued focus on sepsis management improvements (particularly as Martha's Rule is introduced to support parents' right to a second opinion and the Trust continues its sepsis management quality improvement programme in ED)
2. Improving complaint response times
3. Reducing the number of complaints citing poor communication
4. Improving prescribing safety for Gentamicin (an antibiotic)
5. Reducing the number of falls
6. Effective implementation of the Patient Safety Incident Response Framework

**Action**

The Governors are asked to select three priorities from the list for inclusion in this year's Quality Account.

<b>Meeting Title</b>	<b>COUNCIL OF GOVERNORS MEETING</b>	<b>Date: 17 April 2024</b>
<b>Report Title</b>	<b>Annual Evaluation of Collective Effectiveness of Governors</b>	<b>Agenda Item Number: 10</b>
<b>Lead Director</b>	Kate Jarman, Director of Corporate Services	
<b>Report Author</b>	'Kemi Olayiwola, Trust Secretary	

<b>Introduction</b>	The paper relates to a Statutory and Compliance Requirement under Section 4.8 of the NHS Code of Governance.		
<b>Key Messages to Note</b>	<p>The Council of Governors are asked to:</p> <p>Approve the conduct of an Evaluation of Collective Effectiveness of Governors over the last financial year (April 2023 – March 2024). The exercise which will be led by the chair will be carried out over a 2-week period from 1 May to 15 May 2024.</p>		
<b>Recommendation</b> (Tick the relevant box(es))	<b>For Information</b> <input type="checkbox"/>	<b>For Approval</b> <input checked="" type="checkbox"/>	<b>For Review</b> <input type="checkbox"/>

<b>Strategic Objectives Links</b> (Please delete the objectives that are not relevant to the report)	<ol style="list-style-type: none"> <li>1. <i>Improving your experience of care</i></li> <li>2. <i>Working with partners in MK to improve everyone's health and care</i></li> <li>3. <i>Expanding and improving your environment</i></li> <li>4. <i>Innovating and investing in the future of your hospital</i></li> </ol>
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<b>Report History</b>	NA
<b>Next Steps</b>	NA
<b>Appendices/Attachments</b>	Self-evaluation Framework

## 1. Background

Section 4.8 of the NHS Code of Governance ('the Code') provides that:

*'Led by the chair, foundation trust councils of governors should periodically assess their collective performance and regularly communicate to members and the public how they have discharged their responsibilities, including their impact and effectiveness on:*

- holding the non-executive directors individually and collectively to account for the performance of the board of directors*
- communicating with their member constituencies and the public and transmitting their views to the board of directors*
- contributing to the development of the foundation trust's forward plans.*

*The council of governors should use this process to review its roles, structure, composition and procedures, taking into account emerging best practice.'*

In support of this approach, a self-evaluation framework has been developed in line with NHS Improvement's Well-Led Framework and the Key Lines of Enquiry within this domain.

## 2. Next Steps

Each member of the Council of Governors will be asked to complete the Governors' Evaluation of Collective Effectiveness by **15 May 2024**. Responses will then be collated into an anonymous document, results will be RAG (Red, Amber, Green) rated and presented at the July 2024 formal Council of Governors meeting in public.

Once collated, an action plan will be developed and used to inform the on-going Council of Governors development schedule.

## 3. Recommendation:

The Council of Governors are invited to:

- Approve the conduct of an Evaluation of Collective Effectiveness of Governors over the last financial year (April 2023 – March 2024). The exercise which will be led by the chair will be carried out between 1 May and 15 May 2024.
- Approve as an annual exercise, the evaluation of its collective performance as a Council of Milton Keynes University NHS Foundation Trust.
- Approve the annexed self-evaluation framework which has been developed in line with NHS Improvement's Well-Led Framework as the tool (questionnaire) for the exercise.

## **Governors' Evaluation of Collective Effectiveness**

### **Purpose**

In line with the main principles outlined in The NHS Foundation Trust Code of Governance, the Council of Governors must:

Periodically assess their collective performance and regularly communicate to members and the public details on how they have discharged their responsibilities, including their impact and effectiveness.

In support of this approach, a self-evaluation framework has been developed in line with NHS Improvement's Well-Led Framework and the Key Lines of Enquiry within this domain.

### **Action required**

Each member of the Council of Governors is asked to complete the Governors' Evaluation of Collective Effectiveness by **15 May 2024**.

Responses will then be collated into an anonymous document, results will be RAG (Red, Amber, Green) rated and presented at April's formal Council of Governors meeting in public.

An action plan will be developed and used to inform the on-going Council of Governors development schedule.



Assessment		1 Strongly Disagree	2 Disagree	3 Neither Agree nor Disagree	4 Agree	5 Strongly Agree	Explanation for rating (positive practice and behaviours and areas for improvement)
<p><b>Is there leadership capacity and capability to deliver high quality, sustainable care?</b></p> <p><i>CQC 'Outstanding' definition: There is compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrate the high levels of experience, capacity and capability needed to deliver excellent and sustainable care.</i></p> <p><i>There is a deeply embedded system of leadership development and succession planning, which aims to ensure that the leadership represents the diversity of the workforce.</i></p> <p><i>Comprehensive and successful leadership strategies are in place to ensure and sustain delivery and to develop the desired culture. Leaders have a deep understanding of issues, challenges and priorities in their service, and beyond.</i></p>							
1	The Council of Governors has a good mix of skills, experience and diversity.						
2	The Council of Governors has received the Non-Executive Director role and responsibility matrix and is given the opportunity to hear about these roles.						
3	The Council of Governors is assured that Board members are visible and approachable throughout the organisation through regular site visits.						
4	The Council of Governors feels that individual members are able to approach the Chair and Senior Independent Director with any concerns.						
5	The Council of Governors (or a delegated sub-committee) effectively appoints and decides the remuneration of all Non-Executive Directors.						
6	The Council of Governors (or a delegated sub-committee) receives a summary of the Chair's and other Non-Executive Directors' performance as part of the appraisal process.						

**Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?**

*CQC 'Outstanding' definition: The strategy and supporting objectives and plans are stretching, challenging and innovative, while remaining achievable. Strategies and plans are fully aligned with plans in the wider health economy, and there is a demonstrated commitment to system-wide collaboration and leadership.*

*There is a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy and plans.*

*Plans are consistently implemented, and have a positive impact on quality and sustainability of services.*

7	The Council of Governors knows and upholds the Trust's vision and values.						
8	The Trust has developed a clear statement of vision and values which focuses on service user centred care.						
9	The Trust has developed its strategy in collaboration with Governors, Stakeholders, and Service Users.						
10	The Council of Governors is assured that the Trust's strategic objectives are aligned to plans in the wider health economy.						
11	The Council of Governors is assured that the Board of Directors monitors progress against the Trust strategy and can evidence this.						

**Is there a culture of high-quality, sustainable care?**

*CQC 'Outstanding' definition: Leaders have an inspiring shared purpose, and strive to deliver and motivate staff to succeed. There are high levels of satisfaction across all staff, including those with particular protected characteristics under the Equality Act. There is a strong organisational commitment and effective action towards ensuring that there is equality and inclusion across the workforce.*

*Staff are proud of the organisation as a place to work and speak highly of the culture. Staff at all levels are actively encouraged to speak up and raise concerns, and all policies and procedures positively support this process.*

*There is strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences.*

12	The culture of the Trust is centred on the needs and experience of people who use Trust services.						
13	The Council of Governors is satisfied that the Trust and Board of Directors encourage a culture of openness and transparency.						

14	The Council of Governors is assured that equality and diversity is promoted within and beyond the organisation.						
15	The Trust and Board of Directors encourage staff to speak up and have effective mechanisms and policies in place relating to national Freedom to Speak Up guidance.						
16	The Board of Directors responds to feedback within the staff survey and Council of Governors is given the opportunity to see results and associated action plans.						
<b>Are there clear responsibilities, roles and systems of accountability to support good governance and management?</b> <i>CQC 'Outstanding' definition: Governance arrangements are proactively reviewed and reflect best practice. A systematic approach is taken to working with other organisations to improve care outcomes.</i>							
17	The Council of Governors understands its role, responsibilities and accountability structures						
18	The Council of Governors meeting has clear terms of reference and forward agenda planner which allows it to discharge its responsibilities effectively						
19	Trust governance is effective and regularly reviewed to reflect best practice.						
20	The Council of Governors understands the role of the Senior Independent Director.						
21	The formal Council of Governors meetings are effective and operate within their terms of reference.						
22	The role of the Council of Governors is clearly communicated to staff.						

**Are there clear and effective processes for managing risks, issues and performance?**

*CQC 'Outstanding' definition: There is a demonstrated commitment to best practice performance and risk management systems and processes. The organisation reviews how they function and ensures that staff at all levels have the skills and knowledge to use those systems and processes effectively.*

*Problems are identified and addressed quickly and openly.*

23	The Council of Governors is assured that the Trust has effective Risk Management processes in place.						
24	The Council of Governors has sight of the Board Assurance Framework in order to understand the Trust's strategic risks and mitigating actions.						
25	The Council of Governors receives the Trusts Annual Report and Accounts and Quality Report.						

**Is appropriate and accurate information being effectively processed, challenged and acted on?**

*CQC 'Outstanding' definition: The service invests in innovative and best practice information systems and processes.*

*The information used in reporting, performance management and delivering quality care is consistently found to be accurate, valid, reliable, timely and relevant.*

*There is a demonstrated commitment at all levels to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement.*

26	The Council of Governors receives clear and robust Trust information and feels that the Board of Directors is open and transparent with Governors.						
27	The Council of Governors is given the opportunity to ask a question at Board meetings and is provided with a timely response.						
28	The Council of Governors holds Non-Executive Directors to account for Board Performance effectively.						
29	There is an effective system in place for the Council of Governors to choose a quality indicator.						

**Are the people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?**

*CQC 'Outstanding' Definition: There are consistently high levels of constructive engagement with staff and people who use services, including all equality groups. Rigorous and constructive challenge from people who use services, the public and stakeholders is welcomed and seen as a vital way of holding services to account.*

*Services are developed with the full participation of those who use them, staff and external partners as equal partners. Innovative approaches are used to gather feedback from people who use services and the public, including people in different equality groups, and there is a demonstrated commitment to acting on feedback.*

*The service takes a leadership role in its health system to identify and proactively address challenges and meet the needs of the population.*

<b>30</b>	The Council of Governors is assured that service user and staff views and experiences are gathered and acted on to shape and improve the Trust's services and culture.						
<b>31</b>	The Council of Governors is satisfied that the Trust has positive relationships with external partners and promotes collaborative working.						
<b>32</b>	The Council of Governors is visible, accessible and approachable to its member constituencies, communicating with them effectively.						
<b>33</b>	Governors ensure that the views of those they represent are actively considered in Trust decision making.						
<b>34</b>	Service Users and Carers are actively engaged and involved in decision making.						

**7. Are there robust systems and processes for learning, continuous improvement and innovation?**

*CQC 'Outstanding' definition: There is a fully embedded and systematic approach to improvement, which makes consistent use of a recognised improvement methodology. Improvement is seen as the way to deal with performance and for the organisation to learn. Improvement methods and skills are available and used across the organisation, and staff are empowered to lead and deliver change.*

*Safe innovation is celebrated. There is a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of care.*

*There is a strong record of sharing work locally, nationally and internationally.*

<b>35</b>	The Council of Governors is provided with regular opportunities for development.						
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<b>36</b>	Processes are in place to ensure that Governors are given a robust induction.						
<b>37</b>	The Council of Governors is assured that the Trust learns from internal and external reviews.						
<b>38</b>	The Council of Governors is assured that the Trust supports innovation and improvement.						

**Any other comments:**

# **COUNCIL OF GOVERNORS**

**Agenda item: 11**

**Charitable Funds Committee Update**

**Haider Hussein**

**Verbal**

<b>Meeting Title</b>	<b>COUNCIL OF GOVERNORS MEETING</b>	<b>Date: April 2024</b>
<b>Report Title</b>	<b>Annual Assurance Report – Finance and Investment Committee</b>	<b>Agenda Item Number: 12</b>
<b>Non- Executive Director</b>	<i>Heidi Travis, Non-Executive Director</i>	
<b>Report Author</b>	<i>Heidi Travis, Non- Executive Director</i>	

### Key Messages to Note

A. Annual Review. Financial Year 2023/24

B.

#### The Committee

- The Finance and investment committee met monthly in 2023/24. The August meeting was a seminar.
- The Committee receives and reviews the monthly financial report and other performance reports (there were new performance standards from March '23) and documents to enable it to have oversight and assurance. During 23/24 the COO (EL) and executive team reviewed the performance report to ensure the Finance and investment committee received the information it required and noted any crossover with the Quality Committee. This continues to enable the Finance and Investment Committee to ensure effective and efficient value for money delivery against required standards.
- This report reviews the meetings of Financial year 2023/24 which includes reporting to the committee of year end 2022/23
- The committee has received focussed and timely reporting and closure against actions in the log.
- The forward meeting planning items have continued to develop with further committee discussion and input during the year into the items to be reported and frequency of reporting it requires.
- With the pressure on the Trust from waiting lists and continuing growing population, the F&I seek assurance on the Trusts finances to ensure it is delivering to the service users, equity of access and safety in the most value effective model.
- The National performance and ICB performance (with focus on financials for F&I) was reviewed throughout the year.
- The committee reviewed Terms of reference through an annual review process.
- The committee annually assess performance and function of the committee.
- In 2023 new members were appointed to the committee. Both Non-Executive Directors and Associate Non-Executive Directors. This will enable better continuity of reporting, quoracy, assurance and discussion.
- In 2023 the timing of the committee was reviewed. The meeting day changed from Oct '23 onwards.
- The committee has agreed that in 2024/25 the agenda will alternate between Committee meetings and Seminars to enable deeper exploration of key items.
- The CFO, TW left the Trust for a new exciting role. We wish him well and thank him for his incredible hard work and leadership delivering assurance and control of finances in a very challenging environment.

#### Financial Plan 2023/24

- The Trust ended 22/23 with a £5m deficit, receiving less deferred income and relying on non-recurring mitigation to offset additional costs. Pay was above budget due to escalation beds, and the



cost improvement delivered £8.3m which was only 69% of the plan. Further pressure had come from the disappointing position of anticipated 22/23 ERF not being awarded for efficiency of 104% delivered. These all added to the anticipated pressure on the plan for 22/23 and the committee allocated time in meetings early in the year to discuss the serious consequences of over performing delivery in 22/23 and the pressure of expectation for delivering activity and savings in 23/24.

- First submitted in early March, the 23/24 plan was originally a projection of £30m deficit. The Trust submitted a revised plan of a £15m deficit on 30<sup>th</sup> March '23. This plan assumed the Trust would receive an extra £8m income, including £5m of the ERF funding owed, plus an assumed £2m from the Urgent Emergency Care National Funding policy. This plan included £7m inflationary costs which were not being acknowledged despite the very real inflationary position in the UK.
- This plan stripped out most of the outsourcing (and extra in house) activity that had increased activity levels in 22/23 to 104% (of 2019 levels). Therefore it was planned that activity would decline as a direct result of this change in 23/24, and the Trust would need to improve efficiency and utilisation of staff and space to even try and deliver the same activity as it had in 22/23. The challenge of the NHSE target of 109% seemed insurmountable.
- The committee acknowledged the increased risk to target in 23/24 due to non-receipt of ERF in 22/23 and that all risks had been mitigated.
- Further discussions of the plan continued in April '23 with NHSE and a revised plan of break-even was agreed with the Committee. The committee acknowledged the huge challenge of this plan. The financial efficiency target £17.3m (c4.9%) was at an unprecedented level. The committee was assured that IR and YC would review all cost efficiency plans to ensure continued quality and safe provision of services.
- At start of April '23 escalation beds were still costing the Trust in pay and non-pay costs. The £5.7m Urgent and Emergency Care funding was still not confirmed and was ultimately not approved until July '23. The waiting lists and long stay patients were a focus of concern and industrial action was ongoing. It was acknowledged in April by the Board that it would be very likely that non recurrent mitigation would need to support the plan during the year.
- In November, with income for the industrial action costs, additional ERF and higher than expected activity the Trust submitted a break-even plan. This plan, as directed, did not include mitigation for further industrial action.
- At half year the Trust was moving in a positive direction with the deficit reduced to £4.1m
- The target for activity (value weighted activity) set by NHSE was originally 109%. This was negotiated to 106% (102% day case, 112% outpatient, 98% inpatient) in recognition of the Trusts delivery in 22/23 (104% with added resource). Later in the year due to the impact of strike action this was reduced to 104% and in November to 102%.
- In August NHSE launched a £150m incentive scheme with targets for A&E 4hr wait 80% and Ambulance handover 90%.
- In August the committee asked for assurance on reduction of agency spend and challenged the speed of check and challenge sessions, asking the Workforce committee to monitor interventions and run rate. By Sept agency had reduced by 60% (from April levels).
- Committee received update of closure of Ward 26 escalation beds in July '23. important for delivering cost effective care.
- As at M11 the Committee was advised that following receipt of industrial action support funding and continued high levels of ERF supported activity, it was likely the organisation would be able to deliver a break even final position for 23/24.
- **Risks to the plan;** In the first quarter the committee reviewed, and the Board discussed, the considerable risks to achieving the plan; Bank and premium agency expenses to cover escalation areas, the strikes impact, vacancies (which reduced over the first 5 months) and supernumerary nursing arrangements continue to be a cost burden and drug costs increasing through inflation. The efficiency target at 4.9% of turnover was an area of focus at all meetings. A shortfall would result in pressure on the underlying position going into 24/25.

- **Elective recovery funding;** The early months reporting excluded the elective recovery fund which was not to be reported until month 5 under guidance from NHSE. The committee discussed the risk of NHSE changing the plan as happened in 22/23. But noted there was no action that could be taken to give greater assurance other than reporting back from ongoing Regional/National conversations. This continued through the year until the 109% was reduced.

### Capital

- Approved Capital plan for 23/24 was £37.9m. The submitted plan was £42.9m. This increased by £4m (2.3m IFRS 16 leases and 1.6m ICS capital bonus). As of Feb '24 the total would be £46m if all cases are approved.
- Business as usual CDEL 23/24 was approved as 13.3m but this was £5m short of the Trust proposed plan of 18.3m. This was still being discussed with NHSE in December but in March '24 the Trust received confirmation that additional CDEL allocation of £5m would be provided to the Trust. This is needed due to requirement for the allocation to be matched with depreciation charges, a key NHSE commitment. The disconnect has arisen due to the Trusts level of investment in the estate, compared to its relative size, outstripping the pace of growth in the CDEL allocations (as noted in 22/23).
- The committee is assured that the Trust remains successful in accessing additional monies and is strategically agile in developing the estate, this can be seen with the developments that continue to be delivered across the Trust.
- The committee gave emergency approval of £533k for server hardware, migrating from hardware to Hyper converged infrastructure (HCI). This used a £500k underspend from Bedford Trust within the 22/23 period. This leads to a revenue saving in Azure cloud service in 23/24 as the premium charge would be removed with the new infrastructure in place.
- It was noted in November that the Radiotherapy private donation, until then assumed for 23/24, would now be delayed until at least 24/25.
- The New Hospital programme allocation of £1.2m for 23/24 was welcomed and an initial £735k enabling fee was approved to go to Board. This allocation will hopefully continue to increase with further approvals for enabling activity allocations continuing throughout the year (initial allocations for 24/25 now notified)
- The committee is assured that the Trust continues to deliver a very positive approach for investment in the estate. It was recognised that this would be more challenging going forward but the Trust will continue to be ready to maximise opportunities.

### Items to committee during the year 2023/24;

- The committee received assurance on timely supplier payments and the finance team met regularly with NHS shared services and reported to the committee.
- The committee was updated on the New Hospital plan and reviewed other items coming to the committee against the backdrop of this plan when approving other infrastructure decisions.
- The finance team also completed the self assessment for NHS future focussed finance (FFF) level 2 accreditation. They were confirmed as achieving this later in the year. This is excellent as it follows level 1 last year. Well done to the team.
- The committee discussed the forward agenda planner to consider topics that would better inform the committee in this challenging period e.g. Model Hospital and that these were phased into the plan.
- Model Hospital and Benchmark data briefing paper and GIRFT data was presented to the Committee in December. This highlights the continuing need for focus on sustainable CIPs and not non recurrent savings.
- The committee received a report on the cognitive contract management pilot, operated by KPMG. This highlighted a need to rigorously tie delivery of items to the payment structure. It was considered the Trust would not have the invoicing and billing problems KPMG had found elsewhere due to automation in the Trust.

**Business cases to F&I during the year 23/24;**

- Radiotherapy centre building is progressing due Spring '24, in July '23 a variation request was approved for a high specification CT scanner. Approved by committee
- Extended contract by 4 years (2+2) for Chas A Blatchford and Sons for the Trusts Orthotic services . Reduction of 13.1% average over 4 years and best quality service KPI's.
- Extended contract by 3 years to Insignis Medical systems for Trusts picture archiving and communication system (PACS). With a negotiated 4% uplift. After 3 years the Trust will seek to procure a single provider for the whole network. Approved by committee
- Urgent and emergency care bid for additional beds from April '24. Approved by committee.
- Trauma and orthopaedic consultant consumables from DePuy with net savings of £2m. Committee approved.
- As part of the hospital capacity review required before the new hospital programme there were 3 capacity business cases. Oak House, Milton Mouse (£0.897m to convert office spaces to clinical site), and Chemotherapy car park expansion.
- On reviewing the Lab info management system (LIMS) it was agreed this would go through the Executive group.
- Community diagnostic centre. £850k approved to procure early items (from total £7.4m revised total). Approved by committee.
- Salix de-carbonisation programme. Total project cost £6.152m approved and recommended to Board. Challenge of cost of windows higher than budget being managed.
- Haematology and Chemical Pathology service contract. Approved by Committee.
- Ward 14 intermediate care ward nurse led unit. Improved productivity and secured value for money as substantive staff. Approved by committee.
- Ward 24 (modular portacabin) purchase of a previously rented cabin plus 3 other units. £1.2m and requires IRFS16 CDEL transfer.
- Swiss Post 3 year provision of collection, delivery of 2<sup>nd</sup> class £0.6m. approved by committee.
- Surgeons LLP extension to March '24 was approved. Later amended and Athena recommended to Board.
- Endovenous ablation service extension to March '24 £542k with income from ERF. Approved to Board.
- Committee approved contracts for – Targeted lung health 36 months £1.566m fully funded by NHSE.
- Hip and Knees consumables £4.131m using NHS supply chain, Stryker and Zimmer, 4 year contract generating 176k savings. Recommended for Board approval.
- Purchase of a 2<sup>nd</sup> surgical robot was recommended to Board.
- Purchase of ophthalmology equipment was recommended to Board.
- The New hospital programme High voltage supply upgrade was approved by the National NHP team. This was approved by Committee and recommended to Board.

**B. Risks/concerns (Current or Emerging);**

- **The Finance risk register** is reviewed annually or as new risks identified and raised. There are currently 9 risks 3x20, 2x12, 4x6. Increased during year 3 risks; 'Insufficient capital', 'Future Funding', and 'Transformation/CIP delivery'. Closed risks during the year; 'Supply Chain issues due to Ukraine', 'Unexpected covid spend', and 'Appointment of new audit partner'. These were all highlighted and discussed at committee.
- **Board Assurance Framework - Finance risks** are reviewed quarterly and scored out of maximum of 25). The Finance team have assured the committee with risk updates including proposal to remove risks that are no longer required:

- Arcturis (was Sensyne Health) moved to a separate BAF.
- Risk No15 - Insufficient capital funding developed into new No 4 (Current 20 target 10).
- Risk No16 - Future NHS funding regime/To enable Trust to meet financial targets; developed into new No 6 savings and funding. This remains a significant risk entering 24/25 (Current 20 target 8).

- 3 risks were removed from the BAF in year; No14 IT/Cyber being reviewed in Jan '24. No15 capital funding as above and No16 Future NHS funding regime as above.
- The committee discussed the long term need for sustainable savings.

# Dementia

Janet Page

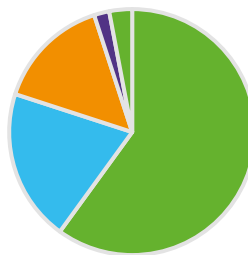




# What is dementia?

Dementia is a group of related symptoms associated with a decline in brain function. Dementia is an umbrella term of many different types, the most common forms:

Different forms of Dementia



■ Alzheimer's 60-70%   ■ Vascular 20%   ■ Lewy Body 10-15%   ■ Frontotemporal 2%   ■ Others

**Dementia is not a natural part of ageing.**



# Common Symptoms

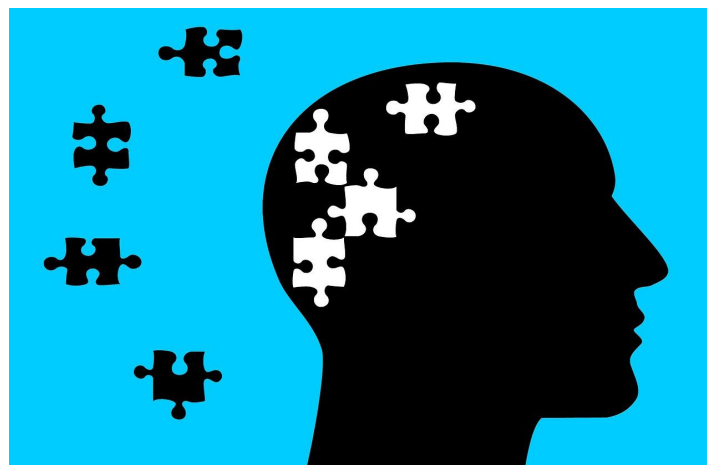
Memory  
loss

Hallucinations/  
Delusions

Orientation  
/Confusion

Concentration,  
planning and  
organising

Visual perception/  
Coordination



Communication  
difficulties

Mood/Personality  
changes



# Dementia and Behaviour

**Euphoria /elation**

**Apathy / Indifference**

**Disinhibition**

**Irritability / mood swings  
/ aggression**

**Anxiety**

**Hallucinations**

**Repetitive behaviour**

**Delusions**

**Agitation**

**Wandering**

**Appetite / eating change**

**Personality changes**

**Depression**



In Milton Keynes  
estimated 2542 people  
living with Dementia  
over the age of  
65, predicated to rise  
to 4242 in 2030

There are more than  
944,000 people in  
the UK that have  
dementia

Finland has the  
highest rate of  
Dementia whereas  
Mauritania have  
the lowest



TheMKWay

63.9% of people  
living with  
dementia are dying  
in their place of  
usual residence in  
Milton Keynes

£25bn is the  
estimated cost of  
dementia in the UK  
2021. 50% of this  
falls under social  
care.

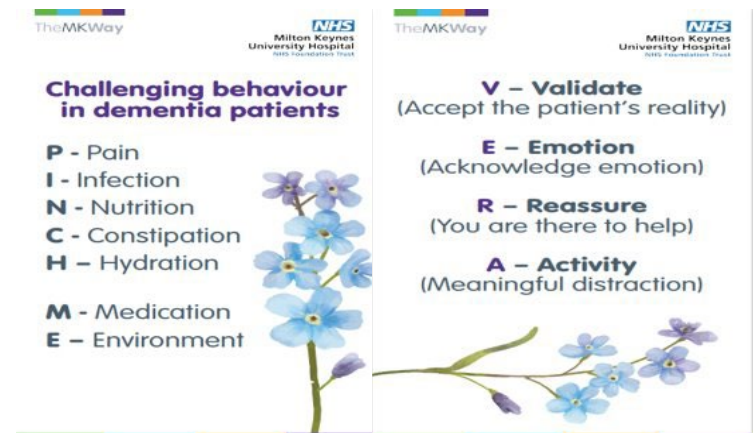
Average of 65  
inpatients in per  
day in Milton  
Keynes Hospital

The leading cause of death in  
England and Wales in 2022 was  
dementia with 65,967 deaths  
(11.4% of all deaths); this  
percentage was higher than in  
2021 (61,250 deaths, 10.4% of all  
deaths).



# Dementia nurse

- Providing support to patients and relatives
- Promoting dementia awareness
- Education
- Develop links between services-
  - Mental health liaison team
  - Frailty
  - Charities
  - Community
- Promote a safe hospital environment





# John's Campaign

The campaign calls for a policy welcoming family carers onto the wards outside of the normal visiting times, according to the needs of the person with a dementia and not restricted by stated visiting hours.

Involving the family carer from admission to discharge has been proven to help ensure a better quality of care, an improved patient experience and improved outcomes

  
Milton Keynes  
University Hospital  
NHS Foundation Trust

### We welcome relatives and carers

We welcome the relatives and carers of patients on our wards and we would like to work in partnership with you.

  
Milton Keynes  
University Hospital  
NHS Foundation Trust

**Stay with me**  
Carer/visitor pass

If you would like to support care out of visiting hours, please talk to the nurse in charge to let them know who you are caring for and their needs. You will then be allocated a carers pass.

**Please speak to the Nurse in Charge for more information.**

Milton Keynes University Hospital  
Standing Way, Cragston, Milton Keynes, MK6 5LD[www.mkuh.nhs.uk](http://www.mkuh.nhs.uk)

# Meaningful Activity Facilitator



*'My aunt was brought in on Christmas day after a fall. Despite being 95 years old she remains sharp and alert and I have been highly impressed with the quality of care she's receiving. During my visit today, I was pleasantly surprised to find Lee engaging the patient in drawing and singing activities. I had no prior knowledge that such initiatives were taking place on our wards, but I wanted to express how fantastic I think this idea is and how beneficial it appears to be for the older, frail patients, it undeniably brings smiles to their faces.'*



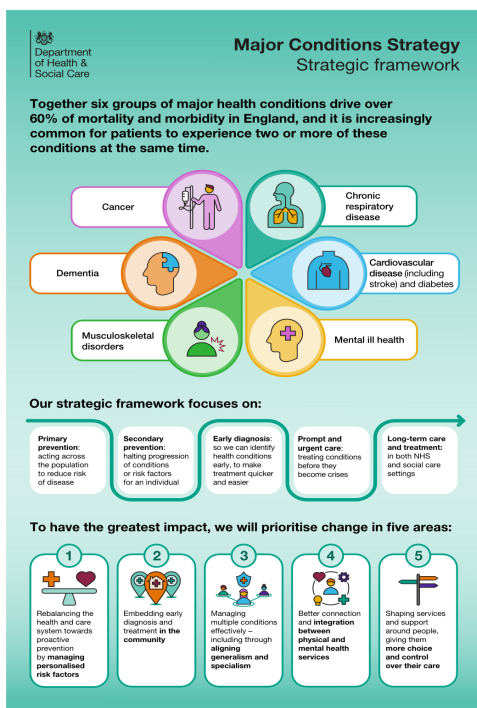


## Ongoing projects

- Education to meet the criteria of Tier 2 training as recommended by Department of Health. This will ensure anyone that has regular contact with people living with dementia have the knowledge, skills and attitude to meeting the needs of these individuals.
- Connections with the community to promote the dementia role in hospital– Alzheimer's society, Age UK, MK Carer's, GP practices and Care homes.
- Producing support leaflets for the hospital - e.g. community support on discharge.
- Reviewing the hospital environment with estates to adhere to the 'Dementia friendly hospital charter'.



# Strategies for Dementia



## Dementia Training Standards Framework

Health Education England

## Older People's Mental Health Competency Framework



Developing people for health and healthcare  
www.heee.nhs.uk







TheMKWay

  
Milton Keynes  
University Hospital  
NHS Foundation Trust


## Dementia Awareness Week



On **Thursday 16 May** we will be hosting an event in the **Marquee** from **11am - 3pm**.

Everyone is welcome to join us and find out more about the services we offer at MKUH and the wider community.



<b>Meeting Title</b>	Council of Governors	<b>Date: 17 April 2024</b>
<b>Report Title</b>	Strategic & BAU Capital Project Dashboard	<b>Agenda Item Number: 14</b>
<b>Lead Director</b>	John Blakesley, Deputy Chief Executive	
<b>Report Author</b>	David Waller, Head of Capital Projects	

<b>Introduction</b>	Progress of each project summarised in the key points and key milestones, issues, and risks for each project. The programme for each project has been reviewed by the Capital Programme Board (CPB) membership.		
<b>Key Messages to Note</b>	<p>Refer to Project Status in 'Strategic &amp; BAU Capital Project Dashboard' July 2023</p> <p><b>Programme Risks</b> Key Issues and Project risks were reviewed. Significant risks are as follows:</p> <p><b>Lloyds Court CDC</b></p> <ul style="list-style-type: none"> <li>4 week delay due to sub-station installation, M&amp;E works progressing well, decoration underway.</li> </ul> <p><b>Phase 2 Decarbonisation (part grant funded)</b></p> <ul style="list-style-type: none"> <li>Works underway through 2024.</li> </ul> <p><b>Milton Mouse/ PAU</b></p> <ul style="list-style-type: none"> <li>Final commissioning failed ventilation verification tests; corrective action being taken to allow occupation.</li> </ul> <p><b>NHP</b></p> <ul style="list-style-type: none"> <li>The Strategic Outline Case has been submitted to the NHP for assurance. It has also been shared informally with East of England Region in preparation for their fundamental criteria review.</li> </ul> <p><b>Urology Investigation Unit</b></p> <ul style="list-style-type: none"> <li>Final Commissioning underway, final elements fell into the start of FY24/25 as expected.</li> </ul>		
<b>Recommendation</b> (Tick the relevant box(es))	<b>For Information</b> <input type="checkbox"/>	<b>For Approval</b> <input type="checkbox"/>	<b>For Review</b> <input checked="" type="checkbox"/>

<b>Strategic Objectives Links</b> (Please delete the objectives that are not relevant to the report)	<p>1. Keeping you safe in our hospital</p> <p>2. Improving your experience of care</p> <p>9. Expanding and improving your environment</p> <p>10. Innovating and investing in the future of your hospital</p>
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<b>Report History</b>	The Capital Programme Board reports to the Executive Directors and Trust Executive Committee in order that both committees are updated on the progress of the major schemes identified within the BAU & Strategic Capital Programmes.
<b>Next Steps</b>	Project summaries and risks are updated to the Executive Directors and management via the Trust Executive Committee each month.
<b>Appendices/Attachments</b>	Capital Programme Board: Appendix A: Strategic & BAU Capital Project Dashboard – January 2024



✓ Strategic Business Cases (Live)

Project Name	Short Status Description	Project Ti... ⓘ	Project Lead	Status	RAG Rating
Radiotherapy	Additional works to fit out the LINACs and the planning CT requested by and agreed with OUH. The revised programme has a completion date of 30th April. The groundwork contractor has gone in administration, however the position is being managed by the Morgan Sindall Team with no significant risk to the project.	15, '22 - Aug 3	Phil Eagles	Approved	On Track
Community CDC - Lloyd Court	Planning permission National Grid substation has been received, the delay to this will impact the total programme by c. 4 weeks. The construction stage works are progressing well. New partitioning and mechanical and electrical installations ongoing. Decorations have commenced, joinery well progressed including hanging internal doors.	1, '23 - May 31	Rebecca Grindl...	Approved	Programme/Fin...
New Hospital Programme	The Strategic Outline Case has been submitted to the NHP for assurance. It has also been shared informally with East of England Region in preparation for their fundamental criteria review and to NCAT. We will continue to respond to questions from the national teams.	7, '23 - Nov 30	Rebecca Grindl...	In Progress	Programme/Fin...
Ph2 Decarb (Salix)	Salix works commenced in Willow Ward with the new window installation. A demo of the dust screening is being piloted for approval by key stakeholders. The air handling and air source heat pumps will be vested for the year end, this is agreed with the finance team and papers being prepared for ED.	Feb 1, '23 ...	Phil Eagles	Approved	Programme/Fin...
Oak House Ward Capacity	Stage 2 cost plan within £25M overall affordability envelope. RIBA stage 3 Developed design commenced in January. Pre app planning application to be submitted first week in February. Early enabling works commenced in January. Variation to current business case submitted and approved at FIC.	Jun 1, '23 ...	Rebecca Grindl...	In Progress	On Track
Chemotherapy Car Park Expansion	The order for the works to increase Car park B by 30 spaces, and the staff car park by 10 spaces has commenced with the clearance of the drainage ditch adjacent to the MV Generator House. This work is due to complete in July.	18, '23 - Mar 3	Phil Eagles	In Progress	On Track
Imaging Centre	Stage 4 Technical Design has commenced. Initial costs for early works have been obtained for the diversion of the cabling have not yet been approved subject. We are receiving a significant number of technical assurance questions from the National Team that we are responding to with the support of Morgan Sindall and the design team.	Sep 1, '23 ...	Rebecca Grindl...	In Progress	On Track
HV Cable Upgrade	Approval has been received from the national team for the upgrade of our HV power to site. The order has been placed and receipted to meet our in year expenditure.	Sep 1, '23 ...	Rebecca Grindl...	In Progress	On Track
MSCP 3	Business case has been submitted to the NHP team and queries are being fielded by the Trust and GT team. We understand that this case is now being put forward to NHP Investment Committee.	1, '23 - Mar 30,	Rebecca Grindl...	In Progress	On Track

▼ Estates Business Cases (Live)

<input type="checkbox"/>	Item		Project Name	Short Status Summary	Project Lead	Status	Project Timeline	Risk
<input type="checkbox"/>	BC2023134 FY24.25	 1	Fire System Upgrades (FY23/24)	All product received, installation works underway, estimated 4 m...		Pre-Commitment	<div>1 Apr - 31 Jul</div>	None
<input type="checkbox"/>	> BC2022121 <span>9</span>	 32	Pathology Autoclave Replacement	Commissioning date tbc.		Pre-Commitment	<div>Jun 27, '23 - Jun 30, '24</div>	None
<input type="checkbox"/>	> BC2023019 <span>3</span>	 29	Refurbishment and Upgrade of L&C Passenger Lift	Installation date to be confirmed.		Pre-Commitment	<div>May 26, '23 - Dec 31, '24</div>	None

<b>MEETING TITLE</b>	<b>COUNCIL OF GOVERNORS MEETING</b>	<b>Date: 17 April 2024</b>
<b>REPORT TITLE</b>	<b>Membership &amp; Governor Engagement Report</b>	<b>Agenda Item Number: 15</b>
<b>LEAD</b>	Lui Straccia, Membership & Engagement Manager	
<b>AUTHOR</b>	Lui Straccia, Membership & Engagement Manager	

## PURPOSE

<b>ASSURANCE</b>	<b>APPROVAL</b>	<b>DISCUSS</b>	<b>INFORMATION</b>
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## UPDATE ON MEMBERSHIP & GOVERNOR ENGAGEMENT

### 1. Governor elections

Voting is currently underway to elect 4 new MKUH Governors – two Public, and two Staff. These will bring the Council of Governors back up to 26 out of 26 Governor seats filled, for the first time in several years. The results will be declared on 3 May.

### 2. Membership – 2,246, up from 2,105 (+141) since January 2024

Pleasingly, membership sign-ups continue to increase by approximately 50 per month. Latest statistics from the unpublished Annual Report 2023/24 show that, in the past year, membership rose by 480, from 1766 to 2,246 – an increase of 27%. It is anticipated that the membership will increase further during 2024/25. Also pleasingly, the number of members of black ethnicity doubled from 87 to 176, and the number of members of Asian ethnicity increased by 56%, from 174 to 273. In terms of young people, the number of 14-16-year-olds signed up as members increased from 0 to 11, and the number of 17-21-year-olds increased from 11 to 23. While these figures for young people are still low, signing up more young people will be a particular area of focus for membership engagement in 2024/25.

### 3. Governor activity

#### Coming up of note:

<b>Date</b>	<b>Event</b>	<b>Details</b>
20 April	Friends of the Caribbean Health Forum (Bletchley)	NED Jason Sinclair attending

29 April-3 May	Patient Experience Week, with events at MK College, MS Society, and Shenley Wood Retirement Village	Organised by MKUH Patient Experience Team
16 May	Dementia Awareness Week Event (MKUH)	15 stalls in the MKUH marquee

## MKUH GOVERNOR ACTIVITY JANUARY-APRIL 2024

Christine Thompson	<ul style="list-style-type: none"> <li>• Council of Faiths presentation - March</li> <li>• Olney Phonebox magazine coverage – March</li> </ul>
Andrea Vincent	<ul style="list-style-type: none"> <li>• Parishes Forum presentation – March</li> <li>• Shenley &amp; Tattenhoe Parish magazine coverage</li> </ul>
Maxine Taffetani	<ul style="list-style-type: none"> <li>• Speed Interviewing – Kents Hill Park School – February</li> </ul>
Babs Lisgarten	<ul style="list-style-type: none"> <li>• Hazeley Academy Speed Interviewing – January</li> <li>• Council of Faiths presentation – March</li> </ul>
Tom Daffurn	<ul style="list-style-type: none"> <li>• League of Friends ward trolley support – February</li> <li>• NED Appointment Panel – February</li> <li>• 2x Governwell training courses – March</li> </ul>
Andy Forbes	<ul style="list-style-type: none"> <li>• Wolverton Parish Council magazine coverage – March</li> </ul>
Fran Vernon	<ul style="list-style-type: none"> <li>• Wolverton Parish Council magazine coverage – March</li> </ul>

### Recommendation:

The Council of Governors are asked to NOTE the report.

# **COUNCIL OF GOVERNORS**

**Agenda item: 16**

**Healthwatch Milton Keynes Report**

**Maxine Taffetani**

(CEO, Healthwatch Milton Keynes)

**Verbal/Paper**

# **COUNCIL OF GOVERNORS**

**Agenda item: 17**

**Inclusion & Leadership Council Report**

**Trust Chair**

**Verbal**

## **COUNCIL OF GOVERNORS**

**Agenda item: 18**

**Any Other Business**

**Trust Chair**

**Verbal**