

COUNCIL OF GOVERNORS' MEETING

Wednesday, 29 January 2025

17:00-19:00

Conference Room at the Academic Centre

AGENDA

No.	Time	Item	Purpose	Format	Lead
OPENING BUSINESS					
1	17:00	Chair's Welcome, Apologies, Declarations of Interest	Note	Verbal	Chair
2		Minutes of Meeting held on 23 October 2024	Note	Page 4	Chair
3		Action-log	Note	Page 11	Chair
4		Chair's Update	Note	Page 12	Chair
5		Chief Executive Officer' Update	Note	Page 16	Chief Executive Officer
6		Lead Governor's Update	Note	Verbal	Lead Governor
7		Finance Update	Note	Page 21	Chief Finance Officer
8		Capital Programme Update	Note	Page 32	Chief Executive Officer
ASSURANCE REPORTS FOR DISCUSSION					
Acting Chair to Recuse					
9		Non-Executive Director Appointment Committee Report <ul style="list-style-type: none"> Chair Recruitment Update Re-appointment of Non-Executive Director (Gary Marven) 	Note Approve	Page 35	Lead Governor
PROGRESS AGAINST MKUH OBJECTIVES					
10		Membership and Engagement Manager's Report	Note	Page 37	Membership & Engagement Manager
11		Healthwatch Milton Keynes Report	Note	Page 39	CEO, Healthwatch Milton Keynes
12		Inclusion and Leadership Council Report	Note	Verbal	Chair

CLOSING BUSINESS					
13		Any Other Business	Discuss/ Note/ Approve	Verbal	Chair
14		Governor Questions Board Response	Note	Page 47	Chair
15		Council of Governors Forward Agenda Planner	Discuss/ Approve	Page 52	Chair
16	19:00	Close			
		Date of next meeting: 16 April 2025 at 17:00, Conference Room, MKUH Academic Centre			

COUNCIL OF GOVERNORS

Agenda item: 1

Chair's Welcome, Apologies, Declaration of Interest

Heidi Travis
Acting Trust Chair

Note

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

**Minutes of the Council of Governors' meeting held in public at 17.00 hours on
Wednesday 23 October 2024, in the Conference Room at the Academic Centre
and via MS Teams**

Present

Heidi Travis (Chair)	Interim Trust Chair	(HT)
Andrea Vincent (until 18:39)	Public Governor	(AV)
Babs Lisgarten	Public Governor	(BL)
Christine Thompson	Public Governor	(CT)
Tom Daffurn	Public Governor	(TD)
Clare Hill	Public Governor	(CH)
Cllr Ansar Hussain	Milton Keynes Council	(AH)
Matt Burnett	Staff Governor	(MB)
Emma Instead	Staff Governor	(EI)
Maxine Taffetani	Healthwatch Milton Keynes Representative	(MT)
Nicholas Mann	Business Leaders Representative	(NM)

In Attendance

Catherine Wills (until 17:48)	Chief People Officer	(CW)
Ian Reckless (until 17:48)	Chief Medical Officer	(IR)
Kate Jarman (until 18:02)	Chief Corporate Services Officer	(KJ)
Mark Versallion	Non-Executive Director	(MV)
Gary Marven	Non-Executive Director	(GM)
Precious Zumbika-Lwanga	Associate Non-Executive Director	(PZL)
Sarah Whiteman (until 18:30)	Non-Executive Director	(SW)
Lui Straccia	Membership and Engagement Manager	(LS)
Jonathan Dunk (until 17:48)	Chief Finance Officer	(JD)
Piers Ricketts (joined @ 17:41)	Non-Executive Director	(PR)
Oluwakemi Olayiwola	Trust Secretary	(OO)
Timi Achom	Assistant Trust Secretary	(TA)

1 Welcome and Announcements

- 1.1 The Chair extended a warm welcome to those attending the meeting and introduced CW, the new Chief People Officer.

The Council noted that the meeting was initially not quorate; however, a quorum was reached at 5:29 PM, at which time the minutes were approved.

- 1.2 Apologies

- 1.2.1 Apologies were received from, William Butler, and Francesca Vernon (Public Governors); Joe Harrison (Chief Executive Officer); Fiona Hoskins (Chief Nursing Officer); Helen Beck (Interim Chief Operating Officer Planned Care); and Ganesh Baliah (Associate Non-Executive Director).

- 1.3 Declarations of Interests

1.3.1 IR declared his part-time secondment to BLMK ICB as Chief Medical Officer.

2 Minutes from the Council of Governors meeting held on 24 July 2024

2.1 The minutes from 24 July 2024 were approved as an accurate record.

3 Matters Arising/Action Log

3.1 None

4 Chair's Update

4.1 HT provided a brief update covering ongoing activities and developments within the Trust:

- **Construction Updates:** Noted progress on the Oak Wards construction near Oak House, highlighting increased activity and noise on-site. Efforts were being made to manage access and minimise disruptions for staff and visitors.
- **Ward 5 Garden Improvement:** Celebrated the newly improved outdoor space by the Children's Ward, which includes turf and seating to allow year-round use. This enhancement was supported by fundraising and formally opened by Mayor Marie Bradburn, who is a strong advocate for children's health.
- **Events and Engagement:** The Chair discussed several Trust-wide events and emphasised the importance of enhancing engagement with Governors. The Council plans to review how to develop a more meaningful connection with the community through these events.
- **Annual Members' Meeting:** Reflecting on the recent Annual Members Meeting held 9 October 2024, the Chair mentioned an interest in increasing accessibility and engagement with a broader community audience, possibly by selecting a more central venue in the future.
- **Committee Membership:** Updates were given on committee structures to ensure robust membership and effective oversight, enhancing both Board-level assurance and reporting to governors.
- **Governance Session for New Consultants:** The Chair conducted an informational session for new Consultants on Trust governance, aiming to build awareness and foster collaboration across the Trust.

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

5 Chief Executive's Update

5.1 On behalf of Joe Harrison (Chief Executive Officer), IR updated the Council on the following matters:

- **Executive Team Changes:** Highlighted recent leadership transitions within the executive team, which have brought fresh perspectives to ongoing issues.
- **Parking and Site Construction:** Increased on-site construction activity has led to parking difficulties, particularly affecting staff. The Trust is exploring solutions to alleviate these issues.
- **New Hospital Programme:** Noted cautious optimism regarding potential budget approval for the new hospital program, which would provide needed clarity and direction for Milton Keynes.
- **Cancer Treatment and Diagnostic Standards:** Addressed efforts to improve cancer treatment and diagnostic times, acknowledging a temporary increase in wait times as backlogged cases were addressed. National attention to these standards was expected to support these improvements.
- **'Protect and Reflect' Staff Flu Vaccination Campaign:** Emphasised the importance of flu vaccinations among staff to protect vulnerable patients. Vaccination rates at the time of reporting was around 65-70%, with a continued push for higher uptake alongside the NHS staff survey.

- **ICB Chair Transition:** Announced the recent resignation of the ICB Chair, impacting the broader Integrated Care Board (ICB) operations.
- **Addressing Service Demand and Population Growth:** Discussed the challenges of rapid population growth and an aging demographic in Milton Keynes, which strain healthcare resources and necessitate efficient service delivery.
- **New Diagnostic Centre:** Announced the opening of the Lloyd's Court Diagnostic Centre, initially offering echocardiography and ultrasound services, with expanded ophthalmology diagnostics and treatment to follow in January.
- **Commitment to Efficient Care:** Reaffirmed the Trust's dedication to reducing waiting times and delivering timely treatment to meet the needs of Milton Keynes residents.

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

6 Lead Governor's Update

6.1 BL's update focused on enhancing engagement, accessibility, and relevance of council events for members and the public.

6.2 Reflecting on the Annual Members Meeting, BL acknowledged that while the meeting met statutory requirements, it could benefit from additional interactive and engaging elements. Suggestions included exploring different venue options and making events more relevant to attendees' interests. Discussions emphasised the potential for better attendance by adjusting event timings, such as hosting events in the evening when parking is free, to accommodate working members. Increasing digital engagement options, such as virtual participation and online post-event summaries, was also proposed to reach those unable to attend in person.

6.3 To attract a younger, tech-savvy audience, BL suggested featuring new technologies used within the Trust, such as robotics and digital innovations. Interactive displays or hands-on opportunities were proposed as ways to create a more engaging event for diverse demographics. The need for improved visibility of meetings was highlighted, with calls for more regular, timely reminders and direct invitations to ensure all members were well-informed.

6.4 HT expressed a commitment to evolving engagement strategies and using upcoming meetings as opportunities to implement these ideas. NM stated that with projects like the new radiotherapy centre on the horizon, this should be seen as opportunity to make future events more compelling and relevant to the local community.

6.5 The Council **noted** the Lead Governor's Update

7 Capital Programme Update

7.1 JD provided an update on the Trust's Capital Programme, also briefly discussed under agenda items 4.1 and 5.1. He reviewed the Trust's month 5 (2024/25) capital position, detailing the approved emergency business cases and those endorsed by CBIG in September 2024, as well as additional business cases that received approval from the Trust Executive Committee (TEC).

7.2 The Council **noted** the Capital Programme Update

8 Finance Update

8.1 JD provided a financial update, covering recent capital expenditure, current financial standings, and future budgeting challenges.

- 8.2 He confirmed that the capital program for the year was progressing as planned, although spending is weighted toward the year's second half. Looking ahead to 2025-26, capital would be tight due to the local funding of the Oak Wards, limiting discretionary spending.
- 8.3 He reported a year-to-date deficit of £5 million at the end of August (month 5), slightly below the planned target. A first surplus was achieved in September, aligning with the Trust's plan to break even by year-end. The additional income supporting this was driven by increased elective activity aimed at reducing waiting lists, though this came with additional costs for in-sourcing and outsourcing services.
- 8.4 JD highlighted several ongoing financial risks, including the Trust's significant efficiency target of £24 million, which is about 6% of its budget. Additionally, there were challenges with the Elective Recovery Fund (ERF), where full payment is contingent on achieving set activity baselines. System-wide financial pressures also pose a risk, with neighbouring Integrated Care System (ICS) partners under tight regulatory scrutiny. He emphasised ongoing collaboration with other Trusts to mitigate these risks and avoid enhanced regulatory oversight for the system.
- 8.5 The Council **noted** the Finance Update

9 Non-Executive Director (NED) Appointment Committee Assurance Report

- 9.1.1 Appointment of Finance Qualified NED
- 9.1.2 Piers introduced himself to the Council, sharing his extensive experience in finance and healthcare innovation, including his role at KPMG and involvement in health innovation across the NHS and **recused** himself from the meeting thereafter.
- 9.1.3 KJ reported that the NED Appointment Committee recommended PR's appointment to the Finance-Qualified NED role on the Board. She noted that his selection followed an open and competitive recruitment process, in which he was the leading candidate. This role requires a robust finance background to ensure continuity and resilience in chairing the Audit Committee, a statutory board committee.
- 9.1.4 The Council **approved** PR's appointment and **noted** that he would commence his duties in December 2024 following a structured induction process.
- 9.2 Appointment of Two Non-Executive Directors (former Associate NEDs)
 - PZL **recused** herself from the meeting during this discussion
- 9.2.1 The NED Appointment Committee also recommended the appointment of two former Associate NEDs, Ganesh Baliah and Precious Zumbika-Lwanga, to full NED positions on the Board. Both candidates have served in Associate roles over the last two years and possess skill sets and experience that align with the current vacancies.
- 9.2.3 The transition from Associate to full NED status was supported due to their successful tenure and demonstrated governance skills. Ganesh will serve on the Quality & Clinical Risk Committee, and Precious on the Workforce & Development Assurance Committee, with both contributing to various Board-level activities as needed.
- 9.2.4 The Council **approved** the appointments of Ganesh and Precious, **noting** that both would begin in November 2024.
- 9.3 Introduction of NEDs to the Council

- 9.3.1 The new NEDs were welcomed by the Council, who highlighted their strong governance skills and relevant sector expertise. The Council also discussed plans to engage more directly with NEDs, fostering in-depth discussions on governance and assurance matters.
- 9.3.2 Training and development plans were briefly discussed to ensure that the NEDs have the necessary support for their governance roles within the Trust.

10 Board Committee Updates

- 10.1 Finance and investment Committee
 - 10.1.1 GM provided an update from the last Finance and Investment Committee in August 2024, outlining recent steps to address resource constraints within the hospital. He explained that PA Consulting had been engaged to lead several workstreams aimed at driving operational improvements across major divisions. The use of external consultants was necessary to support change efforts, as staff are focused on daily operations. PA Consulting's role was to establish a structured project with named team members responsible for each workstream.
 - 10.1.2 He stated that progress was being tracked through a "traffic light" system, allowing the committee to monitor advancement in each area. To mitigate ongoing consultancy costs, the plan was for PA Consulting to train in-house teams to carry on the work independently, ensuring sustainability without continued external reliance. GM also confirmed that performance clauses were in place in the PA contract, meaning payment was tied to successful outcomes.
 - 10.1.3 AV expressed support for involving consultants, given the limited availability of internal resources to drive change. She commented that although there may be concerns around consultancy use, involving experienced consultants under these conditions was a pragmatic choice.

11 Succession Planning

HT **recused** herself from the meeting during this discussion

- 11.1 Acting Chair Performance Appraisal to Support Approval of Extension of Term (Response to Private CoG Action)
 - 11.1.1 GM provided an update on succession planning, highlighting the recommendation to extend HT's term as Acting Chair of the Board. He noted that recent substantial changes in the Board's composition, including new Executives and Non-Executive Directors, have brought about an adjustment phase as the team aligns and establishes working dynamics. During this transitional period, maintaining continuity at the Chair level is seen as essential for promoting structure and steady progress.
 - 11.1.2 GM highlighted HT's relevant experience as a former Senior Independent Director and her strong grasp of the Board agenda and operational priorities. He shared that since stepping into the role, HT had worked to realign roles and accountabilities, built a constructive relationship with key Executives, and maintained an active presence at both committee meetings and within the hospital. Given these contributions, he recommended her extension as Acting Chair to maintain stability and provide consistent leadership during this period of transition.
 - 11.1.3 In response to GM's query regarding whether HT's time as Acting Chair would impact the duration she could serve if formally appointed, OO clarified that HT's interim period does not curtail the potential length of her future appointment as Chair, as confirmed by current governance policy.

- 11.2 The Council **noted** the Succession Planning update and **upheld** the decision of the Council of Governors in Private to extend the term of Heidi Travis as Acting Trust Chair for an additional 6 months from 31 October 2024

12 Membership and Engagement Manager's Report

- 12.1 LS highlighted an oversight in the report, noting that Andy Forbes (Public Governor) attended the Annual Members' Meeting (AMM) and a recent community health event. Following recent nominations process, 1 new Public Governor (Ian Oswald) and 1 new Staff Governor (David Cattigan) have joined the MKUH Council of Governors. Voting for elections in two public constituencies is currently underway with declarations to be made on 1 November. This would bring the Council of Governors back up to 23 out of 26 Governor seats filled.
- 12.2 Further discussion underscored the growing importance of community engagement, focusing on plans to establish a dedicated engagement group. This group will have a defined Terms of Reference, which will soon be shared with Governors to garner interest and finalise structure before bringing it back to the Council.
- 12.3 There was also a discussion around the potential reactivation of past informal engagement initiatives to ensure sustained community outreach. The Council agreed to make structural improvements and formalise approaches to make the meetings, such as the Annual Members' Meeting, more meaningful and aligned with members' interests.
- 12.4 The Council **noted** the Membership and Engagement Manager's Report

13 Healthwatch Milton Keynes Report

- 13.1 HT presented a report reflecting community and volunteer feedback on recent Board papers. Volunteers praised the readability and detail, especially on patient safety updates. However, there was interest in tracking the impact of reported incidents and understanding how the corrective actions taken influence long-term outcomes.
- 13.2 She also shared insights on ongoing issues with "super-stranded" patients facing prolonged hospital stays. A new project with the Integrated Discharge Hub is gathering patient feedback on discharge experiences, aiming to identify barriers to timely discharges and inform future improvements.
- 13.3 An open discussion addressed challenges around district nursing and cross-border healthcare, highlighting potential gaps in service continuity, particularly for non-local patients. HT emphasised the need for cooperation with local health systems and other Healthwatch organisations to address these cross-border issues effectively.
- 13.4 Healthwatch was assessing the availability and efficacy of translation and interpretation services across different care settings. The initial findings would be shared with Integrated Care Board (ICB) to aid service improvement and ensure providers can meet the needs of diverse communities effectively.
- 13.5 Regarding the discussion around the new central referral system for district nursing and its reception among patients and staff, HT stated that Healthwatch had not received substantial feedback but would further investigate and include relevant findings in the quarterly briefing report.
- 13.6 The Council **noted** the Healthwatch Milton Keynes Report

14 Inclusion and Leadership Council Report

14.1 HT provided recent updates on the Inclusion and Leadership Council, noting that the Council last convened a few months ago. The meeting included updates on Board initiatives, policy discussions, and EDI (Equality, Diversity, and Inclusion) from Human Resources (HR). She highlighted the need for increased cohesion across conversations happening in various forums and network groups to foster a unified approach to inclusion.

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

15 Terms of Reference

15.1 OO requested the approval of amendments to the Terms of Reference, particularly updates in Section 4.4, which now includes the Council's annual responsibility to review and approve the Trust's Annual Reports and Accounts and Annual Quality Accounts. The revised terms also reflect the current Constituencies and Governors as of 2024. The amendments were intended to clarify governance requirements and ensure alignment with actual practices.

15.2 The Council **approved** the revised Terms of Reference and **agreed** for its submission to the Board for final approval.

16 Any Other Business

16.1 NM informed the Council of the upcoming partnership awards in March 2025, themed around skills, learning, and bridging gaps, and suggested board consideration for entry.

16.2 OO reiterated plans to launch the Council Engagement Committee as a standing committee, inviting expressions of interest for membership from Governors following the meeting. The new committee aims to enhance collaboration and provide regular opportunities for feedback.

16.3 HT addressed the timing of the meetings (currently scheduled from 5 to 7 p.m.), noting the need for feedback on whether the new timing is accessible for all members.

17 Council of Governors Forward Agenda Planner

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

18 Date and Time of Next Meeting in Public

Wednesday 29 January 2024 at 17:00.

COUNCIL OF GOVERNORS

Wednesday, 29 January 2025

Agenda item: 3

Action Log

(There are no actions for review)

Heidi Travis

Acting Trust Chair

Note

Meeting Title	Council of Governors	Date: 29 January 2025
Report Title	Chair's Update	Agenda Item Number: 4
Lead Director	Heidi Travis, Acting Chair	
Report Author	Heidi Travis, Acting Chair Oluwakemi Olayiwola, Trust Secretary	

Introduction	This report is a standing agenda item		
Key Messages to Note	This report informs the Council of Governors of key points arising from the Acting Chair's most significant activities since the last meeting. The Council of Governors is invited to NOTE the report.		
Recommendation <i>(Tick the relevant box(es))</i>	For Information <input checked="" type="checkbox"/>	For Approval <input type="checkbox"/>	For Assurance <input type="checkbox"/>

Strategic Objectives Links <i>(Please delete the objectives that are not relevant to the report)</i>	<ol style="list-style-type: none"> 1. <i>Keeping you safe in our hospital</i> 2. <i>Improving your experience of care</i> 3. <i>Ensuring you get the most effective treatment</i> 4. <i>Giving you access to timely care</i> 5. <i>Working with partners in MK to improve everyone's health and care</i> 6. <i>Increasing access to clinical research and trials</i> 7. <i>Spending money well on the care you receive</i> 8. <i>Employ the best people to care for you</i> 9. <i>Expanding and improving your environment</i> 10. <i>Innovating and investing in the future of your hospital</i>
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Report History	N/A
Next Steps	N/A.
Appendices/Attachments	N/A

1. Introduction

- 1.1 This report aims at updating the Council of Governors on the Acting Chair's main activities, Non-Executive Directors (NEDs) ward visits and other engagements, Governors' visits and discussions as well as systems and place collaborations as part of the MKUH Board's commitment to transparency and accountability.
- 1.2 The Council of Governors is invited to NOTE the report.

2. Chair's Update

Board Effectiveness

- 2.1 We said goodbye to Dev Ahuja at the end of November. Dev was a committed and very passionate Non-Executive Director who Chaired the Quality and Clinical Risk Committee of the Board. He will surely be missed.
- 2.2 We welcomed Piers Ricketts as a Non-Executive Director to the Board. Piers brings a wealth of experience in healthcare leadership, finance and audit. His appointment was effective 1 December 2024. Piers has joined the Audit & Risk Committee, Quality & Risk Committee and the Charitable Funds Committee. I know you will all join me to welcome him to his first Trust Board in public.

System Leadership

- 2.3 I was pleased to attend the ICB sustainable Health care system seminar on 15th November. There is much great work already underway across the ICS and MKUH has some excellent projects that show commitment to our environmental plan.
- 2.4 I had the honour of hosting Richard Sumray, Chair of Bedfordshire Hospital NHS Trust, on Monday 13 January 2025 to discuss a strategic collaboration with MKUH.

NED Visits

- 2.5 In collaboration with the Secretariat Team, we have re-instituted the process around formal ward visits by Board members. NEDs have been scheduled to visit the hospital wards in company of the Executives on rotational basis on Board meeting days. This will provide an opportunity for our NEDs to interact with staff and patients, understand their experiences, and gather firsthand information about the challenges and successes in patient care. This will also help us as a Board in making informed decisions and ensuring that the quality of care is maintained and improved in MKUH. Following December Board, we

visited ED and Ward 25. With Ward 1 visited the following week. In January 2025 we also visited the ITU in company of our Chief Medical Officer.

- 2.6 I was delighted to have joined Helen Smith - Lead Pharmacist and Divisional director core medical. We visited all 3 sites of pharmacy at MKUH spending time with the team. There were also visits to Ward 2a, the post department, and the catering team.

Council of Governors Update

2.7 New Members Welcome

Join me to welcome our new members to their first Council of Governors meeting in public. We had the pleasure of receiving them at the Open Forum and they are now attending their first formal Council.

- Paul Newman – new public governor to represent the Extended Area
- Ian Oswald – new public governor to represent Outer Catchment Area Constituencies of Milton-Keynes University Hospital NHS Foundation Trust (MKUH).
- David Cattigan (Non-Clinical Group Constituency) - new Staff Governor
- Amechi Ejoh – (Non-Clinical Group Constituency) - new Staff Governor

Some of you may have met them already and will agree that our new members bring valuable experience in health and social care, and development which can only serve to enrich the work of the Council of Governors.

2.8 Joint NEDs and Governors Christmas Ward Visits

I would like to use this opportunity to say thank you to those of you who made time to join us on the festive ward visits and for an enjoyable dinner. I look forward to our next engagement activity in the New Year.

2.9 Other Engagements/Visits

- On 20th November along with Joe Harrison, Kate Jarman and 3 members of MKUH with 40 years' service, I attended the celebration tea of 40 years of MKUH with the Mayor of Milton Keynes, Ms Marie Bradburn.
- We were hosted at the Holiday Inn MK 25th November, for a '*thank you*' event for supporters of the Charity.
- On 17th December we met with volunteers in the Academic centre for mince pies thanking them for their incredible contribution to MKUH.
- On 28 November, I attended the Engagement Board, it was great to see some of our Governors and engagement team who made some time out of their busy schedules to attend.

Throughout the last 2 months I have met Non-Executives for one-to-one meetings, chaired interview panels for consultant roles alongside medical colleagues and thank Non-Executive Director Sarah Whiteman for Chairing one of these panels.

I have also actively engaged in the performance appraisal of our NEDs and Chief Executive in line with the NHS governance code and in time for our annual reporting which is anticipated to commence soon.

3. Recommendation

The Council of Governors is invited to NOTE the report.

Meeting Title	COUNCIL OF GOVERNORS	Date: 29 January 2025
Report Title	Chief Executive's Update	Agenda Item Number: 5
Lead Director	Joe Harrison, Chief Executive	
Report Author	Joe Harrison, Chief Executive	

Introduction	This report is a standing agenda item		
Key Messages to Note	<p>This report informs the Council of Governors of key points arising from the Chief Executive's most significant activities since the last meeting.</p> <p>The Council of Governors is invited to NOTE the report.</p>		
Recommendation <i>(Tick the relevant box(es))</i>	For Information <input checked="" type="checkbox"/>	For Approval <input type="checkbox"/>	For Assurance <input type="checkbox"/>

Strategic Objectives Links <i>(Please delete the objectives that are not relevant to the report)</i>	<ol style="list-style-type: none"> 1. <i>Keeping you safe in our hospital</i> 2. <i>Improving your experience of care</i> 3. <i>Ensuring you get the most effective treatment</i> 4. <i>Giving you access to timely care</i> 5. <i>Working with partners in MK to improve everyone's health and care</i> 6. <i>Increasing access to clinical research and trials</i> 7. <i>Spending money well on the care you receive</i> 8. <i>Employ the best people to care for you</i> 9. <i>Expanding and improving your environment</i> 10. <i>Innovating and investing in the future of your hospital</i>
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Report History	N/A
Next Steps	N/A
Appendices/Attachments	N/A

1. Introduction

- 1.1 This report aims to update the Council of Governors on the Chief Executive's activities as part of the MKUH Board's commitment to transparency and accountability.
- 1.2 The Council of Governors is invited to NOTE the report.

2. Chief Executive's Update

New Hospital Programme

- 2.1 On 20 January, DHSC confirmed that our plans for a new Women's and Children's Hospital will go ahead. It is expected that construction will take place between 2025 and 2030. The new hospital building will significantly increase clinical capacity and meet the future healthcare needs of our growing city. The news was enthusiastically welcomed by our staff and the community at large. I will keep Council informed of next steps as they are confirmed.

Our People & Culture

- 2.2 Recruiting and retaining the best people is vital to our success. We want the MKUH team to reflect the diversity of the city, to deliver high standards of patient care, and to uphold our values. As I reported to you last year, MKUH has worked with external experts to help us better understand working life for our colleagues from minority ethnic groups. A recent outcome of this process has been the launch of Values Based Recruitment. All managers will benefit from training to help them select new recruits whose personal values align with those of the Trust. While skills can be developed, values are essential to fostering a positive work environment and providing excellent standards.
- 2.3 Our staff-led diversity networks are thriving. We recently launched a new Men's network, and an Internationally-Educated Staff network is in the pipeline.
- 2.4 In November, we shone a light on our Nursing and Midwifery Support Workers with an event for this vital group of staff.
- 2.5 We have had our best completion rate for the staff survey for a number of years. We will analyse these responses when they become available and use them to shape our work going forward.
- 2.6 The NHS Pay Review Body, which advises Ministers on pay for NHS staff, visited us in November. This presented an opportunity for a cross-section of staff to give their views about pay-related matters and the challenges they face.

Operational Performance

- 2.7 Our position on waiting times has significantly improved, particularly for patients with the longest waits. Seasonal viruses are certainly having an impact on emergency bed pressures in the hospital, which is very busy, and we are maintaining high standards of patient care thanks to a combination of staff expertise and well-rehearsed protocols. We have managed to maintain planned (elective) activity despite significant emergency pressures. Additionally, over recent months, our cancer performance has significantly improved.

Radiotherapy Centre

- 2.8 On Christmas Day, there was significant flooding in the new radiotherapy centre, believed to have been caused by an issue with a mains water pipe. Thankfully, no staff or patients were affected as the building is not yet open for use. The response of our team has been truly impressive. We do not yet know how this incident will impact on the opening date of the Centre, and I will keep the Council informed of this.

NHS 10 Year Plan

- 2.9 In my role as NHS App National Director, I have been closely involved in the development of NHSE's new 10 Year Plan and expect that the NHS App, and digital developments, will feature heavily in it.

Planning For 2025-26

- 2.10 In December, our senior leaders gathered to reflect on priorities for the final quarter of this year and to start planning for 25-26. Everyone has been tasked with sharing innovative ways of working that will help us maintain high standards whilst being efficient with our resources.
- 2.11 My shadowing activities continue to be a great source of inspiration and learning for me. Since last Council, I have spent time in Outpatients where I gathered many valuable insights.

Engagement With Government

- 2.12 In December, I had the honour of being invited to meet the Mayor of Milton Keynes, Councillor Marie Bradburn, and then address the assembled City Council. This was an opportunity to talk about our services, how we are evolving, and the hospital's incredible progress since its opening 40 years ago.
- 2.13 Minister Georgia Gould MP, Parliamentary Secretary at the Cabinet Office, visited Milton Keynes in January. Our City Council led the visit and included a tour of Whitehouse Park Health Centre where MKUH now delivers a range of diagnostic services in the community.

Development

- 2.14 As you may have read in the local media, the foundations for Oak Wards have now been laid. Once completed, this facility will feature two 24-bed wards across two floors, significantly increasing our capacity for medical patients.
- 2.15 In late October 2024, we opened our city centre Community Diagnostic Centre to provide bone density scanning, non-obstetric ultrasound scanning and echocardiograms. Further services will be added in the future.

Accessibility

- 2.16 MKUH has launched a partnership with AccessAble, the UK's leading provider of disability access information. Together, we have produced 80 detailed guides that outline hospital facilities for patients, visitors and staff with disabilities and these are now available on our website.

Environmental Sustainability

- 2.17 We remain committed to making the hospital more energy efficient and working towards our stated aim to be net carbon zero by 2030. I am pleased to report that, since the last Council meeting, work has been completed on replacement of windows across the estate. Additional environmental sustainability projects are underway, and we have been awarded funding by the Government Salix decarbonisation scheme to reduce our reliance on gas heating.

3. Recommendation

The Council of Governors is invited to NOTE the report.

COUNCIL OF GOVERNORS

Wednesday, 29 January 2025

Agenda item: 6
Lead Governor's Update

Babs Lisgarten
Lead Governor

Note

Meeting Title	Council of Governors	Date: 29 January 2025
Report Title	Finance Paper Month 8 2024-25	Agenda Item Number: 7
Lead Director	Jonathan Dunk	Chief Finance Officer
Report Authors	Sue Fox Cheryl Williams	Head of Financial Management Head of Financial Control and Capital

Introduction	This report provides an update on the financial position of the Trust at Month 8 (Nov 2024).	
Key Messages to Note	<ul style="list-style-type: none"> ➤ The Trust is reporting a deficit position of £3.9m (on a Control Total basis) to the end of November, adverse to plan by £1.9m. The in-month position is a surplus of £0.4m (adverse to plan by £0.6m). ➤ Elective Recovery Fund (ERF) performance is 139% above pre-Covid levels, which is above the 106% national target and our internal budget target of 124%. As a result, ERF income is £14.3m above the national target as at M08 giving rise to a favourable variance to plan of £5.6m year to date. ➤ The Trust financial plan includes a savings target of 6% (£23.8m). £14.6m has been achieved to date against a year-to-date plan of £15.9m. <p>The key issues are as follows:</p> <ul style="list-style-type: none"> • The adverse to plan position is driven primarily by £0.8m of pay award pressure (costs outstripping income uplifts) and unfunded support for RTT premium costs • The year to date reported position has benefitted from non-recurrent elements (most notably prior year ERF income settlement) • Further extended RTT recovery premium costs represents an increasing pressure on the financial position • Unfunded escalation capacity costs incurred because of discharge challenges/emerging winter pressure • Further risks remain regards any impact of the counting and coding changes for SDEC on ERF and full delivery of recovery plan actions 	
Recommendation	For Information <input type="checkbox"/>	For Approval <input type="checkbox"/>
		For Assurance <input checked="" type="checkbox"/>

<i>Tick the relevant box(es)</i>			
Strategic Objectives Links	<i>7. Spending money well on the care you receive</i> <i>10. Innovating and investing in the future of your hospital</i>		
Report history	None		
Next steps	To note the contents of this report.		
Appendices	Pages 8-10		

FINANCE REPORT FOR THE MONTH TO 30th NOVEMBER 2024

FINANCE & INVESTMENT COMMITTEE

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EXECUTIVE SUMMARY

Measures											
Ref	All Figures in £'000	In Month			YTD			Full Year			RAG
		Plan	Actual	Var	Plan	Actual	Var	Plan	Forecast	Var	
1	Clinical Revenue	30,725	33,169	2,445	244,563	256,977	12,413	367,434	384,168	16,734	Green
2	Other Revenue	2,401	2,010	(391)	18,278	22,751	4,473	31,856	37,609	5,753	Green
3	Pay	(20,670)	(21,428)	(758)	(168,428)	(175,324)	(6,896)	(251,560)	(261,283)	(9,723)	Red
4	Non Pay	(9,171)	(11,316)	(2,145)	(79,261)	(87,530)	(8,269)	(117,213)	(130,644)	(13,431)	Red
5	Financing & Non-Ops	(2,090)	(2,056)	34	(16,523)	(16,202)	321	(24,931)	(24,264)	667	Green
6	Surplus/(Deficit)	1,194	379	(816)	(1,371)	672	2,043	5,586	5,586	-	Red
7	Control Total Surplus/(Deficit)	993	403	(591)	(2,071)	(3,942)	(1,871)	-	-	-	Red
Memos											
8	IA Cost	-	-	-	-	(153)	(153)	-	(153)	(153)	Red
9	High Cost Drugs	(2,077)	(2,378)	(301)	(16,745)	(19,455)	(2,710)	(25,096)	(25,096)	-	Red
10	Financial Efficiency	1,985	2,021	36	15,881	14,559	(1,322)	23,822	23,822	-	Green
11	Cash	14,813	11,426	(3,387)	14,813	11,426	(3,387)	12,356	12,356	-	Green
12	Capital Plan - CDEL (excluding donated)	(3,886)	(3,228)	658	(20,035)	(19,464)	571	(35,287)	(43,800)	(8,513)	Yellow

Key messages

The Trust is reporting a deficit position of £3.9m (on a Control Total basis) to the end of November 2024. This is adverse to plan by £1.9m.

At month 8 the Trust is behind its savings plan by £1.3m which is reflected in the pressure on the expenditure budgets.

ERF performance is currently above the 106% target, with estimated income showing £14.3m above the national target as at M08 which is £5.6m above plan. There is a risk relating to SDEC coding which could impact the ERF position in the second half of the financial year.

The capital expenditure programme is £0.6m below plan, no risk has been identified to scheme expenditure at year-end.

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

(3. & 4.) Operating expenses – Pay costs are higher than plan due to the wage award funding gap (£0.8m), cost of temporary staff in escalation wards and additional hours carried out to reduce elective backlogs. Bank and Agency expenditure has reduced in November. Non-pay is overspent with an overspend on drugs (partly offset by income for high-cost drugs), outsourcing and clinical supplies and services.

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

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

(10.) Financial Efficiency – £14.6m delivered against an annual target of £23.8m. This increases the year to date position by £2m in month with a significant number of schemes having been approved from a quality perspective.

(11.) Cash – Cash balance is £11.4m, equivalent to 10 days cash to cover operating expenses.

(12.) Capital – Capital expenditure is below YTD plan due to the timing of capital schemes however the Trust is now forecasting above its original plan due to the approval of additional funding for the NHP enabling scheme for Imaging which was received during August and additional digital Diagnostic Funding for Imaging in October. The forecast includes the NHP HV scheme £2.9m which the Trust is in discussions with the National NHP Team with regards to deferral to 25/26.

FORECAST**2. Forecast**

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

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

3. Risks to Plan Achievement

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

4. Opportunities to improve the Position

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

Key message

We have developed a mitigation plan to reach breakeven and this continues to evolve. Achievement of the plan will depend heavily on the required savings being realised and the run rate steadily improving in the remaining months of the financial year, as well as achieving additional ERF income to offset investment in RTT recovery.

CASH

5. Summary of Cash Flow

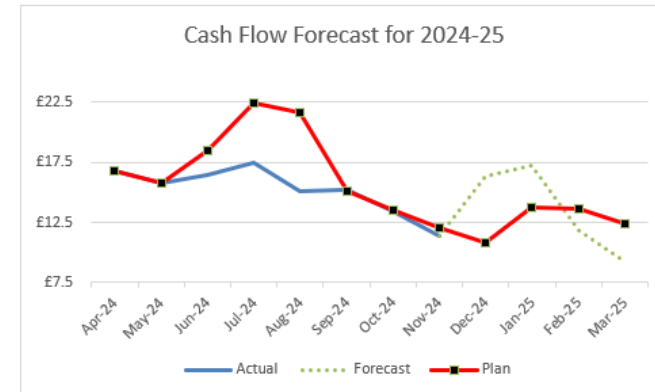
The cash balance at the end of November was £11.4m, £0.7m behind the planned figure of £12.1m. This reflects receipt of capital PDC (not yet spent), offset by the delay in receipt of ERF income which was planned to have been received earlier in the year. It is a £2.1m decrease on last month's figure of £13.5m (see opposite). The decrease in the month was caused by a £2.1m deficit in operating working capital.

6. Cash arrangements 2024/25

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

7. Better Payment Practice

The Trust has fallen below the national target of 95% of all bills paid within the target timeframe in terms of value and volume. This is due the ongoing issues with agency invoicing, NHS approvals and the current creditor stretching to meet the cash envelope available. This metric will continue to be monitored in accordance with national guidance and best practice.



Better payment practice code	Actual M8	Actual M8	Actual M7	Actual M7
	YTD	YTD	YTD	YTD
	Number	£'000	Number	£'000
Non NHS				
Total bills paid in the year	39,874	144,546	36,267	130,797
Total bills paid within target	34,024	130,286	32,576	119,677
Percentage of bills paid within target	85.3%	90.1%	89.8%	91.5%
NHS				
Total bills paid in the year	1,502	7,969	1,336	6,887
Total bills paid within target	1,374	6,007	1,215	4,986
Percentage of bills paid within target	91.5%	75.4%	90.9%	72.4%
Total				
Total bills paid in the year	41,376	152,515	37,603	137,684
Total bills paid within target	35,398	136,292	33,791	124,663
Percentage of bills paid within target	85.6%	89.4%	89.9%	90.5%

Key message

Cash at the end of November was £0.7m behind plan, mostly due to the receipt of capital PDC offset by delayed receipt of ERF income. There was a month on month decrease of £2.1m from October, due to an in-month working capital deficit.

BPPC performance has reduced in month due to internal measures to maintain cash balances.

BALANCE SHEET8. Statement of Financial Position

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

- Non-Current Assets have increased from March 24 by £7.8m; this is driven by a £10.5m increase in tangible assets, offset by a £1.3m decrease in the Right of Use assets, a £1.5m decrease in Intangible assets.
- Current assets have increased by £3.9m; this includes increases in other receivables of £11.4m (£13.7m increase in prepayments, offset by a £2.3 decrease in non-NHS debtors) and in NHS receivables of £8.3m, offset by a decrease in cash of £15.8m.
- Current liabilities have increased by £2.6m; this is due to the £3.1m increase in payables and £1.0m increase in deferred income, offset by the £0.8m decrease in Right of Use assets liability.
- Non-Current Liabilities have increased from March 24 by £0.5m; this is due to the Right of Use assets, related to IFRS 16.

9. Aged debt

- The debtors position as of November 24 is £3.9m, which is a decrease of £1.4m from the prior month. Of this total £1.1m is over 121 days old.

10. Creditors

- The creditors position as of November 24 is £114.6m, which is an increase of £4.6m from the prior month. £2.8m is over 30 days of ageing with £0.6m approved for payment.

Key message

Main movements in year on the statement of financial position are the reduction in cash of £15.8m and increase in supplier payables £5.5m; offset by increases in receivables of £19.7m and reduction in provisions of £3.1m.

RECOMMENDATIONS TO COUNCIL OF GOVERNORS

11. The Council of Governors is asked to note the financial position of the Trust as of 30th November 2024 and the proposed actions and risks therein.

APPENDICES

Appendix 1

**Statement of Comprehensive Income
For the period ending 30th November 2024**

	FY25	M8 CUMULATIVE			M8			PRIOR MONTH	
	Annual Budget £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000	M7 Actual £'000	Change £'000
INCOME									
Outpatient First	34,746	22,877	24,268	1,391	3,125	3,572	447	4,075	▼ (503)
Outpatient Procedures	5,250	3,169	4,009	840	495	663	168	609	▲ 54
Chemotherapy delivery	2,512	1,704	1,542	(162)	209	220	11	189	▲ 31
Day Case Admissions	21,868	14,201	17,259	3,059	1,956	2,649	694	2,284	▲ 365
Elective Admissions	17,174	11,050	10,903	(146)	1,764	1,651	(112)	1,290	▲ 361
High Cost Drugs & Devices	26,195	17,416	17,612	196	2,272	2,308	36	2,881	▼ (574)
Total Variable Income	107,746	70,416	75,594	5,178	9,820	11,064	1,244	11,328	▼ (265)
Outpatient Follow up	25,166	16,832	16,833	1	2,295	2,295	0	2,548	▼ (252)
Emergency Admissions	95,445	62,495	62,505	11	7,935	7,937	3	9,036	▼ (1,099)
A&E	21,137	14,043	14,042	(0)	1,761	1,760	(0)	2,137	▼ (377)
Other Admissions	17,492	11,620	1,664	(9,956)	1,417	211	(1,206)	201	▲ 10
Maternity Other (Including Deliveries_	0	0	9,964	9,964	0	1,207	1,207	1,274	▼ (67)
Maternity pathway (ante/post natal)	9,318	6,339	6,343	4	800	800	(0)	885	▼ (85)
Critical Care (adult)	4,289	2,788	2,785	(4)	609	609	(1)	245	▲ 364
Neonatal	3,840	2,551	2,551	(0)	355	355	(0)	403	▼ (48)
Imaging	7,587	4,895	4,895	0	752	752	0	809	▼ (56)
Direct Access Pathology	6,307	4,218	4,218	(0)	558	558	(0)	619	▼ (61)
Best Practice Tariffs	646	423	423	(0)	54	55	1	63	▼ (8)
Other block income	8,806	5,887	5,887	(0)	733	733	(0)	864	▼ (131)
Total Block / Fixed Income	200,033	132,092	132,112	20	17,270	17,274	4	19,084	▼ (1,811)
Non-recurrent & additional income	0	(2,424)	4,790	7,214	(1,926)	(728)	1,198	1,058	▼ (1,786)
National Block	59,655	44,479	44,479	0	5,560	5,560	0	6,532	▼ (972)
Clinical Income	367,434	244,563	256,977	12,413	30,725	33,169	2,445	38,005	▼ (4,836)
Non-Patient Income	25,563	17,114	17,731	617	2,142	1,983	(159)	2,660	▼ (677)
Donations	6,293	1,164	5,020	3,856	259	27	(232)	(15)	▲ 42
Non-Patient Income	31,856	18,278	22,751	4,473	2,401	2,010	(391)	2,645	▼ (635)
TOTAL INCOME	399,290	262,841	279,727	16,886	33,125	35,179	2,054	40,650	▼ (5,471)
EXPENDITURE									
Pay - Substantive	(234,049)	(156,592)	(151,930)	4,662	(19,243)	(19,237)	6	(23,589)	▲ 4,352
Pay - Bank	(10,573)	(7,039)	(13,457)	(6,418)	(892)	(1,603)	(711)	(1,952)	▲ 349
Pay - Locum	(2,235)	(1,490)	(4,716)	(3,226)	(186)	(610)	(423)	(593)	▼ (16)
Pay - Agency	(5,123)	(3,586)	(6,084)	(2,498)	(384)	(499)	(115)	(824)	▲ 324
Pay - Other	(942)	(628)	(699)	(71)	(78)	(109)	(31)	(83)	▼ (26)
Pay CIP	1,312	874	1,563	689	109	630	521	405	▲ 225
Vacancy Factor	50	33	0	(33)	4	0	(4)	0	▲ 0
Pay	(251,560)	(168,428)	(175,324)	(6,896)	(20,670)	(21,428)	(758)	(26,636)	▲ 5,207
Non Pay	(92,117)	(62,516)	(68,074)	(5,559)	(7,094)	(8,938)	(1,844)	(8,937)	▼ (1)
Non Tariff Drugs (high cost/individual drugs)	(25,096)	(16,745)	(19,455)	(2,710)	(2,077)	(2,378)	(301)	(2,810)	▲ 432
Non Pay	(117,213)	(79,261)	(87,530)	(8,269)	(9,171)	(11,316)	(2,145)	(11,747)	▲ 431
TOTAL EXPENDITURE	(368,773)	(247,689)	(262,853)	(15,165)	(29,841)	(32,745)	(2,903)	(38,383)	▲ 5,638
EARNINGS BEFORE INTEREST, TAXATION, DEPRECIATION AND AMORTISATION (EBITDA)	30,517	15,152	16,874	1,722	3,284	2,435	(849)	2,267	▲ 167
Interest Receivable	480	320	764	444	40	90	50	104	▼ (14)
Interest Payable	(1,268)	(845)	(387)	458	(106)	(48)	57	(48)	▼ (0)
Depreciation, Impairments & Profit/Loss on Asset Disposal	(16,979)	(11,229)	(11,288)	(60)	(1,428)	(1,436)	(8)	(1,436)	▼ (1)
Donated Asset Depreciation	(707)	(464)	(406)	59	(58)	(51)	7	(51)	▲ 0
Profit/Loss on Asset Disposal & Impairments	0	0	0	0	0	0	0	0	▲ 0
DEL Impairments	0	0	(464)	(464)	0	(58)	(58)	(58)	▼ (0)
AME Impairments	0	0	0	0	0	0	0	0	▲ 0
Unwinding of Discounts	0	0	0	0	0	0	0	0	▲ 0
OPERATING SURPLUS/(DEFICIT) BEFORE DIVIDENDS	12,044	2,934	5,092	2,158	1,733	931	(801)	779	▲ 152
Dividends Payable	(6,457)	(4,305)	(4,420)	(115)	(538)	(552)	(14)	(552)	▲ 0
OPERATING SURPLUS/(DEFICIT) AFTER DIVIDENDS	5,586	(1,371)	672	2,043	1,194	379	(816)	226	▲ 152

Appendix 2

**Statement of Cash Flow
As of 30th November 2024**

	Mth12 2023-24 £000	Mth 8 £000	Mth 7 £000	In Month Movement £000
Cash flows from operating activities				
Operating (deficit)/surplus from continuing operations	13,970	5,180	4,231	949
Operating surplus/(deficit) of discontinued operations				
Operating (deficit)/surplus from continuing operations	13,970	5,180	4,231	949
Non-cash income and expense:				
Depreciation and amortisation	17,229	11,694	10,208	1,486
(Increase)/Decrease in Trade and Other Receivables	(3,720)	(19,705)	(18,382)	(1,323)
(Increase)/Decrease in Inventories	(127)	(33)	(13)	(20)
Increase/(Decrease) in Trade and Other Payables	544	(3,509)	(3,213)	(296)
Increase/(Decrease) in Other Liabilities	(6,967)	1,066	1,062	4
Increase/(Decrease) in Provisions	8,698	(3,161)	(1,449)	(1,712)
Income in respect of capital donations	(8,415)	(5,020)	(5,022)	2
Other movements in operating cash flows	891	0	0	0
NET CASH (USED IN) GENERATED FROM OPERATIONS	22,103	(13,488)	(12,578)	(910)
Cash flows from investing activities				
Interest received	1,399	764	674	90
Purchase of intangible assets	(425)	(83)	(66)	(17)
Purchase of Property, Plant and Equipment	(34,087)	(12,357)	(10,733)	(1,624)
Process from sale of Property, Plant and Equipment	252	0	0	0
Net cash (used in) investing activities	(32,861)	(11,676)	(10,125)	(1,551)
Cash flows from financing activities				
Public dividend capital received	11,039	7,918	7,918	0
Capital element of finance lease rental payments	(5,078)	693	156	537
Unwinding of discount	0	(464)	(406)	(58)
Interest element of finance lease	(680)	(387)	(339)	(48)
PDC Dividend paid	(5,725)	(3,398)	(3,398)	0
Receipt of cash donations to purchase capital assets	8,415	5,020	5,022	(2)
Cash flows from (used in) other financing activities	0	0	0	0
Net cash generated from/(used in) financing activities	7,971	9,382	8,953	429
(Decrease)/increase in cash and cash equivalents	(2,787)	(15,782)	(13,750)	(2,032)
Opening Cash and Cash equivalents	27,208	27,208	27,208	
Closing Cash and Cash equivalents	27,208	11,426	13,458	(2,032)

Appendix 3

Statement of Financial Position as of 30th November 2024

	Mar-24 Audited	Nov-24 YTD Actual	YTD Mvmt	% Variance
Assets Non-Current				
Tangible Assets	241.4	251.9	10.5	4.3%
Intangible Assets	16.6	15.1	(1.5)	(9.0%)
ROU Assets	18.6	17.3	(1.3)	(7.0%)
Other Assets	3.2	3.3	0.1	3.1%
Total Non Current Assets	279.8	287.6	7.8	2.8%
Assets Current				
Inventory	5.3	5.3	0.0	0.0%
NHS Receivables	12.0	20.3	8.3	69.2%
Other Receivables	7.5	18.9	11.4	152.0%
Cash	27.2	11.4	(15.8)	(58.1%)
Total Current Assets	52.0	55.9	3.9	7.5%
Liabilities Current				
Interest-bearing borrowings	(1.5)	(0.7)	0.8	(53.3%)
Deferred Income	(11.6)	(12.6)	(1.0)	8.6%
Provisions	(11.7)	(8.6)	3.1	(26.5%)
Trade & other Creditors (incl NHS)	(60.8)	(66.3)	(5.5)	9.0%
Total Current Liabilities	(85.6)	(88.2)	(2.6)	3.0%
Net current assets	(33.6)	(32.3)	1.3	(3.9%)
Liabilities Non-Current				
Long-term Interest bearing borrowings	(18.2)	(18.7)	(0.5)	2.7%
Deferred Income	(0.5)	(0.5)	0.0	0.0%
Provisions for liabilities and charges	(1.6)	(1.6)	0.0	0.0%
Total non-current liabilities	(20.3)	(20.8)	(0.5)	2.5%
Total Assets Employed	225.9	234.5	8.6	3.8%
Taxpayers Equity				
Public Dividend Capital (PDC)	294.2	302.1	7.9	2.7%
Revaluation Reserve	64.6	64.6	0.0	0.0%
Financial assets at FV through OCI reserve	(2.6)	(2.6)	0.0	0.0%
I&E Reserve	(130.3)	(129.6)	0.7	(0.5%)
Total Taxpayers Equity	225.9	234.5	8.6	3.8%

GLOSSARY OF TERMS

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

Meeting Title	Council of Governors	Date: 29 January 2025
Report Title	Strategic & BAU Capital Project Dashboard	Agenda Item Number: 8
Lead Director	John Blakesley, Deputy Chief Executive	
Report Author	Tony Marsh, Associate Director of Estates	

Introduction	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.		
Key Messages to Note	<p>Lloyds Court CDC Work continues with the landlord to address the roof leaks</p> <p>Decarbonisation (Salix 3b) – Windows, Removal of Steam, Ventilation On track for completion March 2025</p> <p>Decarbonisation (Salix 3c) – District Heat Network connection Project launched with design work through to March 2025, project runs to March 2027</p> <p>New Hospital Program (NHP) Confirmation received of Phase 1 funding</p> <p>HV Cable Upgrade Awaiting finalised design from National grid to place order.</p>		
Recommendation <i>(Tick the relevant box(es))</i>	For Information <input checked="" type="checkbox"/>	For Approval <input type="checkbox"/>	For Review <input type="checkbox"/>

Strategic Objectives Links <i>(Please delete the objectives that are not relevant to the report)</i>	<ol style="list-style-type: none"> 1. Keeping you safe in our hospital 2. Improving your experience of care 9. Expanding and improving your environment 10. Innovating and investing in the future of your hospital
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Report History	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.
Next Steps	Project summaries and risks are updated to the Executive Directors and management via the Trust Executive Committee each month.
Appendices/Attachments	Capital Programme Board: Appendix A: Strategic & BAU Capital Projects Dashboard

MKUH Estates Report for the Council of Governors on Significant Capital Schemes.

Summary of Strategic Capital Business Cases

New Hospital Program (NHP): On 20th January 2025 the Trust received confirmation that the NHP to build a new Women’s & Children’s Hospital at our existing site would go ahead in the first phase. Work continues to finalise the design with an ambition to start building in 2025 – 2026.

Radiotherapy Facility Incident: The Radiotherapy project and the adjacent car park project are now completed. The temporary PET scanner is in the adjacent car park and is brought in and used twice weekly. OUH are due to partially open the Radiotherapy facility at the end of January 2025. On December 25, 2024, the Radiotherapy facility faced a major water leak caused by a failed pipe joint. The insurance provider has accepted liability and remedial works are ongoing.

Salix Public Sector Decarbonisation Scheme 3b: Work to improve the thermal performance of the building through the replacement of windows and doors was completed by September 2024. Works to upgrade the Phase 2 Theatres ventilation systems are now complete, a final audit will establish baseline records for the system's lifecycle. *HSDU Equipment Upgrade:* Completion due by March 28, 2025. *HSDU / Cardiology Department Ventilation Upgrade:* Air flow measurements and validations are ongoing, with final verification pending.

Lloyds Court - Community Diagnostic Centre: The construction stage was completed on October 21, 2024, with partial operations in cardiology and imaging services. Remedial work for roofing leaks are ongoing. Operational plans for opening further services are ongoing.

Oak Wards – Medical Ward Capacity: The project to create 48 medical beds is on schedule for completion by February 2026. Construction commenced in October 2024 and work is progressing well. Planning permission was granted on August 30, 2024. Ground works and concrete installations are ongoing and the area in which the link to the hospital corridor will be formed has been hoarded at the beginning of the calendar year. Works have commenced to form the link.

Multi Storey Car Park 3: The first phase of the car park steelwork is complete, and the concrete deck has been poured. The project is progressing on schedule and is meeting its cash flow. The project is scheduled for completion by June 2025.

HV Supply Upgrade: A formal application submitted to defer capital allocation to the next financial year. National Grid have had an internal team change and we have a new engineer looking after the project. National Grid are circa 11 months behind their programme.

Imaging: Construction began in August 2024, with expected completion by March 23, 2026. The facility will provide 2 CT rooms, 2 MRI Rooms and 6 Ultrasound rooms. Pile foundations works are complete, and further infrastructure installations are planned to include the attenuation tank.

Bed Store Refurbishment: Started on October 14, 2024, now completed and in use as a bed store facilitating the link corridor for Oak Wards.

Summary of Significant BAU Capital Business Cases

✓ Estates Business Cases (Live)

Item	Project Name	Short Status Summary	Status	Project Timeline	Risk
BC2023019 FY24.25 3	Refurbishment and Upgrade of L&C Passenger Lift	Complete 20.12.24	Complete Pendin...	1 Apr, '24 - 31 Dec, '24	None
BC2020083 FY24.25 1	Flat Roofs	Completion expected end of March 2025 (subject to we...	Work in Progress	1 Apr, '24 - 31 Mar, '25	None
BC2024018	Replacement of Phase 2 Chillers	Awaiting procurement to place order	Procurement	28 Jun, '24 - 31 Mar, '25	Overrun YE
BCREV2024047 2	Heat Decarbonisation (Salix)	BC Approved, arranging main contractor, project team r...	Procurement	1 Apr, '24 - 31 Mar, '27	None
BC2024092	LED Lighting - NEEF3 Grant Funded	Grant offer confirmed, awaiting MOU. Placing order.	Procurement	1 Jan - 30 Sep	None
BC2024098	Emergency Lighting to Self-Testing	Placing order via electrical contractor	Procurement	13 Jan - 31 Mar	None

Luig & Cowley Passenger Lift – The long-awaited upgrade of this passenger lift completed in December 2024 following considerable planning due to the lack of alternative lift during the works.

Flat Roof Refurbishments – Works now complete on Phase 1 Energy Centre, Maintenance and all associated link corridors. Works well underway on the Pathology link bridge and associated lower levels, Phase 2 energy centre and South Plant room roofs, practical completion planned for late March 2025.

Replacement of Phase 2 Chillers – The tender is completed, the order will be placed imminently for 3 new chillers to serve Phase 2, including Phase 2 wards and theatres. This work including specification upgrade, addresses backlog maintenance, resilience and climate adaptation.

Salix Public Sector Decarbonisation Scheme 3c (District Heat Network) - The order for the main design is being issued imminently, Project Management staff will join MKUH in February. Work is underway to ensure procure the utility and main contractor, including legal and financial due diligence in relation to the supply and connection agreements.



LED Lighting – NEEF3 Funded – In January 2025, the Trust successfully bid for funding to replace the remaining fluorescent lights with LED lighting, this project is launching soon and is estimated to run through to Sept 2025, with all products being received by March 2025, installation this FY by contractors and then finalisation by the in-house electricians until complete.

Emergency Lighting to Self-Testing – The Trust has approved the year-end project of Self-testing emergency lighting to support the transition of difficult operational areas away from stand-alone fixtures. This work enhances our fire safety and will ensure that emergency lights do not need a manual intervention unless identified as faulty.

Meeting Title	Council of Governors Meeting	Date: 29 January 2025
Report Title	Non-Executive Appointments Committee Updates	Agenda Item Number: 9
Lead Director	Babs Lisgarten, Lead Governor	
Report Author	Oluwakemi Olayiwola, Trust Secretary	

Introduction	<i>For assurance</i>		
Key Messages to Note	<p>The Council of Governors are invited to:</p> <ul style="list-style-type: none"> • NOTE the discussions had at the 22 January 2025 meeting of the Non-Executive Directors (NED) Appointments Committee • APPROVE the reappointment of Gary Marven as a Non-Executive Director for another three (3) years following the recommendation of the NED Appointments Committee 		
Recommendation <i>(Tick the relevant box(es))</i>	For Information <input checked="" type="checkbox"/>	For Approval <input type="checkbox"/>	For Review <input type="checkbox"/>

Strategic Objectives Links <i>(Please delete the objectives that are not relevant to the report)</i>	<ol style="list-style-type: none"> 1. <i>Keeping you safe in our hospital</i> 2. <i>Improving your experience of care</i> 3. <i>Ensuring you get the most effective treatment</i> 4. <i>Giving you access to timely care</i> 5. <i>Working with partners in MK to improve everyone's health and care</i> 6. <i>Increasing access to clinical research and trials</i> 7. <i>Spending money well on the care you receive</i> 8. <i>Employ the best people to care for you</i> 9. <i>Expanding and improving your environment</i> 10. <i>Innovating and investing in the future of your hospital</i>
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Report History	NA
Next Steps	NA
Appendices/Attachments	NA

Updates from the meeting held on 22 January 2025

The NED Appointment Committee was held on Wednesday 22 January 2025. The following were highlights of the meeting:

Governance:		
<ul style="list-style-type: none"> The NED Appointment Committee met on Wednesday 22 January 2025. The meeting was quorate and was chaired by Babs Lisgarten – Lead Governor <p>The following were highlights of the meeting:</p>		
Item	Decision	Comments
Reappointment of Non-Executive Director – Gary Marven	The Committee noted the annual appraisal of Gary Marven and recommends him for reappointment to the Council of Governors	<ul style="list-style-type: none"> If approved, Gary Marven will be re-appointed to a second three-year term with effect from 1 April 2025 till 31 March 2028.
Appraisal Updates <ul style="list-style-type: none"> Non-Executive Directors Chief Executive Officer 	The Committee noted the report	<ul style="list-style-type: none"> The Committee acknowledged the need for effective succession planning and leadership development to support organisational strategy and ensure smooth operational delivery
Appointment of Trust Chair <ul style="list-style-type: none"> Candidate Pack Recruitment Timetable Updates 	The Committee noted the update	<ul style="list-style-type: none"> The vacancy advertisement for substantive chair appointment has been published on all platforms including NHS England. Interviews would be conducted on March 19th, with the recommendation finalised in the same session.

1. Recommendation:

The Council of Governors is asked to:

- i. **NOTE** the update from the NED Appointment Committee meeting.
- ii. **APPROVE** the reappointment of Gary Marven as a Non-Executive Director for another three (3) years following the recommendation of the NED Appointments Committee

MEETING TITLE	COUNCIL OF GOVERNORS MEETING	Date: 29 January 2025
REPORT TITLE	Membership & Governor Engagement Report	Agenda Item Number: 10
LEAD	Lui Straccia, Membership & Engagement Manager	
AUTHOR	Lui Straccia, Membership & Engagement Manager	

PURPOSE			
ASSURANCE	APPROVAL	DISCUSS	INFORMATION

UPDATE ON MEMBERSHIP & GOVERNOR ENGAGEMENT

1. Welcome to a new Governor

Following recent nominations process, 1 new Staff Governor (Amechi Ejoh) has joined the MKUH Council of Governors in the Non-Clinical Staff constituency, filling the role vacated by Fiona Burns who stepped down in December. 23 of the Council of Governors' 26 seats are currently filled. As part of the promotion of the nominations process, the wording around the commitment involved in being an MKUH Governor was tightened to help nominees to appreciate the requirements of the role. A new Standard Operating Procedure around Governor nominations has been drafted to outline two periods per year when nominations should take place, in order to maximise value on spend on nominations processes, and encourage nominations made.

2. Membership – 2,799 – up from 2,670 (+129) since October 2024

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

3. Wolverton health event

Preliminary discussions have been held about organising an event at Kings Community Centre in Wolverton for the health of local people. MKUH Governor Andy Forbes, who is heavily involved at the centre, is working closely with Lisa Barnes and Sharon White in Patient Experience, and Lui Straccia, on a possible date of 13 May (TBC). It is very early stages but it is hoped numerous MKUH

teams (and other organisations) may be able to hold stands at the event, which will reach out to local diverse populations and is aimed at having the support of prominent local figures in order to boost engagement. It is envisaged that MKUH Governors will have a table at the event. As a separate arrangement, MKUH will look to place a stand on the final Wednesday of each month at the centre's Food Bank / Top-up Shops with different teams attending to promote health in the local area.

MKUH GOVERNOR ACTIVITY November 2024-January 2025

Emma Isted	<ul style="list-style-type: none"> 11 November - MKUH - Remembrance Event
Christine Thompson	<ul style="list-style-type: none"> 1 November – Friends Trolley 11 November – MKUH Remembrance Event 7 November - Interfaith Fair 20 December – Friends Trolley
Fran Vernon	<ul style="list-style-type: none"> 29 November - Wolverton Christmas Lights Switch-on 7 November - Interfaith Fair 12 December – Christmas ward visits
Andrea Vincent	<ul style="list-style-type: none"> 7 November - Shenley Brook End School speed interviewing 29 November - Wolverton Christmas Lights Switch-on 12 December – Christmas ward visits
Andy Forbes	<ul style="list-style-type: none"> 20 November - My Thank You – Patient Experience at Kings Community Centre, Wolverton 13 January - MKUH Hospital Radio Interview 29 January – Wolverton Food Bank – Research team promoting new Genes & Health project Several hospital visits to support patients recently, including liaising with PALS
Ansar Hussain	<ul style="list-style-type: none"> 23 November – Zainabiya Mosque – Visit My Mosque event 29 November – Wolverton Christmas Lights Switch-on 12 December – Christmas ward visits
Maxine Taffetani, Caroline Kintu, John Gall, Matthew Burnett, William Butler, Tom Daffurn	<ul style="list-style-type: none"> 12 December – Christmas ward visits

Recommendation:

The Council of Governors is asked to DISCUSS the report.

Healthwatch Milton Keynes

Report to the Milton Keynes University Hospital Council of Governors

January 2025

Response to information from January Trust Board

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

Patient Safety Update

The Trust Board pack review panel noted that previously, public readers would benefit from more information regarding how a resident, patient, or governor could gain assurance that learnings/changes are embedded and result in reduction in incidents. At the January Trust Public Board, the panel noted that staff feedback of their experience, via a feedback process, has been included which particularly highlighted staff learning but also how supported they felt in discussing incidents in an open and transparent way, without fear of judgement. The HWMK panel acknowledged the high level (207) of learning events being completed.

HWMK noted that the contributory factors of incidents within learning events indicated that nearly 40% of contributory factors were allocated to communication infrastructure, information flows and methods and policies/procedures. This requires some further exploration, which HWMK would be keen to see discussion on.

The HWMK Panel also noted the level of Quality Improvement projects at MKUH and were assured that QI, as an approach for improving patient safety, outcomes and experiences was being prioritised by the Trust.

With regard to the Learning from Inquests report regarding MK2921 , the HWMK Panel highlighted the concern that patient's views were not listened to, even within the context of the patient's previous losses.

Activity and Partnership Updates from Healthwatch Milton Keynes

HWMK has had the following connections with MKUH team over the last quarter:

- 1) HWMK CEO met virtually with the PALs manager to discuss level of complaints and challenges managing workload specifically related to the increasing level of complex complaints. HWMK suggested a number of ways we could support the Trust, including:
 - a. The Trust could improve promotion of patients sharing their experiences directly with Healthwatch Milton Keynes. These experiences would be shared back to the Trust, and could potentially release capacity for PALs and complaints teams to focus on those patient experiences and complaints that require greater attention
 - b. Support/leading focus groups with patients previously submitting complaints to inform improvements to processes and procedures

Unfortunately, despite positive conversations, we've yet to hear the outcome of any consideration of future partnership working in this area.

The HWMK CEO met with **Lisa Antonini**, Deputy Head of Communications and Engagement to discuss patient co-design/participation of the new hospitals programme, focused on the development of the Women's and Children's Hospital. We discussed the opportunity for co-production with residents with regards to plans as co-production offers the opportunity to share power of decision making but also to co-design with the knowledge of limitations to service design.

The HWMK CEO met with **Antonietta Moch** Health and Wellbeing Coordinator for MKUH to learn about the wellbeing support offer to staff at the Trust. Antonietta spoke candidly about the operational, cultural and financial challenges of supporting staff wellbeing at MKUH, as well as showcasing the support offer to staff.

HWMK's Deputy CEO attended the Patient and Family Experience Board where she shared highlights of our activity and areas of attention or concern where the Trust and HWMK could work in partnership to address. The clear issues of HWMK's limited resource and operational pressure on the Trust are clear barriers to pursuing joint working initiatives.

Improving System Flow

Healthwatch MK are continuing with patient interviews, post discharge, as part of ensuring that patient experiences guide the implementation of the Integrated Discharge hub. This month, HWMK's Project Officer presented our first set of findings to the Improving System Flow Core Group and will be taking forward trends in experience of the discharge pathway back to the Integrated Discharge Team to support the ongoing transformation of integrated working. Over the Christmas period we observed an increase in the number of patients being readmitted to MKUH post discharge within short periods of time. Findings of observational visits to the Trust as part of our initial input into this project have been recirculated to the Trust, as the findings offered much insight into patient awareness of falls risks.

Monthly Engagement Campaigns

Healthwatch MK is running a series of Engagement Campaigns this year and we have several events coming up that we would appreciate the Governors and the Trust support to promote. On Saturday 15th February we are holding our **'Your health, our community'** event at Conniburrow Community Centre 11.00–3.00. Residents will be able to talk to a range of providers and VCSE support including CNWL, Carers MK, iCaSH, SCAS etc... We will also be speaking to residents about digital exclusion on the day so that HWMK can better share the experiences and needs of members of our community that don't find digital support and access accessible. We would greatly appreciate a Trust presence at the event and welcome governors to attend. [Your health, our community | Healthwatch Milton Keynes](#)

On 27th January, with the welcomed support of Great Linford Parish Council, who have provided £500 of funding for interpreters, we'll be holding our **Health insights with the D/deaf community (BSL event)** at Great Linford Parish Council in Great Linford, covering health research, heart health, mental health, dementia care and more. This event is open to all residents who use or rely on BSL and if there is representative of MKUH who would like to observe the session, we welcome their attendance. [Health insights with the D/deaf community \(BSL event\) | Healthwatch Milton Keynes](#)

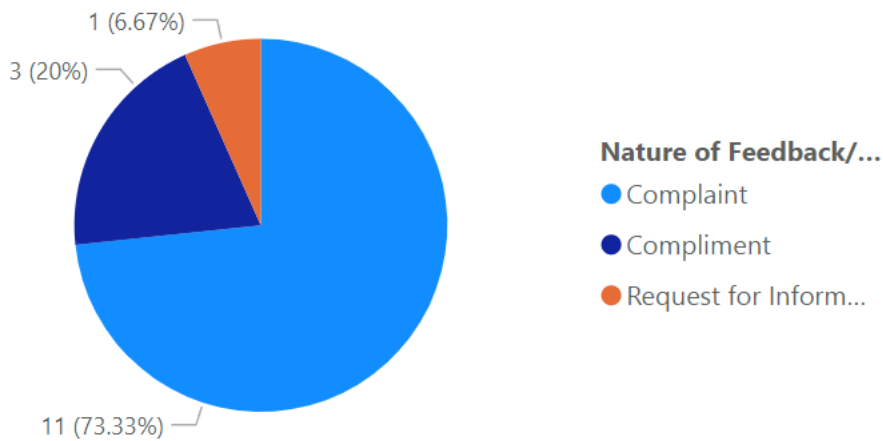
Denny Review Recommendations – Translation and Interpretation Mapping

As part of the response to the Denny Review, HWMK has been funded by BLMK ICB to undertake a scoping exercise of translation and interpretation services and how effective they are for patients, families and staff. The activities included observational visits to the Trust across various wards. A full report will be provided

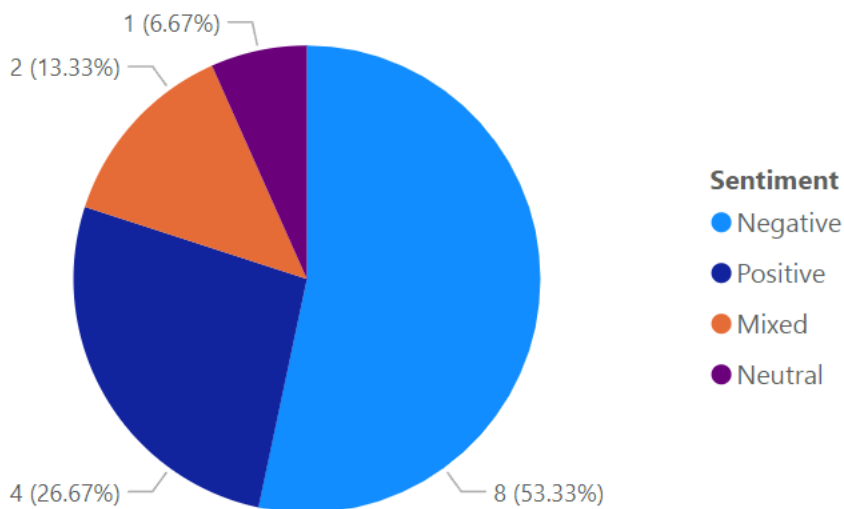
to BLMK ICB at the end of February. HWMK are working with the ICB on the best way to discuss findings on a provider-by-provider basis and the approach to improvement programmes. It is likely that we will make a second wave of observational visits to MKUH and would welcome NED support at these visits.

Experiences shared with Healthwatch Milton Keynes

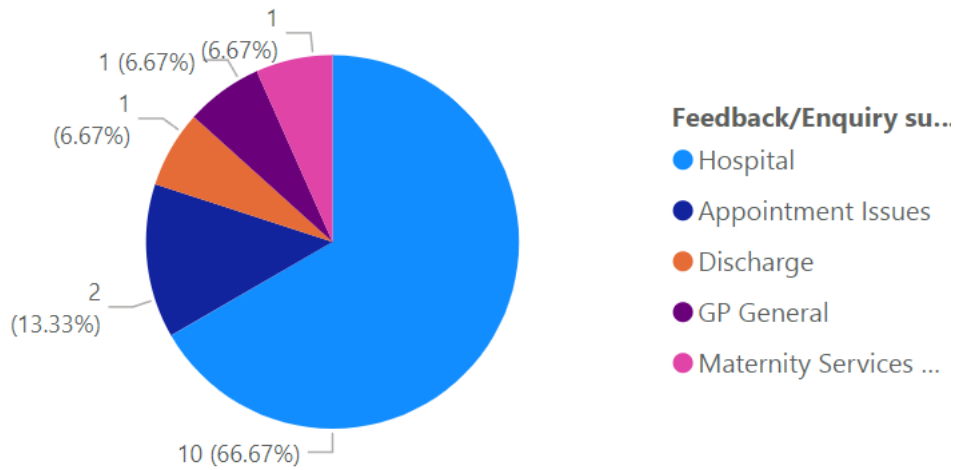
Nature of Contact



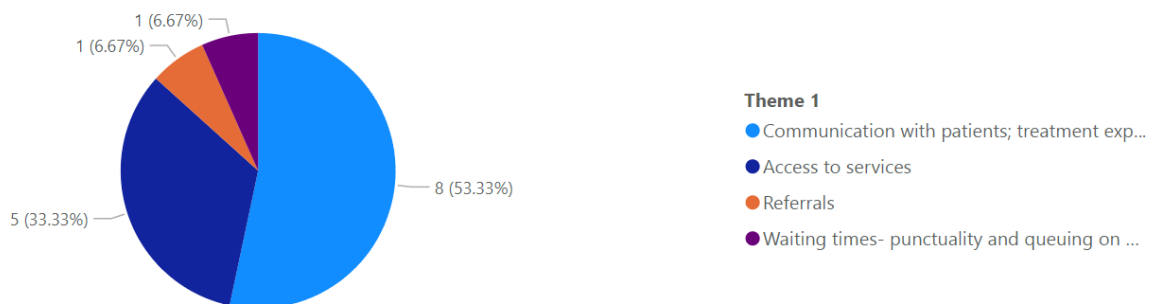
Sentiment of feedback



Service Category



Themes



Healthwatch Milton Keynes received 15 experiences of care at MKUH between 1st October and 31st December 2024. Some examples of feedback included:

- A family member of a patient shared with us that they had a positive experience visiting the Emergency Department with their elderly father,

praising the helpfulness and friendliness of every staff member they encountered.

- One patient shared that they have been waiting over a year for a trauma and orthopaedics appointment after being referred following a four-year issue. Despite repeated inquiries, they have not received any updates or confirmation of an appointment.
- A couple recently had their first baby and shared with us praise of the delivery midwife for providing exceptional guidance and support. However, they said that their experience on Ward 9 was disappointing. They felt the midwives showed little concern for their crying baby or the mother's exhaustion after labour, lacked access to formula for the baby and provided minimal care when the baby appeared unwell. The client described the experience as extremely stressful and "horrific".
- A family member noted that their relative waited nearly 4 hours in the Patient Discharge Unit without any staff check-ins, updates, or access to food and drinks. Notices outlined promised support, such as movement sessions and responses to previous Healthwatch findings, but none of these were provided.

COUNCIL OF GOVERNORS

Wednesday, 29 January 2025

Agenda item: 12
Inclusion and Leadership Council Report

Heidi Travis
Acting Trust Chair

Note

COUNCIL OF GOVERNORS

Wednesday, 29 January 2025

Agenda item: 13
Any Other Business

Heidi Travis
Acting Trust Chair

Discuss/Note/Approve

QUESTIONS LOG				
No.	Date Received	Query	Date Discussed at Board	Board Response
1	28/06/2024	Are there areas in the hospital that are chronically understaffed resulting in suboptimal patient management? If there are, what efforts are being made to resolve the understaffing? Have agency staff been considered to fill these gaps in the short term pending recruitment?	04/07/2024 Resent for discussion at ED's meeting 16/08/2024	The hospital is generally well-staffed, though certain subspecialties, like Paediatric Emergency and Paediatric Urology, face recruitment challenges. These are national issues. Efforts include targeted recruitment and comprehensive health and well-being programs for staff. Agency staff are used as needed to maintain safe staffing levels, utilising NHS-approved frameworks. Specific plans are made for hard-to-fill posts, including diverse advertising and competitive packages. Staffing is checked twice daily across the hospital.
			Second response	The Trust vacancy rate is at 6% and we have the highest headcount in M4 that we have ever had. The professions with the highest vacancy rates are Healthcare Assistants, Pharmacists, and some Allied Health Professionals. Any vacancies where there is an impact to safe staffing levels or service delivery are covered with bank or agency. The Trust has various recruitment and retention strategies in place for different hard to recruit posts. Department open days, local and national recruitment events, training/developmental posts and pathways, recruitment and retention premia, hybrid and flexible working, are some of the strategies employed to recruit. Retention projects are also in train in areas with high turnover to look at how we can improve onboarding and support to retain our staff.
2	02/07/2024	<p>"Sepsis reduction is a NED priority". Are the Board assured that the sepsis protocols are known and understood across the hospital estate and being put into practice."</p> <p>I was prompted to ask about this because of a sepsis death in the hospital. I am aware sepsis can come in with the patient and not necessarily caught in the hospital. It would be good if the NEDS could explain that as part of the answer.</p>	13/08/2024	<p>The mainstay of our approach to sepsis is timely triage in ED and early recognition of the deteriorating patient through the NEWS2 scoring.</p> <p>The ED team also discuss all acutely unwell patients, including any at risk of sepsis at their 4pm hand over meeting each day.</p> <p>Additionally sepsis is on the agenda of the monthly ED senior staff meeting and sepsis related patient stories and learning is to be incorporated at the monthly clinical governance meetings.</p> <p>On the wards there is access to a sepsis dashboard and intranet access to the sepsis policy. There is ongoing comms to educate and signpost medical and nursing teams to these resources.</p> <p>We have regular audits against the sepsis guidelines; Tenable audits on the wards and specific ED audits looking at time to antibiotic administration against time of prescription to look for any delays in administration.</p> <p>There is an established, well attended, monthly Trust wide Sepsis meeting which reports into the bi-monthly Care of the Critically Ill meeting. Currently the Sepsis and Care of the Critically Ill meetings are chaired by the Medical Director for Planned Care.</p>

		<p>What is the strategy for local recruitment, as the Staffing report only mentions international recruitment?</p> <p>Can you clarify who is employed, including details on consultants, doctors (grades), nurses (grades), Physician Associates, etc?</p> <p>Do the statistics cover just clinical staff or also include ancillary staff like managers, clerks, cleaners, etc?</p>	13/08/2024	<p>Domestic recruitment continues and is detailed in the Workforce Strategy with a mix of department open days, local and national recruitment and careers fairs, national advertising, school and community engagement work etc.</p> <p>The safe staffing paper is written for nursing and midwifery staffing to meet the National Quality Board Requirement to report safe ward staffing levels at Board. This was a direct action from the Frances Report. There is no requirement for other staff groups vacancies to be reported to Board however, the staffing levels for other workforces are reported to the Workforce Development and Assurance Committee and also to Board in the Workforce Report.</p> <p>This paper is specifically for Nursing, Midwifery and AHPs – it does not include ancillary staff. The Safe Staffing report only covers staff on the ward template delivering direct patient care.</p>
		<p>Is there a strategy to implement the Denny Review, and how are we progressing on this?</p>		<p>This is to do with Health Inequalities and community engagement which doesn't fall within the workforce envelope.</p> <p>Fiona Hoskins has been given the Denny Review to look at as part of her portfolio, but not yet begun this work.</p>
3	19/08/2024	<p>Can the board assure us that doctors on rotation are supported by receiving their rotas at least 6 weeks before taking up the post?</p>	27/08/2024	<p>Medical staffing send out work schedules 8 weeks in advance of start date, in line with the contract. The departments send out a personalised rota 6 weeks prior to start date via health roster.</p>
		<p>For the new buildings, are there programs similar to the agreement with Buckingham University to train our own nurses?</p>	27/08/2024	<p>As part of the transformation programme for the new hospital programme, workforce planning will be undertaken to ensure that the right staffing models are designed for each area with the appropriately trained workforce recruited.</p> <p>Currently nurses gain their registration either through a university led programme such as Bedford University or as an apprentice, where the student is employed by the Trust and undertakes a part-time degree training programme. The new CNO is keen to explore strengthening the registered degree nurse apprenticeship (RNDA) route into Milton Keynes, creating a more hospital led training programme.</p>
4	23/08/2024	<p>The HCA role contributes significantly to patient care and safety, is cost effective and releases qualified staff to undertake more complex care and treatments. What specific plans are there to fill the large number of HCA vacancies?</p>	27/08/2024	<p>We have a working group set up that leads on HCA retention work as well as supports the domestic recruitment campaigns. Part of the remit of the group is to explore the challenges of the role how we can develop and support our HCA workforce. This has resulted in a review of the Fundamentals of Care programme and a change to onboarding. The Trust has also engaged with system-wide recruitment for our HCSW gaps.</p>

5	16/10/2024	<p>What is the Hospital Board doing to educate patients, relatives and staff about healthy and sustainable foods and to increase the range of healthy and sustainable foods, while at the same time decreasing the amount of unhealthy and unsustainable foods, available in the Hospital's food outlets - the Hospital's shops, automatic machines, café, restaurant, patients' meals and voluntary offerings?</p> <p>(By healthy food I mean low in meat, dairy, fish, salt, sugar, fats and refined foods, and high in fruit, vegetables and fibre. By sustainable I mean organic, low in emissions, low in water use, and efficient in land use and conversion rates.)</p>	22/10/2024	<p>We offer our patients a well-balanced menu, patient can choose:</p> <ul style="list-style-type: none"> o25 hot main dishes o14 sandwich and homemade salads choices o15 hot and cold desserts oWe will be introducing fresh homemade soups. <p>We work closely with the Hospital's Dietitian's to ensure the menus provide good nutrition. In April we introduced a new menu format, with larger print and photographs to make it easier for patients to use.</p> <p>Our new meal service system Steamplicity has reduce system food waste from an average of 16% to 2%, the hospital has invested the savings into improving the patients menu.</p> <p>The Trust has signed up to the Healthy Weight Declaration with Milton Keynes council and after an audit by the council the in-house facilities are meeting nearly all of the criteria to demonstrate healthy eating and promote a better healthy weight too our staff and visitors. We are working towards the Soil Association 'Food for Life' Bronze award.</p> <p>Francesco (Frank) Fiore is Co-Chairman of the Love British Food Healthcare Group that works with British Farms and Hospitals to encourage Hospital to use more British Food.</p> <p>We have move to a local dairy and fruit and vegetable company who source many of their products within our region, we are about to change to a local butcher.</p> <p>We have a selection of healthy meals in the Staff Restaurant and these are sold at a increased subsidy, meaning that hospital staff can have a nutritious meal for between £2-£3 these are</p>
6	06/11/2024	<p>Can you confirm the news on the Women's and Children's Hospital and how it is to be funded? Also, how efficiencies are to be made in orthopaedic surgery? i.e. what's the plan?</p>	05/11/2024	<p>The Trust has obtained approval for its Strategic Outline Case and has been authorised to start the next phase of an Outline Business Case. This has received funding for the first few months of work and should be completed towards the end of the next calendar year. The Trust is waiting for the results of the Government review into the timing of projects within the New Hospital Programme, this should clarify when it is likely that we will be able to start building the new Hospital. In the meantime we have started building two enabling projects including a new Imaging Centre and a new multistorey Carpark for staff.</p>
7	30/12/2024	<p>How is the Board assured that the hospital has measures in place to cope with winter respiratory illnesses?</p>	07/01/2025	<p>The Trust commenced winter planning early in 2024 which included preparedness for surges of respiratory and other illnesses. The plan included opening additional capacity at the beginning of January 2025 which has happened. With the current peak in respiratory illness admissions the Trust is running a daily infection prevention tactical meeting which looks at admission trends, patient pathways and care delivery.</p>

8	06/01/2025	<p>Can you confirm the news on the Women's and Children's Hospital and how it is to be funded?</p> <p>Also how efficiencies are to be made in orthopaedic surgery? i.e. what's the plan</p>	07/01/2025	<p>The Trust is waiting for the National review of NHP Programme to conclude. At that point we should have a much clearer picture of timescales, scope and funding. The review is expected to be complete in the next 6 weeks.</p> <p>Through the oversight of the planned care transformation board we have implemented a range of efficiency programmes for theatres and outpatients to maximise utilisation and reduce waste. These programmes are aligned to the national GIRFT (Getting It Right First Time) programme and include all specialties including orthopaedics.</p>
9	06/01/2025	<p>What steps has the Trust taken to improve governance? Little seems to have changed and there are still significant gaps. Has any investment been put towards this pledge? If so, what?</p>	07/01/2025	<p>Governance is a broad term encompassing a large remit - from corporate governance and regulatory compliance through to clinical governance, including safety, experience and effectiveness. There have been significant changes in clinical governance structures and resourcing to implement the national patient safety framework, embed quality improvement and improve clinical audit. There has also been investment in additional corporate roles in health and safety related roles. Work is ongoing to review divisional governance post the implementation of the patient safety framework and ensure an effective structure is in place.</p>
10	06/01/2025	<p>The administrative route of reviewing, agreeing or rejected the advertising of substantive posts is unnecessarily long with little value when replacing like for like – this is particularly problematic for lower band positions, where the notice period is 4 weeks while the panel can take 2-3 weeks to approve depending on the day of the week notice is given. This leaves gaps in our workforce, leading to everyone acting down – a significant drain on both resource and morale. How does the Board plan to improve the recruitment process?</p>	07/01/2025	<p>The Resourcing Panel meet every Tuesday and the deadline for forms is the same day, outcomes are given the following day to line managers. It is a way of ensuring that requests to recruit or use bank and agency are managed within budget and consistently follow the appropriate policy – this panel frequently finds requests that could be managed/filled/recruited to in a different way, adding value to the process. The recruitment team have automated processes to improve time to hire which has reduced down to its lowest time this year, and have now aligned its team to divisions to give a more streamlined service to line managers.</p>
11	06/01/2025	<p>With the trusts move to up-band HCA's to band 3's – what is the plan for other equally skilled band 2 positions which are being under recognised currently?</p>	07/01/2025	<p>The HCA re-banding process was carried out in response to national changes to this job profile that happened in 2021. Job descriptions for all roles should be reviewed as part of the appraisal process and the Trust's Re-Banding Policy and Procedure applies to all positions not falling within the HCA re-banding.</p>
12	06/01/2025	<p>How can the Trust support equal opportunity to all members of staff with education and development budget.</p>	07/01/2025	<p>Requests for education and development are managed locally at department level and through the line manager. A new study leave policy is currently in draft to make sure that there is a fair approach to granting study leave. From 2025/26 Managers will also need to create a Training Needs Analysis to identify gaps and priority areas for development in order to align individual training and development with the service needs.</p>

13	06/01/2025	<p>How is the Trust aligning with the NHS long term workforce plan?</p> <p>o Training: The DSP can be a very challenging process and can delay access to training – it only increases admin burden</p> <p>o Retention and reform: What is the Trust view on developing new advance practitioner roles for healthcare scientists</p>	07/01/2025	<p>The Trust has a Workforce Strategy which is aligned to the NHS Long Term Workforce Plan and is currently in Q4 of its first year of delivery.</p> <p>Training: For training requests that are Trust-funded, the Discretionary Spend Panel review it for cost and value to ensure appropriate spend of monies.</p> <p>Retention and reform: The Trust is committed to reviewing current and new workforce models to change the way we deliver care. A review of Advanced Clinical Practitioner roles forms an important part of that and will move forwards in 2025/26 in line with service reviews.</p>
14	06/01/2025	<p>How does the Trust plan to address the persistent challenges in elective waiting times and maintain performance improvements in emergency care, given the ongoing pressures from seasonal viruses and increased referrals?</p>	07/01/2025	<p>The Trust works hard to manage the competing demands of elective and emergency care and has detailed escalation plans in place to be followed in the event of serious capacity constraints. Cancellation of elective patients as a result of bed pressures does occur occasionally but is a rare event, although we recognise that the impact on the patients involved is significant.</p>
15	06/01/2025	<p>With the implementation of the Patient Safety Incident Response Framework (PSIRF), what additional measures are being considered to address the backlog in overdue incident workflows and ensure timely completion of investigations?</p>	07/01/2025	<p>It is important that the response to a reported incident is timely whilst also being thorough. There are very few national timelines laid down in respect of PSIRF processes. We have set internal expectations, and there are some overdue workflows in relation to these. Most relate to gathering additional information at the outset and/or to scheduling sessions involving a range of staff who were involved. The number overdue is already falling and improved visibility (RADAR dashboards) will help us to keep within tolerance going forward. There was a vacancy in relation to a particular support role in the women's directorate.</p>
16	06/01/2025	<p>How is the Trust ensuring compliance with mandatory training in maternity services and mitigating risks highlighted in the Maternity Assurance Group updates, such as gaps in workforce planning and incident investigations?</p>	07/01/2025	<p>The Maternity Assurance Group is chaired by a non-executive director and attended by the maternity safety champions. The purpose of the group is to provide corporate oversight and support to the maternity governance structure. Plans to improve mandatory training compliance in maternity and workforce planning are in place, discussed monthly at the meeting and progressing well as evidenced through the CNST compliance and MAG updates.</p>
17	06/01/2025	<p>Given the year-to-date deficit of £4.6 million and the forecasted break-even, what specific actions will ensure that efficiency savings of £20 million are achieved without compromising service quality?</p>	07/01/2025	<p>Every scheme which is included in the Trust efficiency programme is required to have been preceded by a full Quality Impact Assessment, which must be formally reviewed and approved as acceptable by the Trust Quality Board, before the scheme moves into delivery.</p>
18	06/01/2025	<p>What targeted strategies are in place to reduce the reliance on agency staff and address high vacancy rates in critical areas, particularly for roles with persistent recruitment challenges?</p>	07/01/2025	<p>Agency spend and recruitment is regularly reviewed and addressed through Divisional Performance Board and the Temporary Staffing Group. Holistically looking at data to understand turnover, recruitment and retention issues alongside bespoke plans for improvement to exit high cost agency is ongoing and carried out at service and department-level – there is no 'one size fits all' approach to this and a mix of short term answers (such as adding a pay premia to some posts) as well as medium to long term (ie reviews of workforce models, patient pathways, apprenticeship and internal succession planning, training and education and delivery of care) are reviewed to create retention strategies and plans for improvement.</p>



Council of Governors

Forward Plan 2024-25

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

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

GOVERNORS' OPEN FORUM

Draft Cycle of Business 2024-25

	Agenda Item	Lead	Purpose	Frequency Paper(P)/Verbal (V)	Open Forum	Open Forum	Private Meeting Annual Report and Accounts	Open Forum	Open Forum
					05-Jun-24	04-Sep-24	25-Sep-24	04-Dec-24	05-Mar-25
1	Welcome and Apologies	Lead Governor	Opening Business	Standing Item					
2	Notes from previous meeting	Lead Governor	To Note	Standing Item					
3	Action Tracker	Lead Governor	To Note	Standing Item					
4	Trust Chair Drop-in	Chair	For Information	As Required					
5	Chief Executive Drop-in	Chief Executive	For Information	As Required					
6	Open Discussions around Progress with Trust Priorities	Director of Corporate Services	Assurance	As Required					
7	Open Discussions around Board Committee Activities	NED Chairs of Committees	Assurance	As required (rotational)					
8	Non-Executive Director Drop-in (Rotational)	NEDs	Assurance	As required (rotational)					
9	Local Authority Drop-in	Appointed Governors	For Information	Annually					
10	Integrated Care Board Drop-in	ICB	For Information	As Required					
11	Healthwatch Drop-in	Healthwatch	For Information	Annually					
12	Health & Safety Drop-in	CMD/CMO	Assurance	Annually					
13	Quality Improvement Drop-in	Quality Improvement Lead	Assurance	Annually					
14	Deep-dive into Governor's Questions	Trust Board	Assurance	Standing Item					
15	New Hospital Project	Deputy Chief Exec	Assurance	Annually					
16	Governor Development/Seminar	Director of Corporate Services	Governors' Development	As required					
17									

18									
19									

NON-EXECUTIVE DIRECTOR APPOINTMENT COMMITTEE

Forward Plan 2024-25

	Agenda Item	Lead	Purpose	Frequency Paper(P)/Verbal (V)	2024			2025
					10-Apr-24	28-Jun-24	01-Dec-24	01-Mar-25
1	Welcome, Apologies & Declaration of Interest	Lead Governor	Opening Business	Standing Item				
2	Minutes of Previous Meeting	Lead Governor	To Note	Standing Item				
3	Action Log	Lead Governor	To Note	Standing Item				
4	Review of Committee Terms of Reference	Trust Secretary	Approval	Annually				
5	Trust Chair Performance Appraisal	Senior Independent NED	Assurance	Annually				
6	NEDs Performance Appraisal	Trust Chair	Assurance	Annually				
7	Appointment of External Auditors	Lead Governor	Approval	As required				
8	Appointment of Trust Chair	Lead Governor	Approval	As required				
9	Remuneration of Trust Chair & NEDs	Senior Independent NED	Approval	As required				
10	Appointment of Non-Executive Director	Trust Chair/Lead Governor	Approval	As required				
11	Recommendation to Council of Governors in Public	Lead Governor	Assurance	Standing Item				
12	Change in Committee Membership	Trust Secretary	Governance Requirement	Every 2 years				
13	Evaluation of Committee Effectiveness	Trust Secretary	Assurance	Annually				
18	Succession Planning (Associate NEDs, NEDs)	Trust Chair	Governance Requirement	Annually				
19	Removal of Trust Chair	Senior Independent NED/ Lead Governor	Governance Requirement	As required				
20	Removal of NED	Senior Independent NED/ Lead Governor	Governance Requirement	As required				

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