

COUNCIL OF GOVERNORS

**Hybrid Council of Governors' meeting in public to be held at 16.00 hours
on 24 January 2024 in the Conference Room, Academic Centre,
Milton Keynes University Hospital Campus
and via Microsoft Teams**

No.	Time	Item	Purpose	Type	Lead
1	16:00	Chair’s Welcome and Announcements	Note	Verbal	Chair
2		Apologies To receive apologies for absence	Receive	Verbal	Chair
3		Declarations of Interest Governors are requested to declare any interests they have in items on the agenda.	Note	Verbal	Chair
4		Minutes of the Council of Governors’ meeting held on 25 October 2023	Receive and Approve	Page 3	Chair
5		Action Log	Note/ Approve	Page 8	Chair
ASSURANCE and INFORMATION ITEMS					
6	16:05	Chair’s Update <ul style="list-style-type: none">Extension To A Non-Executive Director Tenure For A Final 3 Year Re Heidi TravisReappointment of Chair (Alison Davis) for a Second Term of Office	Receive and Discuss	Page 9 Page 16 Page 19	Chair Chief Corporate Services Officer
7	16:10	Chief Executive’s Update	Receive and Discuss	Verbal	Chief Executive
8	16:15	Capital Programme Update (October 2023 to date)	Receive and Discuss	Page 25	Chief Executive
9	16:20	Inclusion and Leadership Council Update	Receive and Discuss	To Follow	Chair

10	16:35	HR Updates – Time to Hire, Disciplinary, Grievance, Staff Bullying & Harassment	Receive and Discuss	Page 28	Deputy Chief People Officer /Head of HR Business Partnering
11	16:45	Alcoholics Anonymous	Receive and Discuss	Page 30	Alcoholics Anonymous
12	17:15	Dementia Care	Receive and Discuss	Page 42	Lead Dementia Nurse/ Learning & Development
13	17:45	Eating and Drinking at Risk Programme	Receive and Discuss	Page 52	Chief Nursing Officer
GOVERNORS’ and MEMBERSHIP UPDATE					
14	17:45	Healthwatch Milton Keynes – Council of Governors’ Report	Receive and Discuss	Page 58	CEO, Healthwatch Milton Keynes
15	17:50	Lead Governor’s Report	Receive and Discuss	Verbal	Lead Governor
16	17:55	Membership and Engagement Manager’s Report	Receive and Discuss	Page 61	Chief of Corporate Services
GOVERNANCE					
17	18:00	Motions and Questions from Council of Governors	Receive and Discuss	Verbal	Chair
18		Any Other Business	Discuss / Note / Approve	Verbal	Chair
19		Council of Governors Forward Agenda Planner	Receive and Approve	Page 65	Chair
20		<ul style="list-style-type: none">Date and Time of Next Meeting in Public: 17 April 2024, 16:00	Note	Verbal	Chair
18:00		Close			

If you would like to attend this meeting or require further information, please contact:

Assistant Trust Secretary Tel: 01908 996234. Email: timi.achom@mkuh.nhs.uk

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

**Minutes of the Council of Governors' meeting held in public at 16.00 hours on
Wednesday 25 October 2023, in the Conference Room at the Academic Centre
and via MS Teams**

Present

Alison Davis (Chair)	Trust Chair	(AD)
Andrea Vincent	Public Governor	(AV)
Lesley Bell	Public Governor	(LB)
Kat Jaitly	Public Governor	(KJ)
Babs Lisgarten	Public Governor	(BL)
Christine Thompson	Public Governor	(CT)
Clare Hill	Public Governor	(CH)
Nicholas Mann	Business Leaders Representative	(NM)
Shirley Moon	Public Governor	(SM)
William Butler	Public Governor	(WB)
Rachel Medill	Public Governor	(RM)
Yolanda Potter	Staff Governor	(YP)
Caroline Kintu	Staff Governor	(CK)
Maxine Taffetani	Staff Governor	(MT)
Doug McWhinnie	Public Governor	(DMW)

In Attendance

Heidi Travis	Non-Executive Director	
John Blakesley	Deputy Chief Executive	
Gary Marven	Non-Executive Director	(GM)
Lui Straccia	Membership and Engagement Manager	(LS)
Karan Hotchkin (For Terry Whittle)	Deputy Director of Finance - Financial Accounts	(KH)
Yvonne Christley	Chief Nurse & Director of Patient Care	(YC)
Angela Legate	Assistant Director of Infection Prevention and Control	(AL)
Jacqui Page (For Item 12)	Digital Solutions Programme Lead	(JP)
Kwame Mensa-Bonsu	Trust Secretary	(KMB)
Timi Achom	Assistant Trust Secretary	(TA)

1 Welcome and Announcements

- 1.1 The Chair extended a warm welcome to those attending the meeting, particularly the new Governors, RM and DMW.

2 Apologies

- 2.1 Apologies were received from Tom Daffurn (Public Governor) and Tracey Rea (Staff Governor). Apologies were also received from Ganesh Baliah (Non-Executive Director), Haider Husain (Non-Executive Director), Bev Messinger (Non-Executive Director), Mark Versallion (Non-Executive Director), Precious Zumbika-Lwanga (Associate Non-Executive Director), Joe Harrison (Chief Executive Officer), Ian Reckless (Chief Medical Officer), Kate Jarman (Chief Corporate Services Officer) and Terry Whittle (Chief Finance Officer).

3 Declarations of Interests

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

4 Minutes from the Council of Governors meeting held on 26 July 2023

- 4.1 The minutes from 26 July 2023 were approved as an accurate record of the meeting

5 Matters Arising/Action Log

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

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

A meeting had been arranged with Jacqui Page (Lead Dementia Nurse) for November 15, 2023. Feedback would be provided at the next Council of Governors meeting in January 2024. **Open**

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

6 Chair’s Update

- 6.1 AD highlighted the following items from her report:

- The NHS England (NHSE) Chairs and Chief Executives conference which was held in September 2023 focused on discussions around the Letby verdict, waiting list reduction progress and industrial action impact, the NHS Equality, Diversity and Inclusion (EDI) Plan launched in summer 2023 and the implementation of the High Impact Priorities.
- A new Chief Financial Officer, Jonathan Dunk had been appointed following a successful interview process in September. Jonathan was expected to begin his role in February 2024.
- Nottingham University had nominated one of their members, Professor Doug McWhinnie to become a Governor. Professor Doug McWhinnie was welcomed to the meeting.
- Successful and well attended events during October to celebrate Black History Month and Freedom to Speak Up (FTSU) Month included; encouraging members of staff to make FTSU pledges; FTSU Guardians raising awareness around the organisation; celebrating Diversity Event in the Tent and online presentations and discussions with Inspiring Women.

- 6.1.1 Reappointment of Haider Husain to a second term as a Non-Executive Director

Haider Husain was reappointed for a second term of office as a Non-Executive Director with 16 out of 20 members indicating their approval.

- 6.1.2 Reappointment of Maxine Taffetani as Healthwatch MK’s Representative Governor

The Council noted the reappointment of Maxine Taffetani as Healthwatch MK’s Representative Governor.

- 6.2 The Council **noted** the Chair’s update.

7 Chief Executive’s Update

- 7.1 On behalf of JH, JB updated the Council on the following matters.

- 7.2 An initiative around the reduction of Outpatients waiting time had begun. This was expected to free up sufficient slots to deal with the 65 weeks long waiters to bring up equity to the situation. JB explained that appointments would be sent to patients based on clinical priorities.
- 7.3 In response to YP's query around the prioritisation of Pathology reporting wait list, JB stated that there was a two-week reporting requirement for urgent referrals and that there had been no reports of significant reporting issues in Pathology.
- 7.4 The Council **noted** the CEO's update.

8 Capital Programme Update

- 8.1 JB presented the Capital Programme Update Report. He stated that there was ongoing discussion around the reducing costs to align with the projected Stage 3 budget for the Lloyds Court Community CDC project. Recommendations would be made to the Executives once confirmed.
- 8.2 Regarding the New Hospital Programme, a second data gathering questionnaire had been completed and submitted to the nation team and the Trust was in a position to move to the next state of delivery as the programme developed its integrated timeline.
- 8.2 The Council **noted** the update.

9 Board Committee Update – Annual Assurance Report – Workforce and Development Assurance Committee

- 9.1.1 In terms of the Charitable Committee Report, WB queried the timeframe for the Wellbeing Care Hub at the hospital's brand-new Radiotherapy Centre, JB stated that there was ongoing discussion around building specification between the Cancer team and the Charitable Funds team and a delivery timetable would be advised in due course.
- 9.1.2 In response to the KT's query about the impact on the Radiotherapy Centre if the Radiotherapy Appeal did not achieve its target, JB advised that depending on the fundraising shortfall, the building would be redesigned based on costs and funds raised.
- 9.2 The Council **noted** the Board Committee update

10 Inclusion and Leadership Council (ILC) Update

- 10.1 AD stated that a new agenda was agreed in January 2023 to strengthen links between ILC and the Trust Board. The new agenda also aimed to promote engagement from networks in respect of estates matters, HR policies and key issues.
- 10.2 The staff networks had requested feedback on the 2022 staff survey results to aid stronger partnership working with staff groups. To support this the Equality, Diversity and Inclusion (ED&I) Team developed action plans (WRES and WDES) in conjunction with the Ability and BAME Networks. AD also stated that The NHS Equality, Diversity and Inclusion Plan launched in Summer 2023 and the plan for implementation would be presented to the Board in January 2024.
- 10.3 The Council **noted** the Inclusion and Leadership Council (ILC) Update

11 Allyship

- 11.1 Deferred

12 Launch of MyCare Portal

- 12.1 JP shared a demonstration of the MyCare Patient Portal highlighting the functionality available on the Patient Portal. She stated that since the portal went live in February 2018, around 160,000 had registered for the My Care Patient Portal and in recent months over 2800 patients registered per month of those, 75% have chosen to be paperless.
- 12.2 In response to GM's query about whether the MyCare Patient Portal format was standard across the NHS and whether patient information was linked if a patient treatment spans across multiple hospitals, JP advised that the MyCare Patient Portal was unique to Milton Keynes however, there was ongoing work around linking the NHS app and Patient Portal apps.
- 12.3 The Council **noted** the Launch of MyCare Portal and thanked JP for the presentation

13 Healthwatch Milton Keynes – Council of Governors' Report

- 13.1 MT highlighted the following from the Healthwatch Milton Keynes – Council of Governors' Report:
- Outpatient follow-ups – Healthwatch Milton Keynes supported the Board approach around identifying transformation priorities for models such as group outpatient follow up appointments, one-stop shops, and pathway redesign focused on maximising clinical value and minimising unnecessary touchpoints for patients, utilising the wider workforce to maximise clinical capacity.
 - Following the Safe review of Choking and Aspiration incidents in 2022 and 2023 under the new Patient Safety Incident (PSIRF), Healthwatch Milton Keynes' Deputy CEO undertook visits to several wards to speak to patients about their admission and discharge experiences. During this visit the staff member observed several situations of concern of choking/aspiration. Information would be share with the Trust which would align with the implementation of the Eating and Drinking at Risk programme pilot, which would begin in September 2023 across all inpatient medical and surgical wards.
- 13.2 The Council **noted** the Healthwatch Milton Keynes (MK) – Council of Governors' Report

14 Lead Governor's Update

- 14.1 BL provided a verbal update around the Annual Members Meeting which took place in October 2023. She stated that it was an exciting time for Governors in terms of events and engagement that were occurring in the hospital and in the community and welcomed new Governor Professor Doug McWhinnie to the Council.
- 14.2 In response to RM's query around the Membership Strategy and Objectives, KMB advised the Council's Membership Strategy would be drafted to align with the Trust Engagement Strategy once the Trust Engagement Strategy was completed.
- 14.3 The Council **noted** the Lead Governor's Update

15 Membership and Engagement Manager's Report

LS presented the Membership and Engagement Manager's Report and updated the Council on the progress of Membership & Governor Engagement. LS stated that Engagement Board was supporting Patient & Family Experience activity, including supporting the team's priority for increased feedback from ethnic minorities across the city's communities including a possible focus group at the local Gurdwara, and supporting the Cancer Centre's feedback response rates which had been confirmed for 15 November 2023.

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

16 Terms of Reference

- 16.1 RM highlighted an error on the Terms of Reference noting that the Chair of the Trust should not be listed as a voting member of the Council.
- 16.2 The Council **reviewed** and **approved** the Terms of Reference subject to the above amendment.

17 Motions and Questions from Council of Governors

- 17.1 There were no motions or questions.

18 Any Other Business

- 18.1 None

19 Council of Governors Forward Agenda Planner

- 19.1 The Council **noted** the forward agenda planner.

20 Date and Time of Next Meeting in Public

- 20.1 Wednesday 24 January 2024 at 16:00.

Council of Governors Action Log

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

Meeting Title	Council of Governors	Date: January 2024
Report Title	Chair's Report – Governance and Development	Agenda Item Number: 6
Lead Director	<i>Chair, Alison Davis</i>	
Report Author	<i>Kate Jarman, Chief Corporate Services Officer</i>	

Introduction	<i>This paper sets out governance frameworks around access and meetings, and proposes development for Governors in fulfilling their statutory duties</i>		
Key Messages to Note			
Recommendation (Tick the relevant box(es))	For Information <input type="checkbox"/>	For Approval <input checked="" type="checkbox"/>	For Review <input type="checkbox"/>

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

Chairs Report

Council of Governors - Governance and Development

Context

The Council of Governors has recovered normal working practices with in-person or hybrid meetings, and Governors wish to play a full part of hospital and community life within the requirements of their role. As such, it is timely that appropriate governance - including how meetings are run and facilitated, required administrative support and access to hospital buildings - are re-stated so that there is both a shared understanding of the Trust's requirements and the opportunity to raise any questions or concerns in a formal meeting.

Access to Trust Premises

Access to hospital buildings is necessarily controlled for the safety of everyone using Trust premises, and particularly to safeguard the vulnerable patients in our care. Access is governed both by legal frameworks, including Care Quality Commission statutory requirements and regulations, and by the Trust's security policies.

Public (and Stakeholder/ Nominated) Governors all have access to the main hospital building and to Oak House (in order that they can easily access the Trust Secretariat, Chairperson, Chief Executive and other Non-Executive and Executive Directors). Access to hospital buildings is logged and can be audited.

Governors are granted access to Trust premises and hospital buildings in accordance with their role. This access is provided via a 'swipe' card, which Governors sign for upon their induction (the 'ID Badge Request Form'). Public (and Stakeholder/ Nominated) Governors should all have the same access rights. It was recently identified that some Public/ Stakeholder/ Nominated Governors may have had differential access rights and consequently cards have been reset to ensure all Public/ Stakeholder/ Nominated Governors have the same access to hospital buildings.

Staff Governors have access to hospital buildings in accordance with their substantively employed role. When carrying out their role as Governor, Staff Governors should not access nor enable access to hospital buildings out with the access afforded to all Governors. That is to say, Staff Governors must not allow access to buildings to other Governors where those Governors could not ordinarily gain access independently. This is required to ensure the safety and security of the site; the safeguarding of patients; and parity amongst Governors.

Should Governors require access to parts of the Trust where they cannot gain access via a swipe card, they should inform the Trust Secretariat who will facilitate access safely and appropriately.

Meetings

As a general principle, where Governors meet to discuss Trust business, whether formally or informally, meetings should be facilitated by the Trust Secretariat and a record taken to ensure that actions or issues are captured and can be taken forward. This is to ensure good governance and the smooth running of the Council and its subgroups, and to ensure that Governors are supported to fulfil their statutory duties.

If Governors and NEDs meet socially - which they are free to do - it should not be to discuss Trust business. For the avoidance of doubt, this includes the role of Governor and the administration of the Council of Governors and its subgroups.

This reasons for this are self-evident - discussing Trust business in a public, social setting is inadvisable, particularly if sensitive or personal information is disclosed (this may constitute a breach under the Trust's information governance and security policies). It also means issues and actions are not captured in a structured way, risking lack of action; and it risks potentially important issues not being known about by those who were unable or uninvited to attend.

Earlier this month Governors met socially with NEDs at an informal dinner which subsequently resulted in formal feedback through the NEDs to the Board. This feedback was not documented - presumably because it was received at a social gathering - but nevertheless Governors have raised issues around their roles and function which require action and resolution.

Governors are respectfully requested to ensure that any social events arranged are just that, and that Trust business is not discussed.

Where Governors or Governors and NEDs (or Executive Directors) meet informally as a group to discuss Trust business, the Trust Secretariat must be in attendance to document the meeting, taking a relevant record, including actions. All formal meetings will be formally minuted and recorded.

If Governors have any questions or concerns about this approach, they are asked to raise them with the Chair or Chief Corporate Services Officer.

Administration, Support and Development

Governors have expressed the desire for more development and support around their roles. With this in mind I am proposing the following:

1. The further informal meeting of Governors and NEDs planned for February 6th is administrated by the Trust Secretariat and includes the Chief Corporate Services Officer as the Executive Lead for governance
2. The GovernWell programme is re-commissioned for Trust Governors, providing independent, external training for Governors on their roles and responsibilities
3. The Chair will work with the Governors, NEDs, Chief Corporate Services Officer and Trust Secretariat to formalise a wider programme of Governor meetings, development and engagement for 2024/5

Governors are asked for their support for the requirements and actions set out in this paper.

First Week

1. **Identify vacancy** – A vacancy will occur either through retirement, resignation, the strategic need for a particular skill/knowledge/talent or an increase in the number of Non-Executive Director posts. The Chair (the Chair) of the Trust Board will instruct the Trust Secretary for the recruitment process to commence.
2. **Confirm JD/PS and create pack** – The Chair will confirm, with the Executive Assistant, the job description(s) and/person specification(s) for the post(s) being recruited to. The recruitment pack will subsequently be created.
3. **Agree interview format for the day and timescales** – The Chief People Officer and the Chair of the Trust will agree the timescales for the recruitment process (es) and the interview format (s)/process (es).
4. **Confirm pack** – The Chair and Executive Assistant will review and confirm the created recruitment pack(s). Confirm pack if a specific skill set is required.

Second to Fourth Weeks

5. **Advertise post** – The Trust Secretary will liaise with HR and the Communications Team to post the agreed recruitment pack(s) to NHS Jobs and the Trust website, respectively. The Trust Secretary will work with NHS England to post the recruitment pack(s) to the NHS NEDS website.
6. **Candidates apply to Trust Secretary and arrange calls with the Chair** – Applicants will apply to the Trust Secretary for the post(s) – the Trust Secretary will engage with the applicants and arrange calls with the Chair on request.

Fifth Week

7. **Closing date arrives, longlisting packs prepared** – After the closing date, the Trust Secretary will liaise with the Executive Assistant to prepare longlisting packs. Pack circulated at least five working days before longlisting takes place to ensure thorough scrutiny of applications.
8. **Longlisting takes place and outcome shared** – Chief People Officer and Chair, supported by the Trust Secretary and the Executive Assistant, conduct the longlisting exercise.

Sixth Week

9. **Shortlisting pack prepared** – The Trust Secretary will liaise with the Executive Assistant to prepare the shortlisting pack. The shortlisting pack will be circulated to the Chair, Chief People Officer and Governors (a week before the agreed shortlisting date).

Seventh to Eighth Week

10. **Shortlisting takes place and outcome shared** – The Chair, Chief People Officer and the Governors on the Non-Executive Directors Appointments Committee will meet as a panel to conduct a shortlisting exercise. After the exercise, candidates who are on the interview list will be informed by the Trust Secretary.
11. **Psychometric Testing** – If required the Test(s) will be arranged by the Executive Assistant.
12. **Psychometric feedback to shortlisting panel** – Executive Assistant will provide the feedback on the Psychometric Test(s) to the shortlisting panel.

Nineth Week

13. **Interview preparation agreed** – The Chief People Officer and Executive Assistant will agree the interview process, venue, etc. The Trust Secretary will inform the candidates as whether they have been successful to interview. The Trust Secretary will invite candidates on the interview list to the interview with all relevant details, including date and venue. Details of the candidates to be interviewed circulated the members of the various interview panels – including Governors, Executives and HR team, etc. Candidates may contact members of the stakeholder groups prior to interview.

Tenth Week

14. **Interview takes place and outcome shared** – After the interview(s), the chair of each stakeholder group feedback to the panel and leave the room. The candidate(s) will be informed of the outcomes subject to Governor approval.
15. Trust Secretary passes successful candidates' applications and Equality Diversity & Inclusion forms to Recruitment to process.
16. Governors' approval obtained and biography of successful candidate(s) shared.

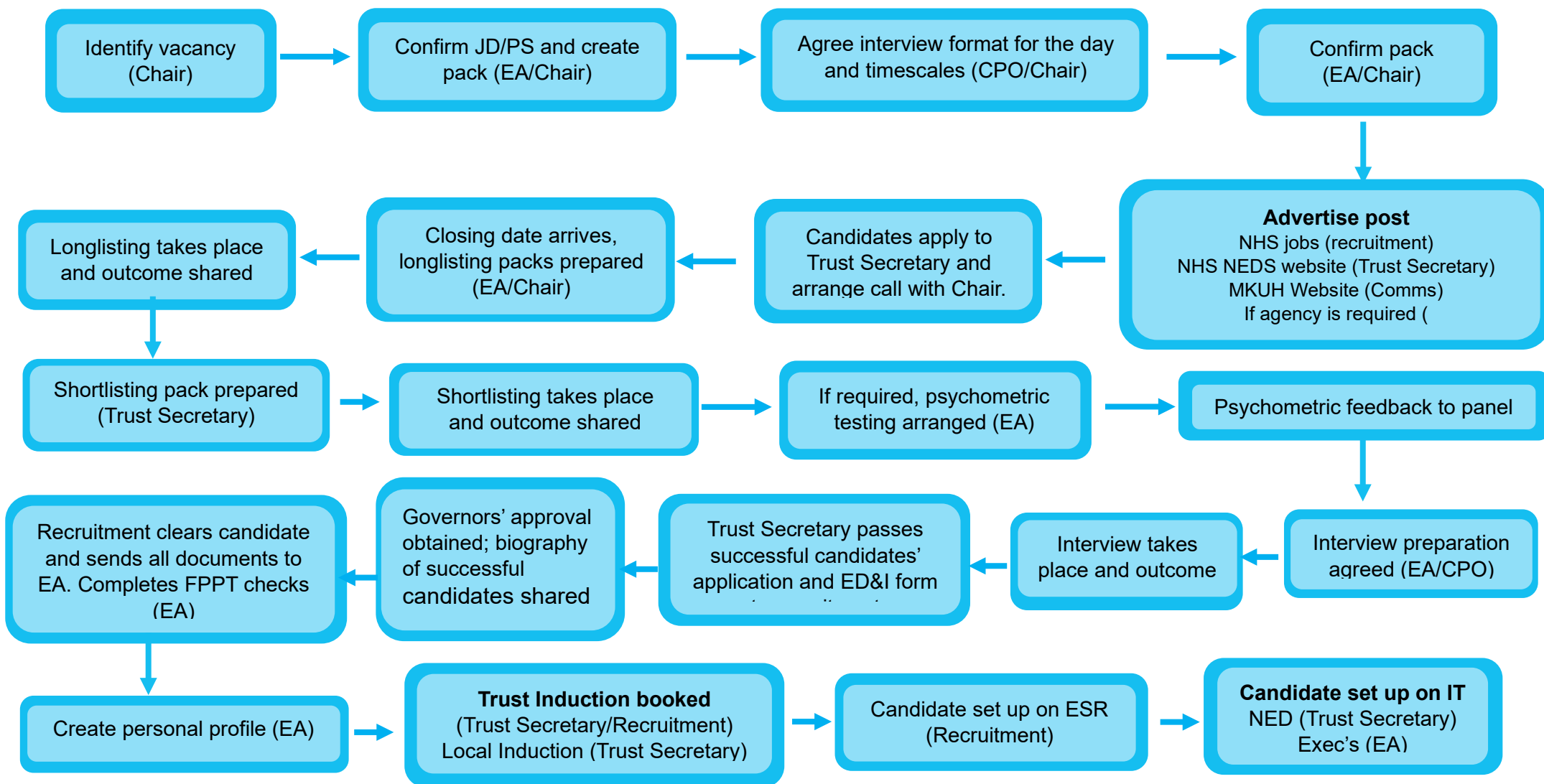
Eleventh to Thirteenth Week

17. Recruitment clears successful candidates and sends all documents to Executive Assistant. Executive Assistant completes FPPT checks.

Fourteenth Week

18. Executive Assistant to create the personnel files of newly appointed non-executive director(s).

19. **Induction(s) booked** – Trust Secretary books the newly appointed non-executive director(s) onto Trust Induction. Trust Secretariat organises induction meetings between the newly appointed non-executive director(s) and the Chair and Executive Directors.
20. **New non-executive director(s) set up on ESR** – Trust Secretary will set up the new non-executive director(s) on ESR.
21. **New non-executive director(s)/executive director(s) set up on IT** – The Trust Secretary will apply to the IT Department for new non-executive director(s) to be set up with IT accounts. The new non-executive director(s) will liaise with the IT Department to complete the IT accounts setting up process. The Executive Assistant will apply to the IT Department for new executive director(s) to be set up with IT accounts. The new executive director(s) will liaise with the IT Department to complete the IT accounts setting up process.



Meeting Title	Trust Board	Date: January 2023
Report Title	Non-Executive Director extension to tenure for a final three years	Agenda Item Number: 5
Lead Director	Alison Davis, Chair	
Report Author	Kwame Mensa-Bonsu, Trust Secretary	

Introduction	N/A		
Key Messages to Note	To seek the approval for a recommendation from the Council of Governors' (CoG) Non-Executive Director (NED) Appointments Committee, after its meeting on 08 December 2023, to re-appoint Heidi Travis as a Non-Executive Director at the end of her current term of office for a further and final three-year term of office.		
Recommendation (Tick the relevant box(es))	For Information <input type="checkbox"/>	For Approval <input checked="" type="checkbox"/>	For Review <input type="checkbox"/>

Strategic Objectives Links (Please delete the objectives that are not relevant to the report)	<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	Non-Executive Director (NED) Appointments Committee, December 2023
Next Steps	N/A
Appendices/Attachments	1. Report

1. Introduction and Background

The Council of Governors' Non-Executive Director (NED) Appointments Committee is constituted as a standing committee of the Council of Governors. It is the responsibility of the Committee to advise the Council of Governors in respect of the re-appointment of any NED in relation to any term including beyond six years.

By convention and practice, the Trust's NEDs have served only two terms in office amounting to a maximum of six years. Heidi Travis was appointed on 01 March 2018, and in line with that convention and practice, was scheduled to retire from the Trust Board of Directors on 29 February 2024.

However, NHS Foundation Trusts are permitted under the 2023 Code of Governance for NHS Provider Trusts to extend terms beyond six years, with a clear rationale as to why that action is being taken.

2. Rationale

Heidi Travis, as the experienced Deputy Chair/Senior Independent Director, is the longest serving NED and the rationale for seeking approval for re-appointment to a final three-year term of office are as follows:

- a. Heidi has throughout her tenure effectively contributed with sound advice to many aspects of the Trust Board's activities and discussions. As such, as there has been a significant but unavoidable NED turnover since 2022/23, it is important that steps are taken to ensure Heidi is retained on the Trust Board while the new NED cohort settle in their roles.
- b. Re-appointing Heidi will provide the Board Chair with the space to develop and prepare the newer NEDs to succeed to the very important role of Deputy Chair/Senior Independent Director.
- c. As the long-serving Chair of the Trust Board's Finance and Investment Committee, it is important that Heidi is retained while the newly appointed Chief Financial Officer takes up their role in February 2024.
- d. The experienced support of Heidi will be crucial in 2024 when two new NEDs, as well as a new Trust Secretary, will be appointed. The retirement of Heidi will require the appointment of a third new NED during a period when her retained experience will rather be important while significant external reviews have been commissioned.
- e. In November 2023, the Chief Executive began the process of commissioning external reviews in several areas with the aim of strengthening the cultural outlook of both the Board and Trust as a whole. These important reviews will review matters regarding racism and racial equality, the Trust's HR frameworks and the Trust Board's governance. Heidi's extensive knowledge and experience will be

crucial in helping ensure any recommendations from the external reviews are fully and successfully implemented.

3. Procedural Guidance on Reviewing and Approving the Re-Appointment Request

Paragraph 4.3, Chapter 4, Section C of the 2023 Code of Governance for NHS Provider Trusts states that:

“.....NEDs should not remain in post beyond nine years from the date of their first appointment to the board of directors and any decision to extend a term beyond six years should be subject to rigorous review. To facilitate effective succession planning and the development of a diverse board, this period of nine years can be extended for a limited time..... The need for all extensions should be clearly explained and should have been agreed with NHS England”.

The following should please be noted:

- a. That the retention of Heidi will most certainly facilitate effective succession planning and progress with the development of a diverse Trust Board.
- b. Subject to approval by the Council of Governors, Heidi will be re-appointed to a single three-year term only. There will be no further extension and the terms and conditions of the re-appointment will be clearly set out in the Letter of Re-appointment.
- c. Approval by the Council of Governors will be subject to NHS England also approving the re-appointment.
- d. If approved, the rationale for the re-appointment will be reported in the Trust's 2023/24 Annual Report and Accounts.

4. Recommendation

The Council of Governors is asked to approve the recommendation from the NED Appointments Committee to re-appoint Heidi Travis, Non- Executive Director, for a single and final three-year term of office from 01 March 2024.

Meeting Title	Council of Governors	Date: January 2024
Report Title	Appointment of the Chairperson for a Second Term of Office	Agenda Item Number: 6
Lead Director	<i>Kate Jarman, Chief Corporate Services Officer</i>	
Report Author	<i>Kate Jarman, Chief Corporate Services Officer</i>	

Introduction	<i>The Non-Executive Director Appointments Committee of the Council of Governors is requested to convene a meeting within seven days (by 30th January 2024) and make a recommendation on the reappointment of the Chair to the Council of Governors. This recommendation may be done via a virtual extraordinary meeting or through confirmation via email from each governor.</i>		
Key Messages to Note			
Recommendation (Tick the relevant box(es))	For Information <input type="checkbox"/>	For Approval <input checked="" type="checkbox"/>	For Review <input type="checkbox"/>

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

Appointment of the Chairperson for a Second Term of Office

The Chairperson, Alison Davis (hereafter referred to as the Chair) has served on term of three years duration, ending on 31st January 2024 (commencement date 1st February 2021).

The NHS Code of Governance and the statutory duties for NHS governors set out the legal framework for the appointment and reappointment of the chair and Non Executive Directors.

The relevant excerpt on reappointment taken from the Code of Governance is as follows:

4.3 Chairs or NEDs should not remain in post beyond nine years from the date of their first appointment to the board of directors and any decision to extend a term beyond six years should be subject to rigorous review. To facilitate effective succession planning and the development of a diverse board, this period of nine years can be extended for a limited time, particularly where on appointment a chair was an existing non-executive director. The need for all extensions should be clearly explained and should have been agreed with NHS England. A NED becoming chair after a three-year term as a non-executive director would not trigger a review after three years in post as chair.

[NHS England » Code of governance for NHS provider trusts](#)

The statutory framework for the appointment of the Chair is set out in the statutory duties reference guide (a copy of which is supplied to all governors on commencement of role) linked here (Chapter 5):

[Governors guide August 2013 UPDATED NOV 13.pdf \(publishing.service.gov.uk\)](#)

The Non-Executive Director Appointments Committee of the Council of Governors is charged with making recommendations to the Council of Governors on the appointment and reappointment of the Chair and Non Executive Directors. Its terms of reference are appended at Appendix 1.

The Committee has not yet met in relation to the reappointment of the Chair.

Recommendation

The Non-Executive Director Appointments Committee of the Council of Governors is requested to convene a meeting within seven days (by 30th January 2024) and make a recommendation on the reappointment of the Chair to the Council of Governors. This recommendation may be done via a virtual extraordinary meeting or through confirmation via email from each governor.

The Chair cannot form part of the Committee meeting and is recused from meetings in whole or part, where reappointment of the office of Chair is discussed.

The Chief Corporate Services Officer will act as secretary to the meeting (in the absence of the Trust Secretary).

NON-EXECUTIVE DIRECTOR APPOINTMENTS COMMITTEE TERMS OF REFERENCE

1. CONSTITUTION:

The Council of Governors hereby resolves to establish a committee of the Council to be known as the Non-Executive Director (NED) Appointments Committee. The NED Appointments Committee is a committee of the Council of Governors and has no executive powers other than those specifically delegated in these terms of reference.

The NED Appointments Committee is constituted under paragraph 26.1 of the Constitution and under paragraph 2.5 of Standing Orders in Annex 7 of the Constitution.

Authority

The NED Appointments Committee is authorised by the Council of Governors to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee in connection with such investigation and all employees are directed to co-operate with any request made by the Committee.

In order to fulfil its remit, the NED Appointments Committee may obtain whatever professional advice it reasonably requires and to request any employee of the Trust to attend meetings, in line with Standard Financial Instructions and the HR policies of the Trust

The Committee shall have the power to alter its own terms of reference provided that all NED Appointments Committee members agree. Changes must be confirmed by the Council of Governors.

2. ACCOUNTABILITY

The NED Appointments Committee is a Sub-Committee of the Council of Governors and accountable to them.

A minute of each meeting will be taken and approved by the subsequent meeting. Once the draft minutes have been approved by the Chair of the Committee, these recommended minutes will be submitted to the next meeting of the Council of Governors for full approval.

The Chair of the Committee shall make a verbal report to the Council of Governors immediately following each NED Appointments Committee meeting, drawing the Council of Governors' attention to any issues.

3 PURPOSE

The NED Appointments Committee is a sub-committee of the Council of Governors. Its role is to consider and, where appropriate, make recommendations to the Council of Governors on the following areas:

- Appointment, appraisal, removal, remuneration and Terms of Service of the Chair of the Trust Board of Directors and NEDs.
- Appointment of External auditors

4 MEMBERSHIP, ATTENDANCE AND QUORUM

Membership of the NED Appointments Committee shall be as follows:

- the Chair of Milton Keynes Hospital Foundation Trust Board of Directors
- 3 publicly elected Governors from the Council of Governors

- 1 appointed Governor from the Council of Governors

Where a member of the Committee is absent a substitute may be co-opted:

- In the absence of the publicly elected Governor another public Governor
- In the absence of the appointed Governor another appointed or publicly elected Governor can deputise
- In the absence of the Chair of the Trust, the Deputy Chair or another Non-Executive Director

The Chair of the NED Appointments Committee will be a Governor; the Lead Governor will assume the role unless the Council Of Governors decide otherwise. Membership of the NED Appointments Committee will be published in the Trust's Annual Report.

For the purposes of any discussion of the Chair's remuneration the Senior Independent Director will be invited to the meeting.

The Trust Secretary will act as Secretary to the Committee.

Quorum

The Quorum shall be three, including at least one publicly elected Governor and at least one Non-Executive Director of the Trust (who may be the Chair of the Foundation Trust)

Attendance

The following shall attend the committee:

- The Trust Secretary or nominated deputy will attend all meetings

5. MEETINGS AND CONDUCT OF BUSINESS

Frequency

The Committee will meet not less than twice per year

Calling of additional meetings

An additional meeting may be called by the Chair of the Committee, or by the Secretary of the Committee

Agenda

The following standing items will appear on each agenda:

- Apologies for absence
- Declarations of interest
- Minutes of the previous meeting and matters arising
- Key Performance Indicators (including executive staff turnover and number and duration of Non-Executive Director posts or vacancies)

The Committee will at least annually review these terms of reference

6. DUTIES OF THE NED APPOINTMENTS COMMITTEE

The Committee's role is:

- Remuneration
 The NED Appointments Committee will consider appropriate remuneration and terms of service for the Chairman and Non-Executive Directors, taking into account comparative rates in other NHS Foundation trusts and the need to attract good candidates. It will provide recommendations to the Council of Governors.

- The appointment of Chair and NEDs

To recommend processes and ensure the processes are followed for the appointment of Chair and NEDs. Appropriate Candidates will be identified by the Committee, taking into account the skills and experience required.

The NED Appointments Committee will make recommendations to the Council of Governors on appointments and consider succession of NEDs where appropriate, proactively identifying potential appointees and their development after appointment; subject to the approval of the Council of Governors.

- Removal of Chair and NEDs

The NED Appointments Committee will receive reports from the Chair on Non-Executive Director Performance and from the Senior Independent Director on Chair's performance.

Taking into account this information and any other relevant reports the Committee may, after taking advice, make recommendations to the Council of Governors on the removal of the Chair and Non-Executive Directors where this is deemed necessary. The Committee will provide reasons for the decision to be kept on record.

- Appointment of External Auditors

The NED Appointments Committee will oversee the arrangements for the appointment of external Auditors and make recommendations to the Council of Governors, following best practice elsewhere. The Director of Finance of the Trust will provide advice to the Committee where required.

Meeting Title	Council of Governors	Date: 24 January 2024
Report Title	Strategic & BAU Capital Project Dashboard	Agenda Item Number: 8
Lead Director	John Blakesley, Deputy Chief Executive	
Report Author	David Waller, Head of Capital Projects	

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>Refer to Project Status in 'Strategic & BAU Capital Project Dashboard' July 2023</p> <p>Programme Risks Key Issues and Project risks were reviewed. Significant risks are as follows:</p> <p>Lloyds Court CDC</p> <ul style="list-style-type: none"> Progressing, delays potential from landlord's contractor performing window snagging and comment by listed building officer regarding the proposed rooftop plant. <p>Phase 2 Decarbonisation (part grant funded)</p> <ul style="list-style-type: none"> Risks reduced following the agreed re-scope, work has started which will progress through 2024. <p>Milton Mouse/ PAU</p> <ul style="list-style-type: none"> None, on track for completion before end of March 2024 <p>NHP</p> <ul style="list-style-type: none"> Progressing, no immediate significant risk <p>Urology Investigation Unit</p> <ul style="list-style-type: none"> Work starts w/c 22/1 with tight program for completion by year end, slight risk of overlap into next FY. 		
Recommendation (Tick the relevant box(es))	For Information <input type="checkbox"/>	For Approval <input type="checkbox"/>	For Review <input checked="" type="checkbox"/>



























Strategic Objectives Links (Please delete the objectives that are not relevant to the report)	<p>1. Keeping you safe in our hospital</p> <p>2. Improving your experience of care</p> <p>9. Expanding and improving your environment</p> <p>10. Innovating and investing in the future of your hospital</p>
---------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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 Project Dashboard – January 2024

✓ Strategic Business Cases (Live)

Project Name	Short Status Description	Project Time... ⓘ	Project Le...	Delivery Vehicle	Status	RAG Rating
Radiotherapy	The external facades of the building are now complete and the focus has moved to the interior of the building and the landscaping. The project is on track to complete aligned to the programme. OUH have now commenced procurement of medical equipment. There are ongoing discussions about the procurement of FF&E.	Nov 15, '22 - Aug...	MC +2	ADMK	Approved	On Track
Community CDC - Lloyd Court	Internal partitions are being constructed aligned to programme. Comment has been made about the rooftop plant by the listed building officer, which the architects are responding to this week.	Apr 1, '23 - May 3...	MC +2	ADMK	Approved	On Track
New Hospital Programme	SOC Refresh Exec Summary has been presented and Redevelopment Board and Strategic Partnership Board. The papers have been shared at FIC and will be shared at Trust Board in January.	Jun 7, '23 - Nov 3...	RG	MKUH	1 Progres	Programme/Finance Ris
Ph2 Decarb (Salix)	Contract with ASHE to be signed first week in January, early orders have been placed under a letter of intent. Operational engagement continues and briefing paper has been provided to TEC. Site set up due in January, works to start on site first week in February.	Feb 1, '23 - Mar 31,	PE	ADMK	Approved	Programme/Finance Ris
Oak House Ward Capacity	RIBA Stage 2 Concept Design has now been complete, with a revised affordable cost plan. Stakeholder engagement has been carried out on the new design. Enabling works are due to start in January. Our Fire AE has reviewed and have no significant concerns.	Jun 1, '23 - Feb 28,	RG	ADMK	1 Progres	On Track
Chemotherapy Car Park Expansion	Works to develop the scheme proposals and costs is ongoing for Option 1 & 6. (Car Park B ditch, and Morgan Sindall Site Compound) Planning permission is due to be submitted by the end of the year. Costs and cash flow are being finalised.	May 18, '23 - Mar ...	MC RG	ADMK	1 Progres	Programme/Finance Ris
Imaging Centre	Stage 3 Market Review is now complete and the impact on the cost is being worked through the financial case. We have had a site visit from Openreach and are developing solutions for service diversions. Our Fire AE has reviewed and has made minor comments.	Sep 1, '23 - May 31,	RG MO	ADMK	1 Progres	On Track
HV Cable Upgrade	Business case has been submitted to the national team for the required power upgrade to site - this has had a positive recommendation from technical assurance and we are anticipating approval in the new year.	Sep 1, '23 - Feb 29,	PE	MKUH	1 Progres	On Track
MSCP 3	Contractor Proposals have been received from Galliford Try, which will be reflected in a business case. Our Fire AE visited site to review this project and have no significant concerns.	Jul 1, '23 - Mar 30...	MO	MKUH	1 Progres	On Track

▼ Estates Business Cases (Live)

<input type="checkbox"/>	Item		Project Name	Short Status Summary	Project Lead	Status	Project Timeline	Risk
<input type="checkbox"/>	➤ BC2022121 1	 28	Pathology Autoclave Replacement	Autoclave order placed. Enabling works commenced.		Work in Progress	Jun 27, '23 - Mar 29, '24	None
<input type="checkbox"/>	➤ BC2023008 2	 19	Mortuary Chiller replacement	Main works complete. Smaller works orders being placed.		Work in Progress	May 10, '23 - Dec 15, '23	None
<input type="checkbox"/>	➤ BC2023009 11	 22	Pathology Cooling replacement	Main works completed 22.09.23 - BMS connections to be compl...		Work in Progress	May 10, '23 - Dec 31, '23	None
<input type="checkbox"/>	➤ BC2023014 1	 13	Asbestos Removal & Encapsulation	Re-inspection work to commence		Orders Raised	May 26, '23 - Feb 29, '24	None
<input type="checkbox"/>	BC2023018	 24	Ward 16 Bathroom Refurbishment	Start date delayed, awaiting Clinical Agreement		Orders Raised	Aug 9, '23 - Jan 31, '24	Overrun YE
<input type="checkbox"/>	➤ BC2023019 1	 25	Refurbishment and Upgrade of L&C Passenger Lift	Tender awarded. Order raised. Work dependent on operational pl...		Orders Raised	May 26, '23 - Feb 29, '24	Overrun & Budget
<input type="checkbox"/>	➤ BC2023032 4	 22	LED Lighting	Works ongoing		Work in Progress	Oct 1, '23 - Jan 31, '24	None
<input type="checkbox"/>	➤ BC2023050 11	 25	Ward Bay refurbishments (Ward 7)	Lighting and prep complete, flooring being done		Work in Progress	Aug 9, '23 - Dec 31, '23	None
<input type="checkbox"/>	➤ BC2023066 1	 27	ED Main Reception Reconfiguration	Start date 12.02.24 - 7 week programme		Orders Raised	Oct 13, '23 - Mar 29, '24	None
<input type="checkbox"/>	➤ BC2023037 3	 28	Urology Investigation Unit	Work has commenced - on plan		Work in Progress	Oct 17, '23 - Mar 31, '24	Overrun YE
<input type="checkbox"/>	➤ BC2023090 12	 13	Milton Mouse Refurb to PAU	Commenced 20.11.23 - completion due 2nd week of March		Work in Progress	Nov 6, '23 - Mar 17, '24	None
<input type="checkbox"/>	➤ BC2023092 3	 16	MRI Relocation to Whitehouse - Design, Planning & Applic...	Costings and Feasibilities being obtained. Planning delays.		Work in Progress	Oct 17, '23 - Nov 30, '23	Overrun YE
<input type="checkbox"/>	BC2023016	 9	CBCT Machine (Cone Beam Computed Tomography Unit)	Start date 19.02.24		Orders Raised	Oct 11, '23 - Mar 29, '24	None

Meeting Title	Council of Governors	Date: January 2024
Report Title	Response to Questions regarding the Workforce Assurance Report dated October 2023	Agenda Item Number: 10
Non- Executive Director	Heidi Travis	
Report Author	Louise Clayton, Deputy Chief People Officer	

Key Messages to Note

When the phrase ' Time to Hire' is used, what phases does this include?

This is the time period from the date the job is advertised until the final offer letter and contract is sent to the candidate. Final offer is only sent once all employment checks are completed.

What was the number of disciplinary cases, in order to warrant mention of it in the report? Seems like it is a relatively high number. If so, what are typical issues generally that would warrant a disciplinary to be raised?

The Trust regularly reports numbers of disciplinary cases for transparency and assurance both monthly and quarterly, with an annual review provided to Workforce and Development Assurance Committee. The number of cases had reduced from 28 open cases down to 5 open cases over a period of approximately 18 months. The impact of Covid and the national guidelines for the management and processing of HR cases had an effect on these figures – previous to the pandemic disciplinary numbers were around 15 – 20 open cases each month. Disciplinary cases are related to conduct and can be opened for a variety of allegation reasons from low level conduct issues such as repeated poor time-keeping up to more serious issues that amount to gross misconduct such as theft or fraud.

What is the number of grievance cases to warrant mention of it in the report? Also, where can the new grievance policy be found?

There were 10 grievance cases opened in Q3 2021/22 which reduced to 4 in Q4 2021/22. Grievances can fluctuate depending on organisational activity, however there was a move to increased mediation support as part of the new policy which may have impacted numbers of successful informal resolution. The grievance policy can be found on the intranet in the Human Resources Policy section link: [Grievance Policy and Procedure.pdf](#)

Do we know any further details about bullying within MKUH? (e.g: if certain departments/job roles face more bullying, if harassment is related to patients or to colleagues, is there an age divide, etc.). Also, would be interesting to know whether the number of cases is similar in magnitude to 21 cases stated in the FTSU annual report - if there is a large difference, it would imply that the 53% who are willing to speak up are not.

The assurance report related to the Staff Survey 2021 data and there have been two staff surveys since this date. The Staff Survey 2022 data showed either improvements in this data or no significant change. There are staff survey questions related to bullying, discrimination and harassment from managers, colleagues and service users. The full survey has been shared with Workforce Development and Assurance Committee members. Analysis is done at Divisional, CSU and Departmental level, although not all departments have a detailed response rate due to low headcount or low response, and action plans are made to improve staff

experience following staff survey listening events. The FTSU team work closely with the HRBPs to support action that needs to be taken at a departmental level following concerns raised to them – many staff members speaking up do not want their department or name to be recorded and identified and so triangulation of data can often be very difficult. Regular meetings with HR and the FTSU Guardian have improved identification of themes and departments that may be of concern. Deep dives and retention pieces of work are then carried out in these areas.

Is there more information available about measures for exhaustion for NHS staff?

This was related mainly to the landscape during and directly after the high prevalence of covid. Support groups were in place for staff suffering from long-covid, which included a symptom of exhaustion. Additional psychological support was given to some clinical areas (ie ITU) during the pandemic. The wellbeing offer from the Trust has also been improved and a counsellor is available 2 days per week for staff, in addition to the 24/7 wellbeing offering from Viv-up, the Trust's Employee Assistance Programme. The Trust also has access to wellbeing resources through the East of England and has an intranet page with useful links for access to support outside of the Trust.



AA in Milton Keynes

Milton Keynes University Hospital
Council of Governors

24th January 2024



Agenda

Introductions

Jo – Eastern Region AA Trustee

Pab – Milton Keynes AA Intergroup Chair

Purpose of today's presentation...

- Introduce you to AA Milton Keynes
- Share a background on AA, what it is, and what it's not
- NICE Quality Statement 11
- Offer how we may be able to help your hospital
- Q&A session



**Alcoholics Anonymous
as a Resource for the
Medical Profession**

For further information call 01904 644 026

www.alcoholics-anonymous.org.uk

How does AA view Alcoholism?

We view alcoholism as a progressive illness – both physical and mental. Not a self-inflicted lifestyle choice

We believe that alcoholics of our type have lost the power to control their drinking

We believe that AA and the 12-step programme of recovery works to overcome the condition



What AA is...

- Alcoholics Anonymous is a fellowship of people who share their experience, strength and hope with each other that they may solve their common problem, and help others to recover from alcoholism
- The only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership; we are self-supporting through our own contributions



What are the 12 steps we follow?

- They are a programme of recovery for living alcohol free - **long term**
- Principles are based on actual recovery experiences of early members
- It is an on-going programme, which we choose to continue to follow throughout our lives

Our primary purpose is to stay sober and help other alcoholics to achieve sobriety.



The Twelve Traditions

Are suggested principles to ensure the survival and growth of groups and of AA as a whole

- Tradition 3 - The only requirement for membership is a desire to stop drinking. **AA is a free resource for users / referrals**
- Tradition 6 - AA does not endorse, finance or lend the AA name to any related facility or outside enterprise. Primary purpose – **to carry the message to the suffering alcoholic**
- Tradition 11 - We attract but do not promote. As alcoholics, **we remain personally anonymous** at the level of press, radio and films



What AA is not...

- Professional
- AA is not allied with any sect, denomination, politics, organisation or institution; does not wish to engage in any controversy; neither endorses nor opposes any causes



NICE Quality Standard 11 (Revised July 2023)

Commissioned by NHS England comprising 5 new quality statements. Statement 2 requires that:

‘Adults seeking help for an alcohol-use disorder are given information on, and support to access, community support networks and self-help groups’

2020 Cochrane Review demonstrates that:

- AA and the use of AA /Twelve Step Facilitation Programmes (AA/TSF) produced similar benefits to other treatments on all drinking-related outcomes, **except for continuous abstinence and remission where AA/TSF was superior**
- the use of AA/TSF also tended to reduce healthcare costs since AA support from members is free and is accessible 24/7



How AA MK can help your services 1

Visiting Patients in Hospital

Volunteers registered with hospital admin and DBS checked are invited onto the wards by staff and allowed to talk to patients only with their consent. These conversations are strictly confidential.

An AA Sponsored Meeting

Held solely for inpatients, these meetings are not open to AA members in general. AA members from outside service these meetings. It may be necessary for AA organisers to provide speakers, refreshments and AA literature. It is usual for these meetings to be 'open', to allow health professionals to attend.

Regular AA 'open or closed' Group Meetings

Run according to AA guidance and 12 Traditions, using the hospital/treatment centre as a venue. These meetings welcome patients being treated for alcoholism.



How AA MK can help your services 2

- Give talks to groups of health professionals
- Develop contact with medical training facilities with the objective of including Open Meeting Workshops (OMWs) in their curriculums
- Establish contact with local government health and wellbeing teams to offer support
- Opportunities to display AA literature (always with permission)
- Liaise with the local Alcohol Liaison Nurses or Liver Specialist Nurses to see what assistance AA might offer



Further information

www.alcoholics-anonymous.org.uk

National Helpline 0800 917 7650

Milton Keynes Helpline 01908 382 509

help@aamail.org

**General Service Office
PO Box 11
10, Toft Green
York
YO1 7NJ**





Thank you
Do you have any questions?



Dementia

Janet Page

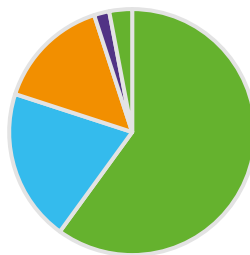




What is dementia?

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

Different forms of Dementia



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

Dementia is not a natural part of ageing.



Common Symptoms

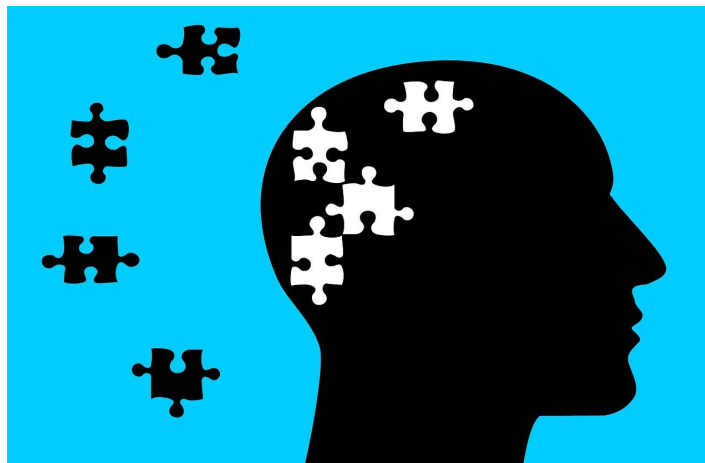
Memory
loss

Hallucinations/
Delusions

Orientation
/Confusion

Concentration,
planning and
organising

Visual perception/
Coordination



Communication
difficulties

Mood/Personality
changes



Dementia and Behaviour

Euphoria /elation

Apathy / Indifference

Disinhibition

**Irritability / mood swings
/ aggression**

Anxiety

Hallucinations

Repetitive behaviour

Delusions

Agitation

Wandering

Appetite / eating change

Personality changes

Depression

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

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

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



TheMKWay

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

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

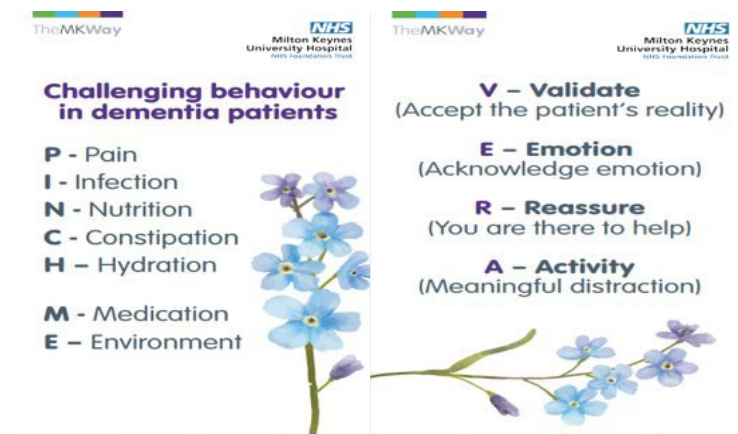
Average of 65
inpatients in per
day in Milton
Keynes Hospital

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



Dementia nurse

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






John's Campaign



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

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


Milton Keynes
University Hospital
NHS Foundation Trust

We welcome relatives and carers

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


Milton Keynes
University Hospital
NHS Foundation Trust

Stay with me
Carer/visitor pass

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

Please speak to the Nurse in Charge for more information.

Milton Keynes University Hospital
Standing Way, Cragston, Milton Keynes, MK6 5LDwww.mkuh.nhs.uk

Meaningful Activity Facilitator



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



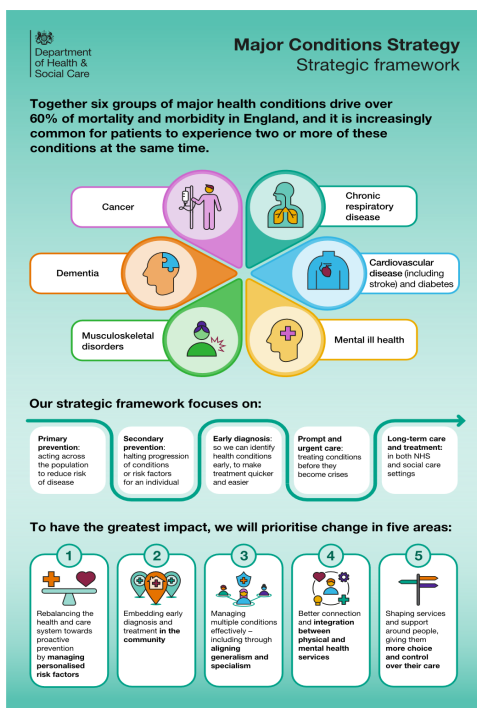


Ongoing projects

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



Strategies for Dementia



Dementia Training Standards Framework

Health Education England

Older People's Mental Health Competency Framework



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



Eating and Drinking with Acknowledged Risk (EDAR) Policy January 2024

Background

In late 2021 it was identified that Milton Keynes University Hospital (MKUH) did not have an EDAR Policy which are common place in other Trusts, to support patients who wish to continue to eat and drink at their own risk.

EDAR Policy are usually led by the Speech and Language Therapy as they are responsibly for treating patient with feeding and swallowing difficulties.

Further to this there have been a number of inquest related to swallowing concerns and from these it was identified that an EDAR Policy needed to be created.

Development of the EDAR Policy

- In April / May 2022 discussions started with Speech and Language Therapy (SLT) Team (provided by CNWL) to form a working group to look at this – with acute (from MKUH) and community (from CNWL) staff representatives.
- In July 2022 the working group it was agreed that the SLT would lead on drafting the guidelines etc which would be shared for comments with member of the working group and relevant key partners.
- The working group members included,
- The progress of the draft guideline was monitored through the Harm Prevention Group – chaired by a Senior Matron and the Nutrition Steering Group – chaired by the Dietetic Service Lead
- In August 2023 a draft EDAR Policy **was** circulated to working group members, and then to Nutrition Steering Group (Sept 2023).
- Small changes were made before progressing through Trust & CNWL documentation approval processes and was approved at Trust Executive Committee (TEC) in November 2023.
- The EDAR Policy has been uploaded on the MKUH documentation site since November 2023.
- Attachment for full policy



Microsoft Edge
PDF Document

Purpose of Policy

- The purpose of the policy is to detail the agreed process of supporting patients with dysphagia who are at risk of aspiration when swallowing but have chosen to continue to eat and drink orally accepting this risk.
- Examples of the type of patient this may be applicable to:
 - individual with capacity who fully understands the resulting risks of eating and drinking and wishes to continue to eat and drink despite risks.
 - Individual who has capacity and declines Clinically Assisted Nutrition and Hydration (CANH) e.g. enteral feeding or modified diet and fluids.
 - Individual who is nearing the end of their life where the focus moves away from medicalisations to maximising quality of life.
 - Individual who is meeting their nutritional needs via CANH and chooses to eat and drink with acknowledgement of risk, for pleasure.
 - MDT discussions with the individual and/ or their significant others to determine if the procedure risks of long term CANH (e.g. percutaneous gastronomy) outweighs the benefits
 - Individual who lacks capacity where CANH may not be suitable, as the enjoyment of eating and drinking and the enhanced quality of life this brings outweighs the risks associated with developing aspiration pneumonia.

Aim of the EDAR Policy

- As healthcare professionals we already have discussions with patients about these areas, however the policy and tools should help to guide the HCP through the decision-making process ensuring the process includes patient choice and MDT clinical input
- It is acknowledged that this area can be clinically very difficult to manage, and the document aims to alleviate some areas of ambiguity and provide a standard structure for patients who are EDAR.
- Policy should:
 - To support all healthcare professionals through the shared decision-making processes
 - To ensure consistency in care for patients who require decisions around EDAR. This pathway should be followed for all patients who require EDAR discussions and decision-making process.
 - To provide clear and accessible documentation of all EDAR decisions. This includes patient passport, patient information leaflet and SLT swallow precaution sign for ward use
 - To improve communication between patients, family and carers, medical professionals and other members of the MDT working with these discussions/ decisions.

Next Steps

- Beginning of 2024 - the aim is to test the process and documentation on wards across MKUH, as the patient numbers are fairly small this will be done across all wards and will be led by SLT team.
- Progress will be reported back to the Nutrition Steering Group with bi- monthly updates, and as a standing agenda item at the Harm Prevention Group

Healthwatch Milton Keynes

Report to the Milton Keynes University Hospital Council of Governors

January 2024

January Trust Board Papers Report

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.

Improving patient experience presentation by Julie Goodman

The Healthwatch Milton Keynes team would like to thank Julie Goodman and Lisa Barnes and their teams for the presentation on Improving Patient Experience. The details of the presentation to the Trust Board demonstrate a clear and concerted effort by the Trust to listening and acting on patient feedback. It is valuable to see how the new patient experience trolley is being used to improve the experience of patients during their stay in the hospital as well as adding value to the experience of volunteering.

The team were also impressed with the high level of candour demonstrated in the clothing project report. An open account of poor experiences from patients, and their families was highlighted to the Trust Board with a well thought out and implemented campaign and project to address the issues.

Serious Incident Report for December 2023 (page 35 of the Trust Board pack)

Moving to the Patient Safety Incident Response Framework (PSIRF) Sets out that a patient and family leaflet has been co-designed by the patient safety partners and a public comms plan is being developed with the comms team with regards to moving to the PSIRF. Healthwatch Milton Keynes' would welcome sight of the communications and will follow this up with the comms team, as information could support any member of the public contacting HWMK directly re: patient safety.

Nursing and Midwifery Biannual Safe Staffing and Inpatient Establishment Review (page 42 of the Trust Board pack)

Provided a detailed overview of Nursing, Midwifery, and Allied Health Professionals (AHP) staffing at Milton Keynes University Hospital (MKUH). This report provides details of vacancies, fill rates, Care Hours Per Patient Day, Midwife Birth Ratio, inpatient establishment reviews and a summary of improvement actions and activities. Areas noted by the HWMK team include:

- Notable and significant work to address gaps in the workforce.
- Further investment into the midwifery workforce so as to meet the Birth Rate Plus recommendations.
- The increase in safe staffing red flag reports is a positive trend in terms of reporting and it would be valuable to understand what the Trust's views are on the current levels of reporting, whether there will be a benchmark set and examples of themes identified/addressed.
- Significant workforce gaps against budgeted establishment in OT and Physiotherapy workforce and the value of the 'Keeping you Active' initiative in mitigation.

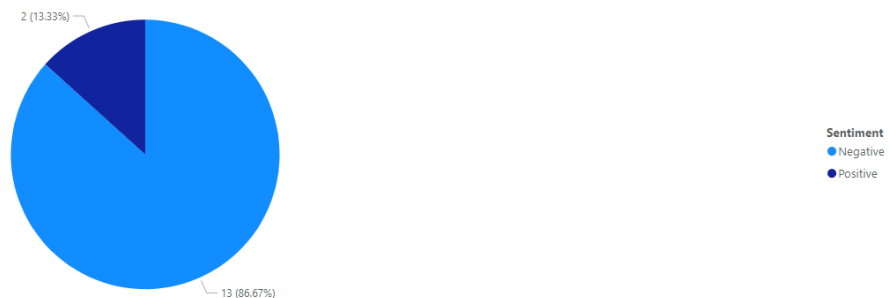
Trust reports covering trust performance and risk were reviewed. Concerns highlighted included persistently high numbers of super stranded patients, patients not meeting criteria to reside and DTOC patients. Contributors to the Trust Board papers review within HWMK agreed that opportunities to seek information from the trust regarding the significance of data within reports could be improved, and a better understanding of how patient experience shared with the trust links to performance and risk assessments/management.

Experiences shared with Healthwatch Milton Keynes

BY FEEDBACK/ENQUIRY SUMMARY



BY SENTIMENT



Healthwatch Milton Keynes received 15 experiences of care at MKUH between 1st October and 31st December 2023. 7 individuals reported that they had a physical or mobility, or sensory impairment.

Themes of feedback included:

- One patient's relative (attending A&E) felt that staff attitudes toward the patient changed negatively once they had been made aware that the patient had a pre-existing condition of long-Covid.
- Poor support to mutually agree at home support and safe discharge – differing opinions between staff and patient/patient's family.
- Waiting times for diagnostics and being made aware of results.
- Patient was unhappy after being informed that their child's length of stay was unnecessarily extended due to staff practices.
- Fear of being discharged without the right support in place following a third readmission.
- Misleading waiting times in 'My mobility' app and confusion about surgery dates
- Challenges alerting and being taken seriously by staff when spotting signs of deterioration/sepsis in a family member.

Membership & Engagement Manager's Report
Council of Governors
24 January 2024

Author: Lui Straccia

Key highlights / summary: Update on the progress of Membership & Governor Engagement

New Governors

Since the last Council of Governors meeting, the CoG has welcomed Revd. Fran Vernon as a new Public Governor. Currently all 26 of the 26 seats on the CoG are currently filled (this first time this has happened in at least 3 years), although in late February two of the Staff Governor seats will become vacant, and elections will be held for the those seats.

Membership – 2,105, up from 1,947

The rate of membership sign-up continues to increase due to promotion via several avenues. In the past year, membership rose by approximately 400, from 1,700 to 2,100 – an increase of 24%. It is expected that the numbers will continue to increase further through 2024.

Governor activity (please see attached table)

Governor engagement activity in the winter months is generally lower due to fewer events, particularly during the festive period, while clinical teams are also even busier than usual. Nevertheless, the activity has involved a wide variety of activity, from schools engagement, to dementia awareness stands, to Remembrance Service attendance, to volunteering on the League of Friends charity ward trolley, to a night shift in the Emergency Department, a blog on patient nutrition, attendance at the Trust's Informatics Expo, and participation in the PLACE Audit (Patient-Led Assessments of the Care Environment).

In future months, Governors have indicated plans to attend the Friends of the Caribbean Health Forum (TBC for April) and there will be limited spaces for Governors to attend the Staff Awards in June.

Staff Awards – Governor Award for Best Community Engagement Project

For this year's Staff Awards a new Governor award will be introduced called 'Best Community Engagement Project', which will seek nominations for MKUH staff involved in community engagement during the year. It is hoped an MKUH

Governor will present the award. There will be between 2-4 seats available for Governors at the event, which is provisionally set for 7 June at the Leonardo Hotel in MK. An email will go out to all Governors offering spaces on a first-come, first-served basis.

COG Governor Engagement Group

With the emergence of the Trust's Engagement Board, which is focused on staff generally engaging with the community, the COG Governor Engagement Group is undergoing a refocus of its work towards membership and governors. All Governors are invited to attend the next Governor Engagement Group (in March, date TBC) to offer their views on Governor engagement, or in the meantime they can contact Lui Straccia to discuss this. Some possible areas of focus include:

- Increasing membership numbers
- Striking a balance of ethnicities amongst the membership that mirrors the population of MK and the surrounding areas
- Increasing nominations and voting participation for Governor elections, both internally and externally
- Targeting events and communities through the year
- Governor surgeries - are Governors comfortable with in-person and virtual surgeries?
- Reviewing membership of the COG Governor Engagement Group
- Consider a Governor for attendance at the MKUH Engagement Board

If there are other areas that Governors wish to explore then do please raise these with Lui Straccia.

Ethnicity breakdown figures for the current membership are as follows:

- Asian (Membership 12.3%; MK population 12.4%)
- Black (Memb 7.3%; MKPop 9.7%)
- Mixed (Memb 1%; MKPop 4.1%)
- Other (Memb 1.5%; MKPop 2%)
- White (Memb 77.5%; MKPop 71.8%)

Please note these figures are rounded down or up, and are approximate as the Governor constituency boundaries for the COG stretch further than the boundaries of MK as a 'city'.

It is also noted that a COG Engagement Strategy review is pending the Trust's wider Communications & Engagement Strategy review.

Granicus

In November the Trust's contract with Granicus, the email messaging platform that was used to send newsletters and other messages to the membership, ended. An alternative platform is being scoped with Communications & IT support.

Engagement with young people

Several Governors have attended speed interviewing sessions at MK schools in recent months, all facilitated by the Trust's Careers Team which is leading on schools engagement. Lui facilitates this by sending out new dates for speed interviewing and other school events eg fairs when they become available. If Governors would like materials for these sessions, please let Lui know what is required eg membership / governor promotional leaflets / sign-up forms and he can supply these.

Regarding a Youth Governor, there were in recent years initial discussions with MKCC about the Youth Council having a representative Appointed Governor on the COG, but the council department was reshaping youth representation at the time. Now the city's first Youth Mayor has been elected, and Lui is in contact with MKCC about progressing this.

MKUH Governor activity October 2023-January 2024

Christine Thompson	<ul style="list-style-type: none"> • Dementia awareness stand with Alzheimer's Society, MKUH main entrance – 2 November • Year 9, 10, 11 Speed Interviewing Event - Oakgrove School – 3 November • Armistice Service, Eaglestone Courtyard, MKUH – 10 November • Year 11 Speed Interviewing Event – St Paul's Catholic School – 13 December
Kat Jaitly	<ul style="list-style-type: none"> • MK Friends trolley volunteering - 27 November
Clare Hill	<ul style="list-style-type: none"> • PLACE Audit (Patient-Led Assessments of the Care Environment) – 9 November
Lesley Bell	<ul style="list-style-type: none"> • Dementia awareness stand with Alzheimer's Society, MKUH main entrance – 5 December
Andrea Vincent	<ul style="list-style-type: none"> • ED nightshift visit – 15 December • Speed interviewing at Shenley Brook End School – 18 January • BLMK Dementia Group attendance
Pirran Salter	<ul style="list-style-type: none"> • Informatics Expo event, and blog – 23 November
Shirley Moon	<ul style="list-style-type: none"> • Joined the Trust's Nutrition Steering Group as a patient/governor representative – 15 January • Governor blog – 16 January
Babs Lisgarten	<ul style="list-style-type: none"> • Speed interviewing, Hazeley Academy – 25 January

Council of Governors

Forward Agenda Planner

Standing Items

Standing Business Items	Standing Council Items
Apologies	Chair's Update
Meeting Quorate	Chief Executive's Update
Declaration of Interests	Capital Programme Update
Minutes of the previous meeting	Board Committee Update
Action Tracker	Inclusion and Leadership Council Report
Motions and Questions from Council of Governors	Membership and Engagement Manager's Report
AOB	Lead Governor's Report
Forward Agenda Planner	Healthwatch Milton Keynes Report

Additional Agenda Items

Month	Assurance Reports/Items
January	HR Updates – Time to Hire, Disciplinary, Grievance, Staff Bullying & Harassment
	Alcoholics Anonymous
April	HR Updates – Allyship
	Board Committee Update – Charitable Funds Committee
	Board Committee Update – Workforce and Development Assurance Committee
	Presentation by MKUH Clinical Unit
July	Board Committee Update – Audit Committee
	Board Committee Update - Quality and Clinical Risk Committee
	Presentation by Milton Keynes (health-related or social) Charity
September (Private Meeting)	Annual Report and Accounts
October	Annual Members Meeting
October	Board Committee Updates – Finance and Investment Committee
	Terms of Reference
	Presentation by MKUH Clinical Unit