

## COUNCIL OF GOVERNORS

**Hybrid Council of Governors' meeting in public to be held at 16.00 hours  
on 26 July 2023 in Rooms 7 and 8, 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 19 April 2023	Receive and Approve	Page 3	Chair
5		Action Log	Note/ Approve	Page 10	Chair
ASSURANCE and INFORMATION ITEMS					
6	16:05	Chair’s Update	Receive and Discuss	Page 11	Chair
7	16:10	Chief Executive’s Update	Receive and Discuss	Verbal	Chief Executive
8	16:15	Capital Programme Update (April 2023 to date)	Receive and Discuss	Page 13	Chief Executive
9	16:20	Board Committees – Annual Assurance Update  - Quality & Clinical Risk Committee	Receive and Discuss	Page 15	Committee Chair
10	16:30	PLACE audit update	Receive and Discuss	Page 21	Head of Hotel Services
11	16:40	MKUH TB Service	Receive and Discuss	Page 25	TB Lead Nurse

GOVERNORS' and MEMBERSHIP UPDATE					
12	17:00	Membership and Engagement Manager's Report	Receive and Discuss	Page 35	Director of Corporate Affairs
13	17:05	Lead Governor's Report	Receive and Discuss	Verbal	Lead Governor
14	17:15	Healthwatch Milton Keynes – Council of Governors' Report	Receive and Discuss	Page 38	CEO, Healthwatch Milton Keynes
GOVERNANCE					
15	17:20	Motions and Questions from Council of Governors	Receive and Discuss	Verbal	Chair
16		Any Other Business	Discuss / Note / Approve	Verbal	Chair
17		Council of Governors Forward Agenda Planner	Receive and Approve	Page 48	Chair
18		<ul style="list-style-type: none"><li>Date and Time of Next Meeting in Public: 25 October 2023, 16.00</li><li>Annual Members Meeting: 09 October 2023</li></ul>	Note	Verbal	Chair
17:30		Close			

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

**Kwame Mensa-Bonsu, Trust Secretary** Tel: 01908 996234. Email: [kwame.mensa-bonsu@mkuh.nhs.uk](mailto:kwame.mensa-bonsu@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 19 April 2023, in the Conference Room at the Academic Centre and  
via MS Teams**

### **Present**

Alison Davis	Chair	(AD)
Babs Lisgarten	Lead Governor	(BL)
Christine Thompson	Public Governor	(BY)
William Butler	Public Governor	(WB)
Tom Daffurn	Public Governor	(TD)
Shirley Moon	Public Governor	(SM)
Andrea Vincent	Public Governor	(AV)
Pirran Salter	Staff Governor	(PS)
Yolanda Potter	Staff Governor	(YP)
Caroline Kintu	Staff Governor	(CK)
Hany Eldeeb	Staff Governor	(HE)
Keith McLean	Milton Keynes Council Representative	(KM)
Maxine Taffetani	Healthwatch Milton Keynes Representative	(MT)
Nicholas Mann	Business Leaders Representative	(NM)

### **In Attendance**

John Blakesley	Deputy Chief Executive Officer	(JB)
Kate Jarman (left at 16:40)	Director of Corporate Affairs	(KJ)
Heidi Travis	Non-Executive Director	(HT)
Gary Marven	Non-Executive Director	(GM)
Mark Versallion	Non-Executive Director	(MV)
Cat Medley	Area Manager for Berks, Bucks, Oxon and Milton Keynes, Alzheimer's Society	(CM)
Sam Marshall	Service Manager for Berks, Bucks, Oxon and Milton Keynes, Alzheimer's Society	(SM)
Lui Straccia	Membership and Engagement Manager	(LS)
Kwame Mensa-Bonsu	Trust Secretary	(KMB)
Julia Price	Senior Corporate Governance Officer	(JP)

## **1 Welcome and Announcements**

- 1.1 The Chair extended a warm welcome to those attending the meeting, particularly the new Governors, CK, TD, AV, NM and CT. She also welcomed CM and SM from the Alzheimer's Society presenting Item 10.

## **2 Apologies**

- 2.1 Apologies were received from Claire Hill, John Garner, Ann Thomas and Niran Seriki (Public Governors). Apologies were also received from Joe Harrison (Chief Executive Officer), Haider Husain (Non-Executive Director), Bev Messenger (Non-Executive Director), Precious Zumbika-Lwanga (Associate Non-Executive Director), Ganesh Baliah (Associate Non-Executive Director) and Jason Sinclair (Associate Non-Executive Director)

### **3 Declarations of Interests**

- 3.1 WB declared his membership of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) in respect of Item 15.2.

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

### **4 Minutes from the Council of Governors meeting held on 15 February 2023**

- 4.1 The minutes from 15 February 2023 were approved as an accurate record of the meeting with the following clarification under Item 14.

‘Healthwatch MK had been very active prior to the pandemic but had struggled to regain ground within the hospital since.’

Under 15.2, an action to be added to the action log regarding the addition of the appendix to the Terms of Reference detailing how attendance would be monitored and non-attendance managed, cross-referenced to the Constitution.

### **5 Matters Arising/Action Log**

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

Action No. 15 – Task and finish group for NED recruitment process

AD confirmed that this was in hand and that KMB had circulated dates for the first meeting. Closed.

Action No. 19 – Update on Integrated Care System representation on the Council of Governors

AD advised that she had not received a response to her approach to the Integrated Care Board Governance Lead and would therefore approach the Chair. However, she believed that a commitment from the Board for representation was unlikely. KMB confirmed that this had been incorporated into the Constitution subject to the ICB’s agreement. Open

Action No. 20 – Update on progress with Child and Adolescent mental health provision in Bedfordshire

AD confirmed that an eight bedded paediatric mental health unit opened in February on the Luton & Dunstable Hospital site. The service was being introduced incrementally and should be fully operational later this year. Closed.

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

### **6 Chair’s Report**

- 6.1 AD highlighted the following items from her report.

The Care Quality Commission (CQC) inspection of maternity services had gone well overall, with no serious concerns raised. There had been good feedback, including around the training of midwives for home births which the inspectors felt was very good practice. AD advised that the final report was likely to be delayed due to ongoing industrial action.

KM advised that Dame Anne Limb was the new High Sheriff of Buckinghamshire, not Buckingham, as stated in the report.

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 The junior doctors' strikes had taken place the previous week and the organisation had coped reasonably well. However, JB reported that the appetite from senior doctors to provide cover was reducing after each occurrence. There were currently no further dates for industrial action confirmed.
- 7.3 One of the Trust's main priorities for 2023/24 was to reduce the waiting list backlog which had been recognised as too long. Related to this, JB described a recent paediatric 'superday' that had been held, where Phase 2 Theatres had been dedicated to treating 45 children needing planned surgery in one day. This had been a very successful and positive experience, witnessed by senior members of NHS England, likely to be recommended as good practice. In response to a question around whether this could be extended to other specialties, JB explained that this would not be possible due to the limited number of surgeons, adding that paediatrics encompassed several specialties, involving several surgeons.
- 7.4 The radiotherapy building was progressing on budget and within timeframes to be finished by May 2024. Conversations were continuing with Oxford University Hospitals regarding the purchase of equipment for the building.

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

## **8 Capital Programme Update**

- 8.1 JB reported that the amount of capital available to the Trust for 2023-24 had not yet been confirmed but that there could be a potential shortfall of around £5m. The remaining schemes from 2022-23 were proceeding well with the exception of the repairs to the multi-storey car park which was a revenue, not a capital scheme. Around £1.5m was required for the repairs to the top floor and a legal opinion was awaited given that the issues were raised during the warranty period.
- 8.8 The Council **noted** the update.

## **9 Board Committee Update – Finance and Investment Committee**

- 9.1 HT advised that the report laid out the considerable amount of work the hospital, and the finance team in particular, had undertaken to ensure that funds were spent well. The report also highlighted how challenging 2022-23 had been and the impact this would have on the delivery of a balanced financial plan in 2023-24. HT explained that the Trust invested in performance to reduce backlogs post-pandemic on the understanding, under the Elective Recovery Fund scheme, that this would be reimbursed but, due to in-year policy changes, the funds were not forthcoming. The organisation would continue to work extremely hard to deliver the financial plan, as it had done for the last seven years, but like most trusts, the organisation remained under severe pressure from both a performance and a financial perspective.
- 9.2 Highlighting the risk of workforce availability due to both industrial action and recruitment and retention, WB asked how well the organisation was faring compared to other trusts. KJ advised that turnover had increased post-pandemic but was beginning to reduce. The staff survey results were some of the best in the country but it was hard to compare and contrast areas other than turnover. KJ highlighted the importance of being agile and responsive in meeting the needs of the workforce in terms of career progression, equality, diversity and inclusion and the cost of living crisis for example, in spite of the financial pressures.

- 9.3 In response to a question around agency spend, JB advised that the premium rates over the winter period were now reducing as fill rates eased, partly on the back of the successful international recruitment campaign.

The Council **noted** the update

## **10 Community Presentation – Alzheimer’s Society**

- 10.1 AD introduced CM and SM. CM advised the Council that she had been in post since January and was enjoying getting to grips with her new role having worked for the Alzheimer’s Society for over seven years following more than 20 years’ experience of working with people with dementia.
- 10.2 Nationally, dementia was a growing problem and in Milton Keynes there are 1791 people with a diagnosis of dementia, a figure expected to more than double by 2030. It is estimated that there are 2670 people living with dementia. The annual cost of dementia care in Milton Keynes was £113m, expected to rise to £213m by 2030. Nationally there is a significant number of unpaid carers, 30% of whom spend more than 100 hours a week providing care.
- 10.3 31% of dementia patient admissions are for one day or less and readmissions are 62% higher than for the general population. In addition, the cost of caring for a person with dementia in hospital is 15% higher than people without dementia. Preventing these short stay admissions would have save the NHS £326m over a five year period. Moreover, it is well known that admission to hospital for patients with dementia often leads to further deterioration of the illness and can be catastrophic.
- 10.4 CM explained that the Alzheimer’s Society has two commissioned services:
1. The Dementia Information and Support Service (DISS) providing information and support from advisors trained in all aspects of dementia, supporting dementia patients and their carers, with good links to other services such as the Citizens Advice Bureau and social care services. The service offers support at any stage, in areas such as managing symptoms, accessing benefits, discussing plans for the future, identifying where it is appropriate to access secondary care and how to support someone in hospital with dementia.
  2. Dementia Friendly Communities; improving quality of life and inclusion by encouraging agencies to think about the way they approach people with dementia. Again, there are good links to other organisations such as Thames Valley Police, parish councils, leisure centres and Milton Keynes Council.
- 10.5 CM encouraged Governors to become dementia friends by visiting [www.dementiafriends.org.uk](http://www.dementiafriends.org.uk) and the Governors welcomed the offer of an awareness session delivered by the Society.

**Action: KMB to liaise with CM and SM to arrange an Alzheimer’s Society awareness session and AD to raise with non-executive director colleagues**

- 10.6 CM advised that there was also a national dementia support line and an online community, Dementia Talking Point operating 24/7. Two publications had been included in the pack and more information and fact sheets could be accessed from the website. The Society was also involved in lobbying the government and funding research.
- 10.7 CM made the point that memory loss was an illness and not a natural part of aging.
- 10.8 AD thanked CM and SM for their presentation and asked if the Society had direct links with the hospital. SM and CM advised that at the moment they did not but would welcome the opportunity, particularly

in working with the discharge team and they would like to propose referring dementia patients to the charity on discharge.

- 10.9 MT advised that she would seek to involve the Alzheimer's Society in the MK System Flow Advisory Board work. She also suggested that the Society should be invited to participate in the hospital's PLACE (Patient-Led Assessments of the Care Environment) work.

**Action: AD to discuss with Execs developing closer ties with the Alzheimer's Society**

- 10.10 WB asked how the Society was funded and whether funding was adequate. CM explained that the charity was commissioned and funded by Milton Keynes Council on a year-long grant which she acknowledged could often thwart long-term plans. There was a possibility that this arrangement would change to a 3-5 year contract and they would be seeking an uplift in 2024 to help reach under-served communities in Milton Keynes.
- 10.11 In response to a question from KM, SM advised that people could seek both emotional and practical support from the Society before diagnosis, highlighting the lengthy waiting list to receive a diagnosis. She also highlighted the importance of discussions about advance care planning before people lose capacity. She urged the Council to pass on the contact details to friends, adding that in addition to one-to-one support the Society also ran peer support groups.
- 10.12 AD thanked SM and CM for attending, noting the feedback from Governors on how useful they found these sessions.

The Council **noted** the Alzheimer's Society presentation.

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

- 11.1 On behalf of KJ, LS presented the report, commenting on the successful wellbeing event held by the Friends of the Caribbean the previous weekend that he had attended with YP to promote membership and where the response was very positive, with good contacts being made with community groups. He advised that membership numbers were beginning to rise.
- 11.2 Internally, a trust-wide engagement group was being established to coordinate all the engagement activities across the trust and provide support.
- 11.3 In response to a question from MT, LS advised that he was involved in the Integrated Care System Engagement Collaboration.
- 11.4 LS agreed to furnish KM with details of the eight parish councils who had not made contact.
- 11.5 AD thanked LS, KMB and the Trust's Equality, Diversity and Inclusion Lead for their input.

The Council **noted** the report.

## **12 Lead Governor's Update**

- 12.1 BL began by welcoming the new Governors to the Council.
- 12.2 She hoped that the Governors had found the Away Day in February useful and advised that the actions would be taken forward in due course.
- 12.3 She had recently attended the regular meeting of regional lead governors and had found it very useful as it had demonstrated to her that this was not the only Trust struggling to recruit governors and meet



obligations. She was also pleased to note the shared vision amongst Governors here, highlighting the difficulties other organisations were facing in this regard.

The Council **noted** the report

### **13 Healthwatch Milton Keynes (MK) – Council of Governors’ Report**

13.1 MT advised that her report was focused on comparing reports from Trust Board with findings from Healthwatch and she highlighted the following:

1. She was pleased to note the development of the Diabetes Safety Group given the continuing issues around communication and management of diabetes whilst in hospital.
2. Regarding the quality improvement project on medicines management, she highlighted the difficulties people faced in navigating the hospital’s website to locate information on bringing medicines into hospital during their stay.
3. MT was really pleased to be a member of the MK System Flow Advisory Board and was working on the project to develop smooth discharge pathways.
4. As a member of the Maternity Voices Partnership, MT was assured that the hospital had plans to address the issues raised through the CQC maternity experience survey from 2022.
5. Regarding waiting times MT advised that the recently published Hewitt Review raised the issue of hidden waiting times and she highlighted some of the issues people were facing, which included arranging GP appointments, awaiting referrals, cancelled appointments and people being discharged before their appointment had taken place.

WB asked MT to expand on the GP access survey and MT reported that there had been 230 responses from the online survey and she advised that outreach workers had visited community leaders to talk to people. There was an overwhelming response from people aged 65 and over. The results indicated that people found digital prescriptions really helpful and were happy to be triaged by receptionists. MT expected the full report to be available by the end of May.

Referencing the work being undertaken by the System Flow Advisory Board, AD reminded the Council of the presentation at the last meeting from Age UK and the support offered in transporting patients home and supporting them for the first six weeks post discharge. KM suggested drafting a spider map of organisations integrating with each other and identifying any gaps.

The Council **noted** the report

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

14.1 There were no motions or questions.

### **15 Any Other Business**

15.1 In response to a question from WB around place-based partnerships, it was explained that the existing Health & Wellbeing Board had become the Place Partnership Board and was responsible for the four main areas of focus in Milton Keynes:

1. Discharge from hospital;
2. Child and adolescent mental health;
3. Patients with complex needs; and
4. Obesity

There was also a joint leadership team that met separately outside of the Milton Keynes Health and Care Partnership, involving the CEOs of the Council and the hospital, adult social care and others. Meetings were held quarterly and most of the work was undertaken by sub-groups. KM pointed out



that there was no representation from South Central Ambulance Service (SCAS) at the Partnership and AD advised that partners could be co-opted for specific discussions.

15.2 WB asked how the Integrated Care Board (ICB) were approaching the delivery of the strategy and AD advised that she had been discussing the Chair of the ICB's proposals for developing closer ties between the Integrated Care Partnership and the Integrated Care Board with her, to enable the Board to deliver the strategy. She had also discussed changes to the governance arrangements to enable the IC Partnership to give strategic direction with input from the IC Board, to ensure that the IC Partnership did not become an assurance group.

15.3 Following commendations raised for various staff members, AD advised that these should be sent to KMB for appropriate publication. Consideration would be given to adding a specific item to the agenda around compliments.

## **16 Draft Council of Governors Forward Agenda Planner**

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

## **17 Date and Time of Next Meeting**

17.1 Wednesday 26 July 2023 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
18	5-Dec-22	14.4	Healthwatch Milton Keynes (MK) - Council of Governors' Report	Update on the rollout of the MyCare portal	John Blakesley	25-Oct-23		Open
19	15-Feb-23	15.1	Draft Council of Governors Terms of Reference	Update on ICS representation on the Council of Governors	Alison Davis	19-Apr-23	Verbal Update - The BLMK ICS do not intend to nominate a representative.	Open
21	15-Feb-23	15.2	Draft Council of Governors Terms of Reference	An appendix to be added to the Terms of Reference detailing how attendance would be monitored and non-attendance managed, cross-referenced to the Trust Constitution	Kwame Mensa-Bonsu	25-Oct-23	The updated Terms of Reference and the relevant appendix will be submitted for review and approval in October 2023.	Open
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/ A	26-Jul-23	The Alzheimer Society is yet to commit. We will keep engaging with the Society.	Open
23	18-Apr-23	10.9	Community Presentation - Alzheimer's Society	Discussion to be held with Execs on developing closer ties with the Alzheimer's Society	Alison Davis	26-Jul-23	Verbal Update	Open

<b>Meeting Title</b>	<b>Council of Governors</b>	<b>Date: 26.07.2023</b>
<b>Report Title</b>	<b>Chair's Report</b>	<b>Agenda Item: 6</b>
<b>Lead Director</b>	<b>Name: Alison Davis</b>	<b>Title: Chair</b>
<b>Report Author</b>	<b>Name: Alison Davis</b>	<b>Title: Chair</b>

<b>Key Highlights/ Summary</b>	An update for the Board on activity and points of interest including: <ul style="list-style-type: none"> <li>• Visit by the Countess Howe, Lord Lieutenant of Buckinghamshire</li> <li>• Annual Staff Awards</li> <li>• 75<sup>th</sup> Anniversary of the NHS (5<sup>th</sup> July 2023)</li> </ul>			
<b>Recommendation</b> <i>(Tick the relevant box(es))</i>	<b>For Information</b> <input checked="" type="checkbox"/>	<b>For Approval</b> <input type="checkbox"/>	<b>For Noting</b> <input type="checkbox"/>	<b>For Review</b> <input type="checkbox"/>

<b>Strategic Objectives Links</b>	N/A
<b>Board Assurance Framework (BAF)/ Risk Register Links</b>	N/A

<b>Report History</b>	Trust Board, July 2023
<b>Next Steps</b>	N/A
<b>Appendices/Attachments</b>	None

## **Chair's report: July 2023**

To provide details of activities, other than routine committee attendance or meetings, and matters to note to the Trust Board:

1. In May I joined Vanessa Holmes when we had a visit from the Countess Howe, His Majesty's Lord Lieutenant of Buckinghamshire. She visited the Cancer Centre and had a tour of the Radiotherapy Centre site. Lady Howe is a great supporter of the hospital and was very interested to see the new facilities and hear how they have improved or will improve patient experience.
2. Work has commenced reviewing the process for appointment of Non-Executive (NED) and Associate Non-Executive Directors (ANED). A Task and Finish Group has been established with Governors to oversee the review, and draft proposals will be presented to the Council of Governors in due course for consideration and sign-off.
3. Our Finance Director, Terry Whittle and members of his team provided a training and refresher session for NED and ANED colleagues on the current financial regime of the NHS. It was well received and very helpful for those attending.
4. In June I attended a session arranged as part of the Thames Valley Deanery 'Education Leaders in Training' programme. This is a medical leadership programme, and I attended to discuss my experience and path into the role as a Non-Executive Director in the NHS.
5. As part of the Armed Forces Week in June, our Medical Director, Ian Reckless and I presented Veteran Aware pins to Armed Forces trained service champions from MKUH. These champions play an important role in spotting signs of mental health issues, offering initial help and guiding people towards support.
6. At the time of writing we are about to hold our annual Staff Awards. Once again, nominations have identified so many areas of excellence in teams and individuals, and it is a great opportunity to celebrate and thank everyone.
7. The 5<sup>th</sup> July is the 75<sup>th</sup> Anniversary of the founding of the NHS and we have plans to mark the occasion at MKUH. For detail about national events and priorities for the future, I have provided links below:-

[NHS England » Events and news](#)

[The-NHS-in-England-at-75-priorities-for-the-future.pdf \(longtermplan.nhs.uk\)](#)




<b>Meeting Title</b>	Council of Governors	<b>Date:</b> 26 July 2023
<b>Report Title</b>	Capital Programme Board: 26 July 2023	<b>Agenda Item Number:</b> 8
<b>Lead Director</b>	John Blakesley, Deputy Chief Executive	
<b>Report Author</b>	David Waller, Head of Capital Projects	

<b>Introduction</b>	Progress of each project summarised in the key points and key milestones, issues, and risks for each project. The programme for each project has been reviewed by the Capital Programme Board (CPB) membership.		
<b>Key Messages to Note</b>	<p>Refer to Project Status in 'Strategic &amp; BAU Capital Project Dashboard' July 2023</p> <p><b>Programme Risks</b> Key Issues and Project risks were reviewed. Significant risks are as follows:</p> <p><b>Lloyds Court CDC</b></p> <ul style="list-style-type: none"> <li>Progressing, cost challenges, value engineering in process</li> </ul> <p><b>Phase 2 Decarbonisation (part grant funded)</b></p> <ul style="list-style-type: none"> <li>Cost challenges, scope review, rigid spend/carbon saving criteria for grant fund.</li> </ul> <p><b>Milton Mouse/ PAU</b></p> <ul style="list-style-type: none"> <li>Scope to be finalised, timescales tight for completion within FY</li> </ul> <p><b>NHP</b></p> <ul style="list-style-type: none"> <li>Progressing, no immediate significant risk</li> </ul> <p><b>MSCP1</b></p> <ul style="list-style-type: none"> <li>Agreement of funding required to MSCP 1 to address deterioration of top deck finish and internal finishes. All remedial works will be at cost to trust.</li> </ul> <p><b>Urology Investigation Unit</b></p> <ul style="list-style-type: none"> <li>Program risk if Business Case approval delayed.</li> </ul>		
<b>Recommendation</b> (Tick the relevant box(es))	<b>For Information</b> <input type="checkbox"/>	<b>For Approval</b> <input type="checkbox"/>	<b>For Review</b> <input checked="" type="checkbox"/>





















<b>Strategic Objectives Links</b> (Please delete the objectives that are not relevant to the report)	<p>1. Keeping you safe in our hospital</p> <p>2. Improving your experience of care</p> <p>9. Expanding and improving your environment</p> <p>10. Innovating and investing in the future of your hospital</p>
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<b>Report History</b>	The Capital Programme Board reports to the Executive Directors and Trust Executive Committee in order that both committees are updated on the progress of the major schemes identified within the BAU Capital Programme.
<b>Next Steps</b>	Minutes are reported to the Executive Directors and Trust Management Board each month.
<b>Appendices/Attachments</b>	Capital Programme Board: Appendix A: Programme Status Gantt Chart – December 2022.

### ✓ Strategic Business Cases (Live)

Project Name	Short Status Description	Project Timeline ⓘ	Project Le...	Delivery Vehicle	Status	RAG Rating
Radiotherapy	Progress on site is good. The roof waterproofing to the 2-storey building is complete, roofing ongoing across the remaining of the single storey buildings. Curtain walling has commenced, followed by external door and window installations, which completed at the end of June so the building is largely now weathertight.	Nov 15, '22 - Aug 31, '24	 +2	ADMK	Approved	On Track
Community CDC - Lloyd Court	Concept Design completed and will be moving into detailed workshops with wider stakeholders. At the same time the design team will be incorporating survey information around drainage, services, building regs, fire etc at a more detailed level. Key focus areas are the value of Theatres and management of budget cost.	Apr 1, '23 - Mar 29, '24	 +2	ADMK	Approved	Programme/Finance Risk
New Hospital Programme	Confirmed that MKUH remains in the programme delivery prior to 2030 and have been advised of an outline funding envelope. A range between £220M - £280M, developed by the national team (programmatic MVP approach). Hospital 2.0 works have commenced in detail with a 6 week period to align scope.	Jun 7, '23 - Nov 30, '28	RG	MKUH	In Progress	Programme/Finance Risk
Ph2 Decarb (Salix)	Stage 3 of the design and the cost plan are now complete. There are some significant budget challenges which the team are working through to understand project viability. We are not yet in a position to complete a report for TEC, but will be updating SRO for the project w/c10th July.	Feb 1, '23 - Mar 31, '24	PE	ADMK	Approved	Programme/Finance Risk
Oak House Ward Capacity	A proposal has now been received from Morgan Sindall which is within the budget forecast outlined in the programmatic business case. This is to be reviewed in detail and exec approval to be sought prior to appointment.	Jun 1, '23 - Feb 28, '25	RG	ADMK	In Progress	On Track
Milton Mouse PAU Capacity	Initial scope work has now been concluded and options paper to be drafted for organisational input. This is to be handed to BAU Estates.	Jun 5 - Nov 16	RG	MKUH	In Progress	Programme/Finance Risk
Chemotherapy Car Park Expansion	Initial scope being worked up for Phase 1 car park expansion to the drainage ditch adjacent to MV generator house. This scope has been increased to include the feasibility of the car park B deck. MS are scoping this as part of the radiotherapy works.	May 18, '23 - Mar 31, '25	 RG	ADMK	In Progress	Programme/Finance Risk

### ✓ Estates Business Cases (Live)

<input type="checkbox"/>	Item		Project Name	Short Status Summary	Project Lead	Status	Project Timeline	Risk
<input type="checkbox"/>	> BC2022041 <sup>2</sup>		Phase 2 Breast Unit develop work	Main build works complete. Some small further works and equip...	 DW	Work in Progress	Jun 2 - 30	None
<input type="checkbox"/>	BC2022121		Pathology Autoclave Replacement	Scope with Procurement to compile the tender pack	 MR DB	Preparing Tender	Jun 27, '23 - Mar 29, '24	Overrun YE
<input type="checkbox"/>	BC2023018		Ward 16 Bathroom Refurbishment	Specification to be reviewed for tender pack	 JE MR	Preparing Tender	-	None
<input type="checkbox"/>	BC2023027		Treatment Fire Shutter Replacement	3 quotes requested, 2 good quotes received - waiver being done	 MR	Procurement	-	None
<input type="checkbox"/>	BC2023028		Refurbishment & Setup of Security Hub	Updating quotes for main works. Other orders placed	 MR AB	Awaiting Quotes	Sep 18 - Dec 30	None
<input type="checkbox"/>	BC2023040		Milton Mouse conversion to PAU (Additional Ward C...	To obtain scope of works and appointing principal designer.	 DW	Preparing Tender	-	None
<input type="checkbox"/>	BC2023xxx		Ward Bay refurbishments	Business case submitted	 MR	Submitted	-	None
<input type="checkbox"/>	BC2023xxx		Urology Investigation Unit	To return to TEC, approval latest by September	 JE MR	Submitted	-	Overrun YE
<input type="checkbox"/>	BC2023xxx		ED Main Reception Reconfiguration	Awaiting design costs and ED flow test results (traffic flow).	 MR	Reviewing Scope	-	None
<input type="checkbox"/>	BC2023xxx		Reconfiguration & Additional Corridor MR Unit	Compiling quotes & BC	 DW	Being written	-	None



<b>Meeting Title</b>	<b>Council of Governors</b>	<b>Date: 26 July 2023</b>
<b>Report Title</b>	<b>Annual Assurance Report – Quality and Clinical Risk Committee</b>	<b>Agenda Item Number: 09</b>
<b>Non- Executive Director</b>	Bev Messinger, Non-Executive Director, Interim Chair Q&CRC September – December 22	
<b>Report Author</b>	Kwame Mensa-Bonsu, Trust Secretary	

### Key Messages to Note

#### Key activity throughout the year:

#### **Annual Review (Financial Year)**

This provides a summary of the activities of the Quality and Clinical Risk Committee between June 2022 and March 2023.

#### **1. Focus on Falls**

The Committee received a report which indicated that 1016 patient falls were reported in 2021/22, an increase of 3% compared to 2020/21 (at a time when there were fewer inpatients due to the COVID pandemic). 64% of reported falls were classified as unwitnessed falls, loss of balance and falls from chairs. In addition, 32% of the falls were reported within the frailty footprint, related to poor mobility and cognitive impairment, mainly for patients over 65 years. 6% of reported patient falls related to patients that had the capacity and were independent but had falls despite risk assessments being undertaken and advice provided to them.

The Committee noted that themes been identified from the investigations, and the preventive actions being undertaken included a holistic approach to assessing patient deconditioning, patient stimulation by the Meaningful Activities Facilitator (MAF), a role funded by the Hospital Charity, and recognising the link between mental capacity and falls. Other preventive actions included a strengthened approach to care planning, involving Multidisciplinary Team (MDT) members, and providing bespoke training to Health Care Assistants.

The Committee noted that trends in patient falls, and the progress of the preventive actions were monitored by the Harm Prevention Group chaired by the Senior Matrons and overseen by the Divisional Chief Nurses and the Corporate Nursing Team. The Patient Safety Board received a report on fall prevention at each meeting while the Serious Incident Review Group reviewed incidents and agreed on actions. In addition, there was monitoring through the Divisions via their local and clinical governance meetings.

#### **2. Focus on Pressure Damage**

The Committee receive a report which stated that there was a 17% decline in the occurrence of deep tissue injuries in 2021/22, compared to 2020/21.

The Committee noted that the themes identified after investigations included the prone positioning of COVID patients in the ICU, Non-invasive ventilation (NIV) device related skin damage and limited care/social support prior to admission. The Committee was informed that a 'Pressure Damage Action Plan' aimed at zero



tolerance of harm was being implemented with the tools being applied including more accurate use of the 'waterlow' assessment to identify risk, a more proactive utilisation of preventative care and early escalation.

The improvement actions undertaken included a successful roll out of new profiling beds with hybrid mattresses, and the implementation of digital photography on e-Care to support the early validation of skin damage for care planning purposes. The implementation of the 'Pressure Damage Action Plan' was being monitored by the Harm Prevention Group, Patient Safety Board, and the Serious Incident Review Group.

The Committee received regular updates on the progress of the progress against pressure damage through the 'Quarterly Highlight Report from the Medical Director and Director of Patient Care and Chief Nurse'.

### **3. Quality Improvement**

A Head of Quality Improvement and a Quality Improvement Lead was appointed in 2022/23 to manage the quality improvement schemes being implemented across the Trust. The Committee received updates on the progress of the quality improvement schemes across the Trust, and the positive impact they were making on the hospital's services.

### **4. Patient Experience**

The Committee received Patient and Family Experience Reports, which provided a quarterly overview of the Trust's patient experience, engagement, feedback, and actions taken to improve the patient and family experience. The reports covered work across the organisation in various wards and departments, including the work of the MAF, the involvement with stakeholders such as the Milton Keynes Healthwatch, projects centred on bedside information using QR codes, and work going on around deep tissue injuries.

### **5. Strikes**

At the end of March 2023, the Committee reviewed the mitigating actions which had been implemented during the non-consultant doctors' strike in the second week of March 2023. The mitigating actions included the redeployment of consultants and specialty doctors and other clinical staff to care for inpatient and emergency patients. As a result of these steps no major incidents had been reported in terms of the quality and safety of patient care during the strike, while patient flow through the hospital had also not been impacted.

The Committee was informed that in preparation for future strikes, a meeting had been arranged with the divisional clinical directors to review all the lessons learned and assess any other steps which needed to be implemented to ensure emergency services and other critical services continued to be provided.

### **6. Others:**

#### **a. Quality Account 2021/22**

In June 2022, the Committee reviewed and approved for publication the 2021/22 Quality Account, which also set out the Trust's 2022/23 Quality Priorities.

In March 2023, the Committee reviewed the 2023/24 quality priorities, and made the appropriate recommendations. The Committee also assessed the Trust's performance against the 2022/23 quality priorities.

#### **b. Radar**

The Committee monitored the challenges associated with the Trust decision to switch from the Datix risk management system to the Radar system. The challenge of helping staff to adapt to the new system was compounded by the need to also implement NHS England's Learning from Patient Safety Event (LFPSE)

form. The Trust successfully liaised with NHSE through 2022/23 to improve the LFPSE form while also supporting staff to learn how to utilise the Radar system.

## **7. Annual Reports**

### **i. 2021/22 Annual Safeguarding Report**

In June 2022 the Committee received the Report which stated that in 2021-22 safeguarding activity had continued to increase as had case complexity, which reflected the reported national safeguarding picture. Covid-19 had impacted upon the safeguarding economy. Certain themes were starting to become more common as restrictions had been lifted.

- Families who were already vulnerable prior to lockdown had continued to struggle and were now at crisis point and were needing high level of interventions from services.
- Young people were finding reintegration into the community difficult, and a rise in the level of physical and verbal abuse was noted.
- Family units that were unsteady have been put under pressure and the number of cases of domestic violence had increased.
- Access to some community services for families had been more challenging due to capacity within some of those services and COVID restrictions.
- An increase in mental health and wellbeing support in children, young people and adults due to increased anxiety levels, experiences of social isolation during COVID had been noted.

### **Improvement/Support Actions**

- Stimulation and Distraction Activities – The MAF supported work to enhance stimulation of patients on wards equipped with a selection of activities, including colouring activities, reading books, music books and arts and crafts. The uptake of these activities had been very positive and feedback from both patients and staff has also been positive.
- Planned Implementation of National and Local Safeguarding agendas.
- Increased collaboration with Mental Health Providers.
- Workforce Review of Safeguarding Team - including work with the Milton Keynes Charity to extend the time in post for the MAF.
- Continued Embedding of Safeguarding practice to reflect current data and activity analysis.

### **ii. 2021/22 Annual Claims Report**

The Committee was informed that NHS Resolution encouraged NHS providers to settle claims faster to reduce the time between incident and resolution, resulting in cost savings.

### **iii. 2021/22 Annual Guardian of Safe Working Hours Report**

The report informed the Committee that in 2021/22, Milton Keynes University Hospital had provided the contractual requirements specified in the 2016 Terms and Conditions for doctors in training. Further efforts were required to ensure trainees continued to be aware of the facilities open to them, ensuring that Educational Supervisors were aware of their responsibilities and were responsive and junior doctor rota designs remained compliant with contractual requirements.

The report stated that 2021/22 was a challenging year for all of clinicians in coping with busy COVID winter admissions, catching up with all the pending hospital appointments, routine elective operations, staff sickness, absences and the psychological impact on the trainees due to work fatigue. The improvement actions being implemented included:

- Encouraging trainees to continue raising their working hour, rota related concerns and to do exception reporting.
- Ongoing communications with the junior doctors to continue to improve working hours and improve training experience in Milton Keynes University Hospital.
- Ensuring trainers better understood the exception process and to help them provide adequate support to the trainees:
- Supporting departmental rota co-ordinators and medical staffing to improve timely action on rota issues, working hours and providing adequate staffing support on areas where needed.

#### **iv. 2021/22 Annual Complaints Report**

The Annual Report stated that a total of 1044 complaints, made up of 161 formal and 883 informal complaints, were received by the Trust during 2021/22. The report noted that this represented a 25% increase on the number of complaints received in 2020/21. A formal complaint can be defined as an expression of dissatisfaction with the service provided (or not provided) or the circumstances associated with its provision which requires an investigation and a formal response to promote resolution between the parties concerned. An informal complaint, on the other hand, can be defined as a matter of interest, importance or anxiety which can be resolved to the individual's satisfaction within a short period of time without the need for formal investigation and formal correspondence.

The report informed the Committee that the top 5 complaint issues were:

- Communication failure with Patient
- Communication failure with relatives
- Patient not listened to
- Appointment delay
- Attitude – Medical staff

Improvement actions being undertaken included:

- A guideline for all wards will be introduced in 2022/23 to ensure a uniform approach as to the standard and frequency of communication with relatives.
- A new induction of labour process was implemented to support undergo surgical management of miscarriage and provide them with information and support bags which included a candle to acknowledge the loss of the pregnancy.
- Work was ongoing to review pathways for patients with a learning disability to ensure patients were treated in accordance with their needs and wishes.

#### **v. 2021/22 Annual Research and Development Report (R&D)**

The report informed the Committee the Trust had developed its R&D offering over the last 5-10 years and consistently enrolled a higher number of patients in National Institute for Health and Care Research (NIHR) studies than peers of a similar size. This metric is key in growing / maintaining annual revenue funding via the Local Clinical Research Network (LCRN).

In 2021/22 over 4,576 patients were recruited to 106 studies in the Trust, and the R&D Department received over £780,000 for to deliver NIHR portfolio research. 4,553 patients were recruited to 86 studies in the Trust. In comparison, 4,553 patients were recruited to 86 studies in the Trust in 2020/21, with funding of over £780,000 to deliver the research.

#### **vi. 2021/22 Annual Infection Prevention and Control Report**

The Committee received and reviewed a report which set out the work the Trust had undertaken in 2021/22 to ensure the discharge of statutory duties, and making sure the standards were met, for the prevention and

control of infection as detailed in the Hygiene Code. The Care Quality Commission (CQC) use the Code to monitor compliance with legislation by the Health & Social Care Act 2008 (revised 2012).

The report noted that though 2021/22 was not completely dominated by the COVID-19 pandemic, its effect was still felt across many services and the contribution of Infection Prevention and Control to the Trust response is woven throughout the report.

## **vii. 2021/22 Antimicrobial Stewardship (AMS) Annual Report**

The Committee received the AMS Annual Report and reviewed the key performance indicators and all the major activities performed by the AMS team between April 2021 and March 2022. The report noted that despite many challenges in 2021/22, the AMS service continued to provide support and be vigilant on antimicrobial consumption in the Trust. During 2021/22 there was some reduction in the consumption of total antimicrobials and some selected broad-spectrum antibiotics to bring the consumption rate down to a pre COVID levels.

### **A. Risks/concerns (Current or Emerging) identified**

#### **1. Suboptimal Head and Neck Cancer Pathway**

The Committee kept under review a Board Assurance Framework risk entry around the 'suboptimal head and neck cancer pathway' because if the pathway for patients requiring head and neck cancer services is not improved, then users of MKUH services will continue to face disjointed care, leading to unacceptably long delays for treatment and the risk of poor clinical outcomes. There were ongoing delays on a decision to be made on the potential way forward and a failure to fully implement the recommendations of the serious incident review investigation commissioned by NHS Midlands (reported in November 2022).

#### **2. 2023/24 Financial Position**

The Trust's financial position in 2023/24 is not yet clear, though all indications were that it was going to be quite challenged which would impact on the hospital's operations. There was the risk of the Trust not receiving adequate funding to meet the required performance targets and the growing needs of the Milton Keynes population.

#### **3. Morale and Behaviours**

There was evidence that the aftermath of the COVID-19 pandemic, a significantly increased number of patients attending the hospital after the pandemic, and the cost-of-living crisis, had negatively impacted on the morale across the NHS locally and nationally. There was a significant number of behavioural issues being brought to the attention of senior leaders in the hospital. The Committee was informed that while this was positive, it was also concerning, considering that the investigation and management of behavioural issues were complex and time-consuming.

#### **4. Emergency Department (ED)**

The Committee received regular updates on the ED which was significantly busier on a daily basis than it had been pre-COVID pandemic.

#### **5. Others**

The other key risks being managed by Executives were:

- Economic instability-Impact of industrial action and the inflationary environment
- Patient backlogs and care delays arising from the COVID pandemic
- Difficulties in staff recruitment and retention leading to staffing shortages

- Staff recruitment and retention
- Increasing challenge of 2023/24 financial position



# PLACE 2022

PLACE Lite – 18/08/22,  
02/09/22 & 14/09/22

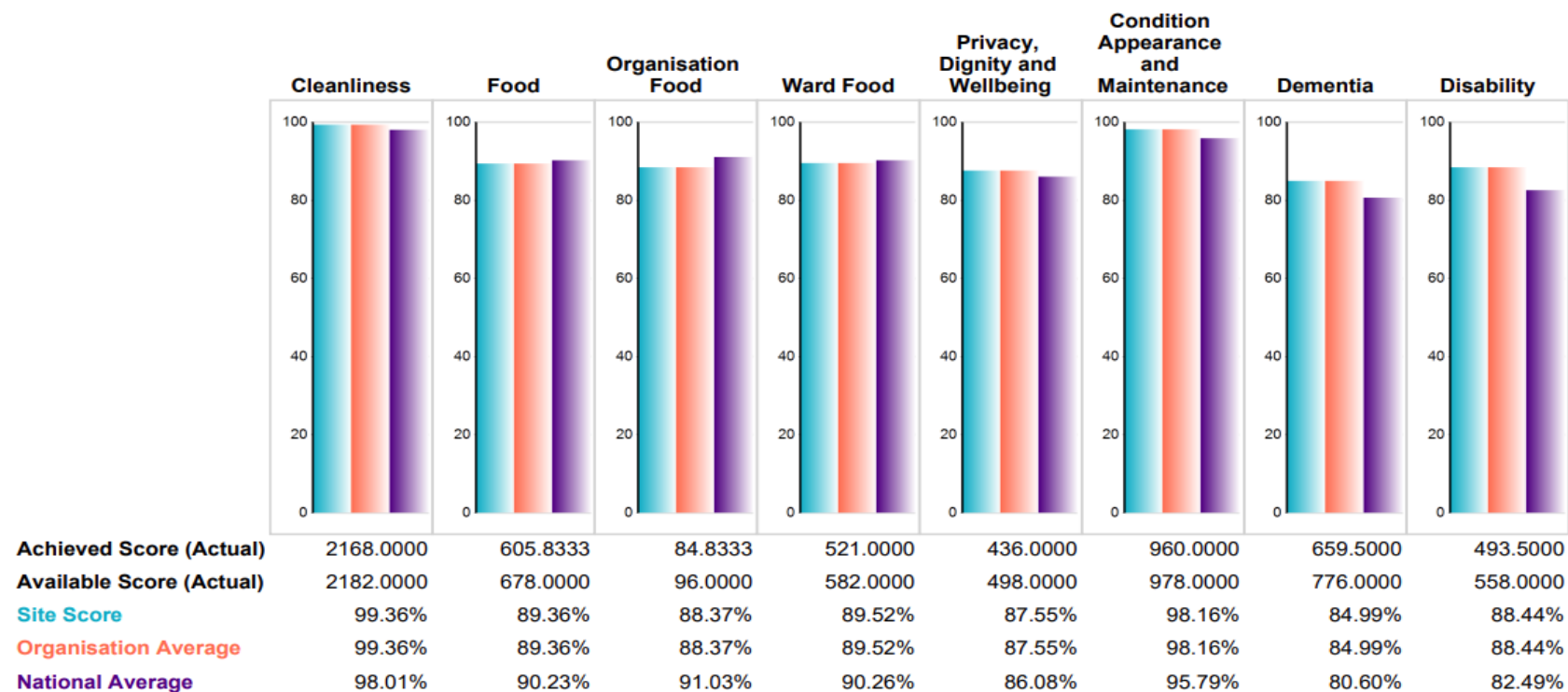
PLACE – Full 30/09/22

16 Patient assessors & six teams



# MKUH PLACE Scores 2022

## MILTON KEYNES HOSPITAL- Collection: 2022







## Key Theme's

- Things that went well
  - Patient representative engagement / participation
  - Using the Marquee as a base – welcome coffee & food tasting
  - Cleaning standards, condition & food standards have improved
  - Refurbished bathrooms a good standard
  - Good confidence in standards of care
- Room for Improvement
  - Hospital representatives – hard to recruit
  - General signage – wayfinding & some more 'you are here' signs
  - Rest areas – especially for disabled external
  - Availability of wheelchairs – Main Entrance, Cancer Centre & Treatment Centre
  - Breast Screening, MRI & Therapies building – very tired
  - Grounds & Gardens – some overhanging bushes & trees, litter in borders
  - Courtyards – Eye Clinic, Eaglestone, Eye Clinic
  - Smoking – lots of cigarette butts
  - Entrances - Ward 16 & Cardio – poor need refurbishment (Cardio planned)
  - More clocks in ward areas -

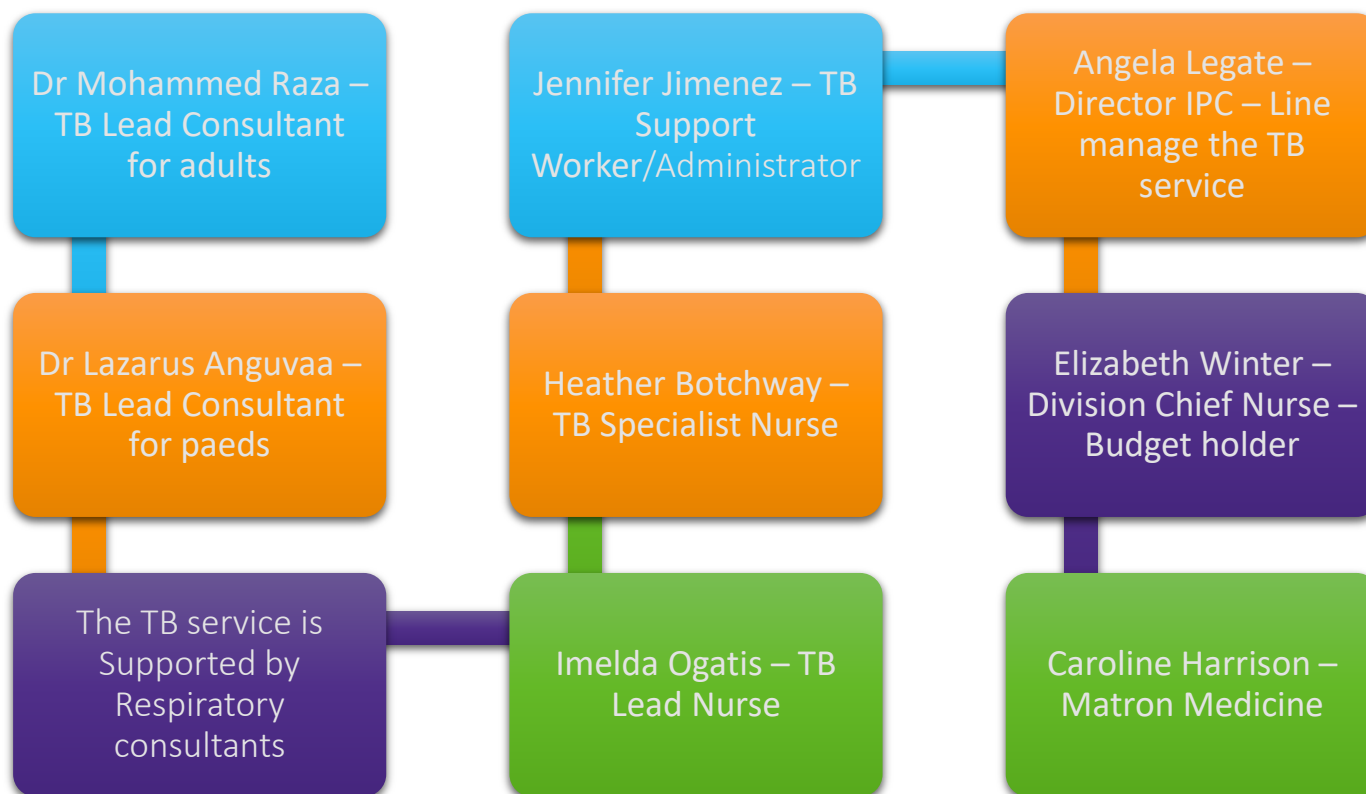
## Themes for Actions From PLACE Inspections 2022

- Re-audit areas to identify & validate actions
- **Catering & Food**
  - Set up a Catering Steering Group (with Responsibility for oversight of Food Safety)
  - Electronic Meal Ordering
- **Privacy, Dignity and Well Being**
  - Investigate a 'changing place's toilet'
  - Registered Carers visits at any time (e.g. John's Campaign or Carer's passports)
- **Dementia**
  - Toilet doors a separate distinctive colour
  - Contrasting colour for toilet set
  - Clocks & date on wards – visible to each patient
- **Cleanliness / Condition & Appearance**
  - Damage door frames on wards
  - Vent cleaning
- **External Areas**
  - Ward 16 entrance – poor
  - Cigarette butts around the site and in courtyards
  - Shrubs branches overhanging

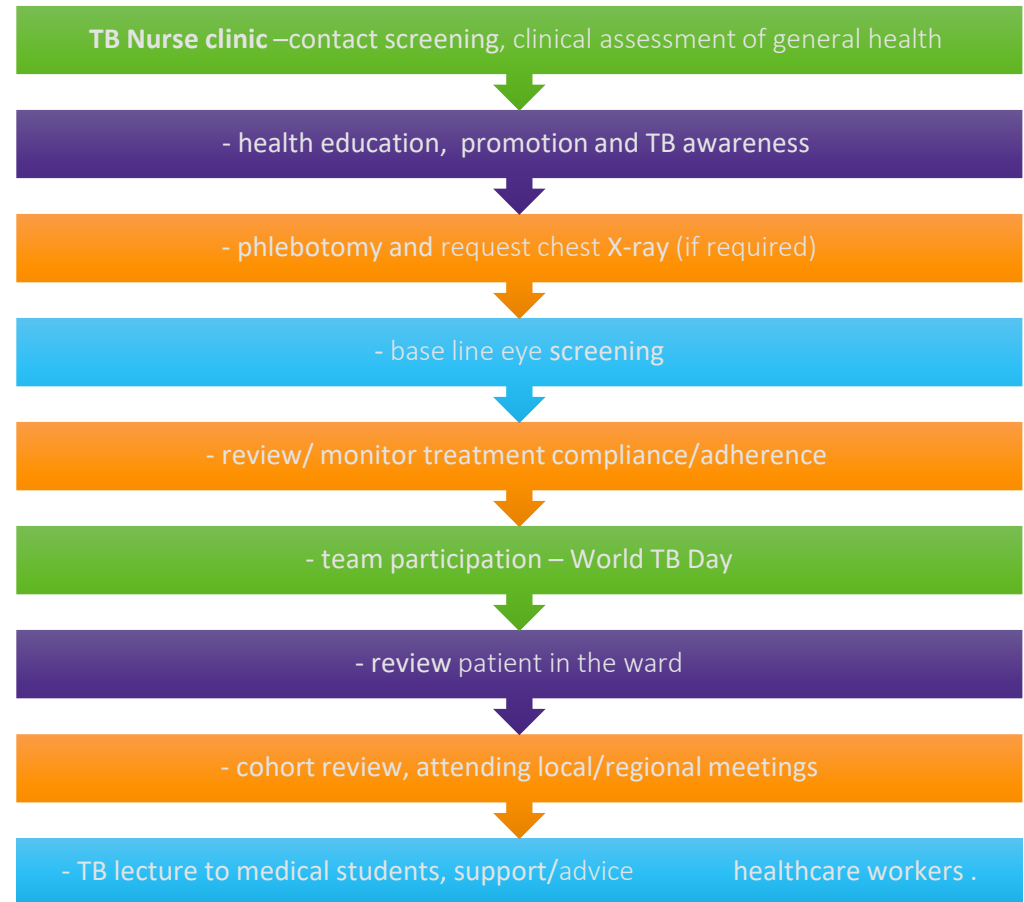
# Milton Keynes Tuberculosis (TB) Service Team



# The Team



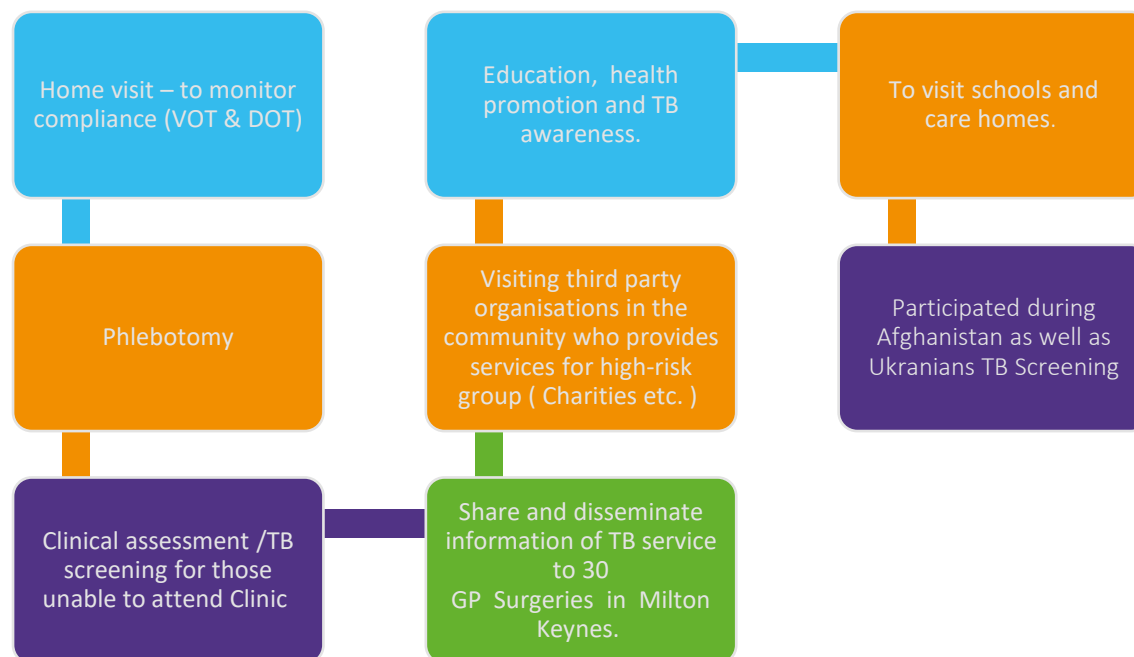
The TB Service provides the following



# TB Nursing Team in Action



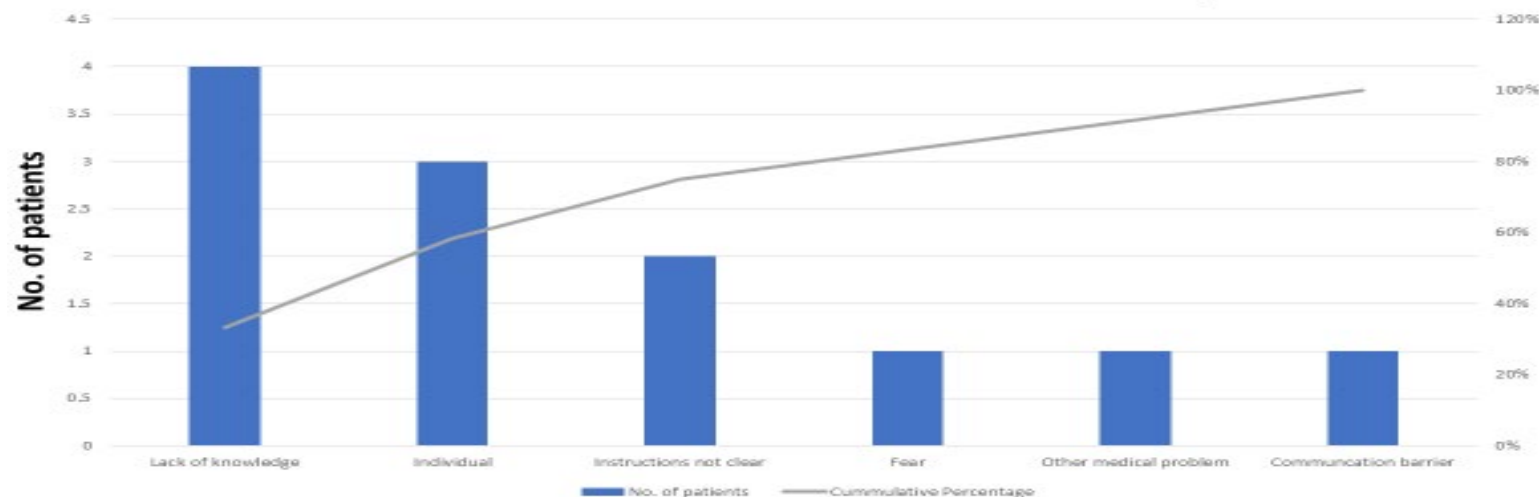
## Community activities





# CHALLENGES

**TB treatment non compliance**



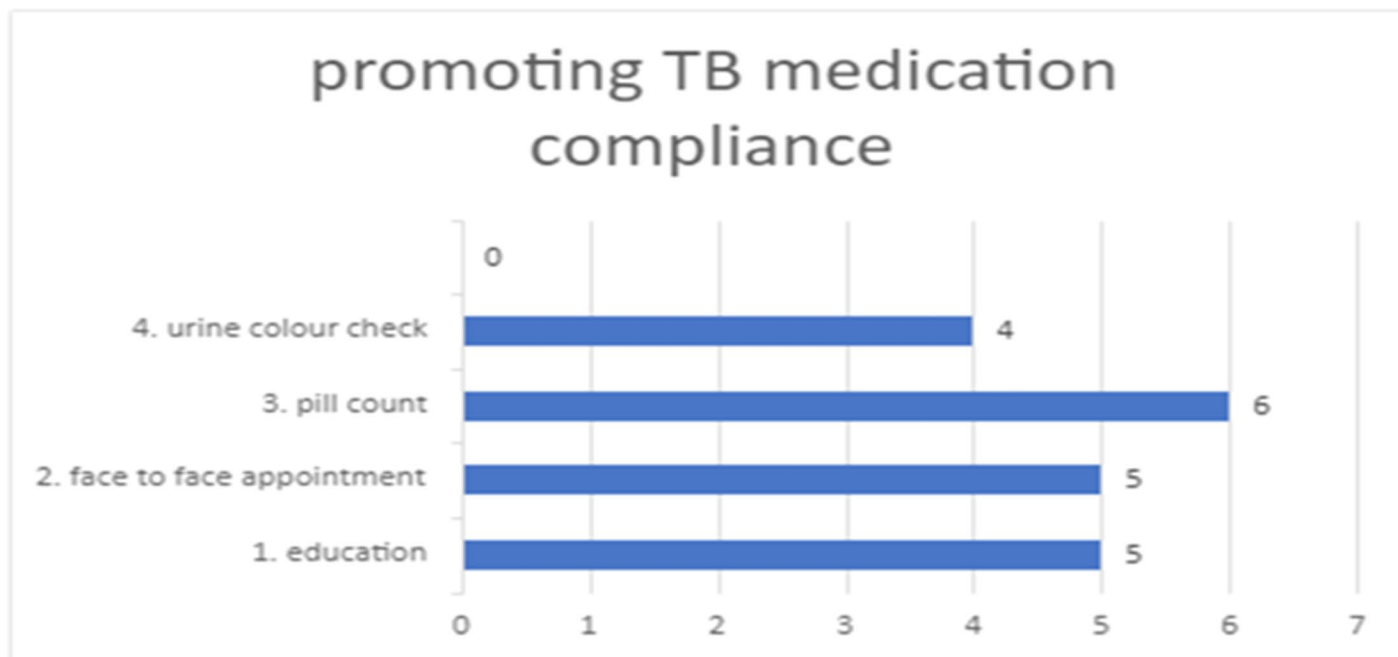
# The Impact



One example of the impact of non compliance

TB Service	Description of service to be written on invoice	Invoice period (No. of days on VOT)	Tariff details (daily cost x No. of films)	Total amount (in sterling)
Milton Keynes	Video Observed Treatment (VOT) Service provided by Find&Treat, UCLH.	01/04/22 – 06/06/22 (end of VOT)	67 x £8.04	£538.68
				£538.68

# Strategies



# The TB service Team – Milton Keynes



CONTACT DETAILS:



Email: [tbnurseteam@mkuh.nhs.uk](mailto:tbnurseteam@mkuh.nhs.uk)



Mobile: 07990805621



Mon-Fri 9-5pm



Together: **YES! WE CAN** END TB (WTBD, March 2024)

# References:

- NICE TB guidelines (2019( tuberculosis)  
<https://www.nice.org.uk/guidance/ng33>
- <https://www.thetruthabouttb.org/>
- <https://www.rcn.org.uk/-/media/Royal-College-Of-Nursing/Documents/Publications/2023/May/010-230.pdf>

<b>Meeting Title</b>	<b>Council of Governors</b>	<b>Date: 26 July 2023</b>
<b>Report Title</b>	<b>Membership &amp; Engagement Manager's Report</b>	<b>Agenda Item Number: 12</b>
<b>Lead Director</b>	<i>Kate Jarman, Director of Corporate Affairs</i>	
<b>Report Author</b>	<i>Lui Straccia, Membership &amp; Engagement Manager</i>	

<b>Introduction</b>	This report provides an update on the progress of the Membership & Engagement activity of the Council of Governors		
<b>Key Messages to Note</b>	<ul style="list-style-type: none"> <li>• <i>New Governors and elections</i></li> <li>• <i>Engagement Board – First meeting</i></li> <li>• <i>Governor activity</i></li> <li>• <i>Contact with local community groups and charities</i></li> </ul>		
<b>Recommendation</b> (Tick the relevant box(es))	<b>For Information</b> <input checked="" type="checkbox"/>	<b>For Approval</b> <input type="checkbox"/>	<b>For Review</b> <input type="checkbox"/>

<b>Strategic Objectives Links</b> (Please delete the objectives that are not relevant to the report)	2. Improving your experience of care 5. Working with partners in MK to improve everyone's health and care 6. Increasing access to clinical research and trials 9. Expanding and improving your environment 10. Innovating and investing in the future of your hospital
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<b>Report History</b>	<i>n/a</i>
<b>Next Steps</b>	<i>n/a</i>
<b>Appendices/Attachments</b>	MKUH Governor engagement activity April-July 2023 sheet

# **Membership & Engagement Manager's Report**

## **Council of Governors**

### **26 July 2023**

**Author: Lui Straccia**

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

#### **Membership –**

- Total – 1,862
- New members since April 1, 2023 - 101
- Members who have left since April 1, 2023 - 1

#### **Ongoing Governor Elections**

Since the last meeting in April 2023, Lesley Bell and Kat Jaitly have joined the Council of Governors (CoG) as Public Governors. Since April 2023, Niran Seriki, Ann Thomas, Robert Johnson Taylor, and Baney Young have also stepped down from the CoG. There are now 5 vacant seats on the CoG, and an election is being held for one of the vacant seats, with a result due to be declared on 29 July 2023. Elections for the 4 other vacant seats will be held in August 2023.

#### **Engagement Board**

The Trust held its first Engagement Board on 3 July 2023, attended by a dozen internal teams at MKUH. The purpose of the Engagement Board is to underpin the Trust-wide oversight of the hospital's community engagement activities so that they are coordinated, there is consistency of messaging across all channels and any feedback is appropriately managed. The proposal is for the Engagement Board to report to the CoG at each meeting, and Trust Board twice a year. The Engagement Board is currently confirming its terms of reference and other criteria such as meeting format and agendas. The next meeting is expected to be held in September 2023 as per the proposal for bimonthly meetings.

#### **Governor Engagement Activity**

We are in the 'events season', so Governors have been even busier than normal, out and about in the community (please see activity update). The activity is generating feedback which have been sent to the Patient & Family Experience Team and will be considered by the Engagement Board in the future. There are also ongoing meetings with charities and community organisations aimed at raising awareness generally of the existing support and information available to patients and members of the public. We contacted many of these organisations and groups during the MK Big Chat



networking event, hosted by MK's two MPs in June 2023. More than two dozen local organisations hosted stalls at the MK Big Chat.

In May 2023, staff were sent the quarterly MKUH Governors Newsletter which publicised the new Governors on the CoG, including a focus on Staff Governor Caroline Kintu, updates on the latest Trust Board and CoG meetings and a reference for staff to ask their family and friends to sign up to become Trust members. Newsletters have also been sent to the membership, including articles on Governor activity, election information, information on new Governors and updates on the latest CoG and Trust Board meetings. Several press releases and social media posts have also been published to promote Governor activity and their blogs.

## **Meetings with community groups and internal teams**

These have included, externally:

- Interfaith MK
- BLMK Primary Care Development and Transformation Manager
- Citizens Advice MK
- MK Baha'is faith group
- MK Community Foundation
- Connect Health
- CNWL
- Spinal Injuries Association
- Macintyre Charity

Internally:

- MK Hospital Charity
- Apprenticeships team
- BAME network
- TB team
- MyCare patient portal
- Hospital Chaplain and Patient & Family Experience (on ritual cleanliness for Moslem patients)
- Strategic Estate Development
- Paediatric Diabetes team
- Mental Health Lead
- Armed Forces Covenant

## **2023 Annual Members' Meeting (AMM)**

The 2023 AMM will be held on 09 October 2023. Please expect further announcements.

## **MKUH Governor engagement activity April-July 2023**

Yolanda Potter	<ul style="list-style-type: none"> <li>• Friends of the Caribbean Health Forum</li> <li>• Broughton &amp; MK Village community engagement event</li> <li>• Biomedical Science Day</li> </ul>
Shirley Moon	<ul style="list-style-type: none"> <li>• Newport Pagnell Carnival &amp; blog</li> </ul>
Maxine Taffetani	<ul style="list-style-type: none"> <li>• Radiotherapy Centre tour</li> </ul>
Emma Isted	<ul style="list-style-type: none"> <li>• Great Bedfordshire NHS Show &amp; blog</li> <li>• Radiotherapy Topping Out Ceremony</li> </ul>
Andrea Vincent	<ul style="list-style-type: none"> <li>• Radiotherapy tour</li> <li>• Attendance at first BLMK-wide Dementia Group meeting</li> </ul>
Kat Jaitly	<ul style="list-style-type: none"> <li>• Leighton-Linslade Carnival</li> <li>• MK Big Chat networking event</li> </ul>
John Garner	<ul style="list-style-type: none"> <li>• Friends of the Caribbean Health Forum</li> <li>• Leighton-Linslade Carnival</li> </ul>
Tracy Rea	<ul style="list-style-type: none"> <li>• NHS 75<sup>th</sup> birthday afternoon tea</li> </ul>
Lesley Bell	<ul style="list-style-type: none"> <li>• NHS 75<sup>th</sup> birthday afternoon tea</li> </ul>
Caroline Kintu	<ul style="list-style-type: none"> <li>• Family Mental Wellbeing Conversations event (at Murugan Hindu Temple)</li> </ul>
Babs Lisgarten	<ul style="list-style-type: none"> <li>• NHS Governors Conference</li> </ul>
William Butler	<ul style="list-style-type: none"> <li>• NHS Governors Conference</li> </ul>
Nick Mann	<ul style="list-style-type: none"> <li>• MK Big Chat</li> <li>• Radiotherapy Topping Out Ceremony</li> </ul>
Hany Eldeeb	<ul style="list-style-type: none"> <li>• Radiotherapy Topping Out Ceremony</li> </ul>

## Appointed Governor – Healthwatch Milton Keynes Report

**July 2023.**

Comments in relation to meetings of the Trust Board 6<sup>th</sup> July 2023

### Annual Inpatient Falls Report 2022/23

This was an insightful report which highlighted concerning numbers of patients with a diagnosis of Dementia/considered frail, and those awaiting a package of care/discharge plan. The fall prevention and management improvement plan need to balance patient education about maintaining physical activity against risk of falls, with suitable oversight by ward staff through bay side nursing, all of which is well covered in the report. It would be useful to hear from the Harm Prevention Group (HPG) at a later Council of Governors meeting how the improvement plans are progressing.

### Hospital Acquired Pressure Ulcers Annual Report

This report was welcomed to provide context to the Hospitals continued priority toward reducing incidents of HAPUs. A statement within the report outlines how patients and families experience was used to understand the impact of pressure ulcers and that an information booklet was co-designed. Governors, Healthwatch MK and the VCSE network provide key channels to helping to raise public awareness of HAPUs prior to hospital admission.

### Healthwatch activity April – June 2023

#### 6 residents contacted Healthwatch Milton Keynes to share their experiences of care at MKUH

Theme	Complimentary Feedback	Concerns/ what could have been better
Quality of Care by MKUHGP/MKUH – Maternity/Health visitors	Patient developed high blood pressure and pre-eclampsia during pregnancy resulting in induction and c-section 12 days prior to due date. Experience was challenging but labour ward handled the situation well. They were excellent and couldn't be faulted.	The patient's experience on ward 9 was "horrendous", led to PTSD, which the patient sought counselling for. Felt there were poor levels of support, dismissal of patient's concerns, poor support with breastfeeding, poor levels of personalised support.

Quality of Care by Consultants and Breast Surgeons		The patient felt that she was prevented from seeing an oncologist during her diagnosis and treatment and that she was given restricted treatment options, which she found out through further research and connections at Bosom Pals that other options could have been available but were never discussed. The patient felt that the response from PALs was unapologetic, protective of staff and raised concerns about the lack of independence.
Quality of Care by MKUHGP/MKUH - Maternity and GP Practice	Patient had planned a homebirth but was diagnosed with a condition with excluded homebirth as an option. The patient was very nervous about having the baby in the hospital. Despite requiring a cesarean, the patient felt that the staff adhered to her birthing plan as much as possible. Labour ward were very helpful and supportive and allayed her fears of using the hospital in the future.	
Quality of Care by MKUH	A client had two appointments; an ECG followed by an ECHO Cardiogram. Was seen very promptly for the ECG which was carried out courteously and professionally. She returned to the waiting room as her next appointment was not for another half hour. The ECHO procedure was then also a very smooth, professional, and straightforward procedure. While in the waiting room, the client noticed that the receptionist was very efficient and observant. It was very busy as there were 5 or 6 clinics in process, but patients were advised if their clinic was running slightly late. All the	Her only minor difficulty was with parking as car park B was full when she arrived. This caused a bit of anxiety, but fortunately a few cars left, and she was soon able to gain access.

	practitioners were courteous and helpful if patients had mobility problems.	
Quality of Accessible at MKUH		Communications from all departments and clinics of the MKUH Trust should be made available in an accessible format and provide an easily accessible channel of communication for visually impaired patients with PALs if they wish to offer feedback.
Quality of Care by MKUH	The patient has a minor condition that causes incredible discomfort, pain and prevents them from making necessary changes to their life to manage weight related long term conditions. The patient felt "humiliated" when their MKUH consultant asserted that the ICB do not fund the procedure "under any circumstances" The patient there was poor approach to personalisation, no information provided regarding IFR process. Having spoken to PALs and the ICB the patient is left confused through mixed interpretations of the 'low clinical priority' policy and can find no support to help navigate.	

## Improving System Flow

Healthwatch Milton Keynes is currently undertaking a period of resident engagement on behalf of the Milton Keynes Health and Care Partnership on the MK Deal priority – Improving system flow through the redesign of the current system flow pathways. This 3-month engagement activity has included hearing from staff across the hospital, community health services, ambulatory care and VCSE about how they care for and support patients journeying from admission, discharge, and readmission to hospital. The main focus of the activity hearing from patients and families about what, of anything they feel, based on their experience:

- Could have prevented admission to hospital.

- Worked well or could have worked better about discharge from hospital.
- What, if anything, could prevent readmission to hospital.

Part of this activity included listening to patients in the hospital. We heard from 27 patients and have been provided with information from PALs about any concerns/complaints shared with them regarding discharge. This was a valuable first visit back into the hospital since our Enter and view visits in 2017. The Healthwatch representative was very impressed with the operations and staff culture within the Maple Unit, who were very welcoming. All teams were very welcoming, with one exception where the representative experienced incivility resulting in disruption to how many patients who we were able to engage with.

There will be a final published report for the system flow project which Healthwatch MK will make available to the project team and publish. However, should MKUH team value some of the more detailed reflections from the visit we would be pleased to share, for internal learning.

## **2022–2023 Quality Account**

In June, Healthwatch Milton Keynes was invited to comment on Milton Keynes University Trust Hospital's 2022–23 Quality Account. Healthwatch Milton Keynes convenes a Quality Accounts Panel of staff and volunteers every year to review Quality Accounts and compile responses. The Healthwatch Milton Keynes Quality Accounts panel includes two previous MKUH Public Governors.

A Quality Account is a published report about the quality of services and improvements offered by an NHS healthcare provider. HWMK's Quality Accounts Panel assesses the extent to which:

- the accounts are accessible to residents e.g.
  - are they in plain English?
  - easy to follow?
- can the patient get a good sense of how the organisation has worked to identify and address patient safety and experience of care?
- is it easy to establish a clear picture of patient safety, care and experience improvements for people in Milton Keynes?
- is the Quality Account specific around how patient experience has improved?
- Are any improvements well evidenced?



The response provided to MKUH is attached below. We would advise that governors read the Quality Account and both Healthwatch Milton Keynes response, and that of Milton Keynes Council's Health and Adult Social Care Committee as these responses can support improved patient and hospital member communications. Healthwatch Milton Keynes recognises that the Quality Accounts process has become burdensome and has lost touch with its original purpose. The CEO of Healthwatch Milton Keynes is joining a working group of Healthwatch and NHSE staff to review and make recommendations for a review and refresh of Quality Accounts.

**healthwatch**  
**Milton Keynes**



**7<sup>th</sup> June 2023**

### **Healthwatch Milton Keynes response to Milton Keynes University Hospital NHS Foundation Trust Quality Account 2022-23**

Healthwatch Milton Keynes (HWMK) would like to thank Milton Keynes University Hospital NHS Foundation Trust (MKUH) for inviting us to comment on the draft Quality Account 2022-23.

Healthwatch Milton Keynes asks resident volunteers to participate in the annual review of Quality Accounts on our Quality Account Panel. Our volunteers offer a unique perspective that staff within Healthwatch might overlook because they have good knowledge of local health systems and services. This year our panel had 7 members – 5 volunteers, 2 trustees and 1 member of staff.

The QA panel felt that generally speaking, this Quality Account is not effective at providing a way for residents to form a view about how well the Trust is

performing in relation to Quality. Whilst the report is interesting and contains a significant amount of information about quality there is no real flow or structure to the report which makes the report difficult to follow. We felt that there are three key issues with the Trust's Quality Account that contribute to the lessening in relevance to members of the public:

- **Accessibility** – Some parts of the QA are easier to read than others, but plain language is lacking. There are many acronyms, too many technical terms and jargon which require a glossary or linked jargon buster.
- **Poor information about failures, performance, outcomes and comparisons** – The Account has a promotional and descriptive narrative with little evidence to demonstrate that the organisation is measuring and learning from failure and has a strong performance and improvement framework. Much emphasis is placed on inputs instead of tangible outcomes between reporting periods.
- **Absence of evidence of improvement that has directly resulted from patient feedback** – There is very little in relation to engagement with patients about service improvements and there is no picture of what the Trust's commitment is to engaging with patients in a structured way.

#### **Priorities for improvement in 2023–24**

The panel noted that **priority 1 – reducing deep tissue injuries** (DTIs) remains an improvement priority for the third consecutive year. When comparing MKUH's 2022–23 and 2021–22 Quality Accounts it appears that the number of deep tissues injuries decreased by 18% between 2020–21 and 2021–22 but subsequently increased by 244% between 2021–22 and 2022–23. It is concerning that whilst there is narrative about how improvements will be monitored and reported, there is no clear explanation about the data, and in particular the significant increase in reported DTIs. DTIs clearly remain a persistent issue for patients and the hospital, to the extent it requires prioritisation for three consecutive years. This warrants a clear rationale and more detail about the initiatives implemented within the hospital to reduce DTIs, as well as the challenges in achieving a reduction to DTIs.

**Priority 2 – Improvements in sepsis management** and **priority 3 – improvements in the reporting rates of low harm events** are important safe practices to prioritise. However, the detail around what changes will be made, or implemented is vague and quite heavy in health service jargon. It is important that Quality Accounts are easy to read and understand by patients using the hospital.

#### **Trust performance against Priorities for Improvement in 2022–23.**

The HWMK QA panel felt that there was insufficient detail against **priority 1 – Reduction in deep tissue injuries (pressure ulcers)**. Whilst we recognise that Quality Accounts, like other forms of required reporting can be time consuming for providers to complete, it reflects poorly on the approach of Trust and its recognition of the work of the staff within the hospital when patients are not able to see the story – the commitment and dedication to improving their safety and care within a Quality Account.

Similarly, **priority 2 – Improvements in (elective care)** to reduce long waiting times lacks detail to help the reader to understand what the plan was, why it didn't work and the rationale for why an issue that has continued to get worse be de-prioritised. The QA panel felt that the Hospital's plan to reduce the number to zero by month 12 was ambitious and unrealistic given the numbers shown on the graph for 2021-22. Data can be a challenge to present but in order to build trust with patients and communities it is important to explain data and detail the actions being taken to achieve a reduction in waiting times.

With regards to reporting against **priority 3 – Reductions in discharge delays** the QA Panel again commented on poor detail of any actions taken by the Trust to address the priority. There is no explanation about the rationale for de-prioritisation and how continuous improvement has been embedded into practice. We feel this was a key opportunity for the Trust to detail the work it is undertaking with the Milton Keynes Health and Care Partnership and other health and social care providers to redesign care pathways that aim to reduce delayed discharges.

CCG8 under the **2022/23 CQUINs for Milton Keynes University Hospital NHS Foundation Trust**. Whilst not a target set by the Trust itself, we have concerns about the metric (Ensuring that 70% of surgical inpatients are supported to drink, eat and mobilise within 24 hours of surgery ending). We feel that 70% is an unacceptable marker of quality. The panel recommends that the Trust add information about whether it had exceeded this target, over and above 70%. This was felt of particular pertinence in relation to the effects of poor mobilisation on DTIs and patient deconditioning which can result in poorer outcomes for patients, and delayed discharge.

We also have concerns about the CQC ratings of ED and surgical and would like to see what is in place to improve, particularly in relation to the Trusts strong focus on quality improvement.

As one of the quality markers withing Quality Accounts is improving patient experience we recommend that the Trust expand further on its patient experience

initiatives. We have noted the innovative approaches taken in developing and embedding Appreciative Inquiry (AI) and in developing the CLEAR Pathway, especially the inclusion of patients and look forward to seeing the results of evaluation of these initiatives. However, while we were pleased to see the detailed information on safety initiatives and complaints mechanisms, in line with the obligatory sections of the report, we were surprised not to see more mention of the positive actions taken to further patient involvement in co-production, decision making and in improving patient experience while attending or staying in the hospital.

Beyond the Quality Account itself, the QA Panel noted that the Trust, through the Council of Governors, has worked hard to reinvigorate the work of the Trust's governors, providing new public and patient engagement strategies and opportunities to capture public interest in the work of the Trust. The Quality Account is an opportunity to engage the public in exactly this. Developing future QAs with a patient and public focused approach is essential.

We were concerned about the generally critical position they made of the MKUH's 2022-23 Quality Account. Whilst it is the statutory function of local Healthwatch to provide constructive and independent feedback, volunteers are members of their community, and they want to see health services at the heart of their community trusted by patients and thrive. Whilst recognising that Quality Accounts are just one way of residents and patients understanding how their local hospital works to improve their care, they are nonetheless essential in providing an open, transparent and understandable picture of what the hospital does to improve patient safety, improve quality and patient experience.

We finally wish to commend the Trust on its achievements in advancing technologies to improve care and quality, as well as key developments in the Trust's services including the Cancer Centre, Maple Unit, Radiotherapy Unit and Women and Children's Hospital. The Trust has achieved an excellent reputation in the use of technology to improve quality of care and patient safety, and we would like to see its innovative approach well monitored and evaluated to guide future development. From the HWMK point of view, this is particularly true of the MyCARE patient portal and the mobile version of the FFT platform, in relation to patient access across all groups (including those without smart phones). We would also like to see more information on data access, exchange and interoperability, including inter-communication with other Trusts and ICSs.

We very much appreciate the opening of the new Maple Centre, providing dedicated space for both medicine and surgical Same Day Emergency Care

(SDEC) pathways to the population of Milton Keynes. This does a great deal to improve access to hospital services for primary care.

We have been very pleased to see the extensive work undertaken in cancer treatment, especially the collaborative approach taken. The new Cancer Centre is very central to this approach, and we are encouraged by the work now in progress on the radiotherapy unit. It is good to note that the cancer patient experience survey from 2022 saw MKUH placed in the top quartile of the country for good patient experience with an overall score of 8.9 out of 10.

Healthwatch Milton Keynes thanks Milton Keynes University Hospital Foundation Trust for presenting their draft Quality Accounts for 2021-22.

Kind regards

A handwritten signature in blue ink, appearing to read 'M. Taffetani', is positioned above a faint, light blue circular stamp.

Maxine Taffetani  
Chief Executive Officer  
Healthwatch Milton Keynes

## 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 – Council of Governors' Report

#### Additional Agenda Items

Month	Assurance Reports/Items
<b>15 February 2023</b>	Board Committee Update – Audit Committee
	Update on MyCare Portal roll out, including records functionality
	Age UK MK
<b>19 April 2023</b>	Board Committee Update – Finance and Investment Committee (b/f December 2022)
	Alzheimer's Society
<b>26 July 2023</b>	PLACE audit update
	Board Committee Updates - Quality and Clinical Risk Committee
<b>27 September 2023 (Private Meeting)</b>	Annual Report and Accounts
<b>09 October 2023</b>	<b>Annual Members Meeting</b>
<b>25 October 2023</b>	Board Committee Updates - Charitable Funds Committee and Workforce and Development Assurance Committee
	Allyship
	Alcoholics Anonymous MK
	Terrence Higgins Trust
	Launch of MyCare Portal
	Terms of Reference
<b>24 January 2024</b>	Board Committee Update - Finance and Investment Committee

	Diabetes MK
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