NHS
Milton Keynes
University Hospital
NHS Foundation Trust

COUNCIL OF GOVERNORS

Council of Governors' meeting to be held at 10:00 am on 11 May 2021 via Microsoft Teams in line with social distancing requirements

No.	Item	Purpose	Type and Ref.	Lead
1	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 and Matters Arising			
(a)	Minutes of the Council of Governors meeting held on 18 March 2021	Approve	Pg. 3	Chair
(b)	Matters Arising	Note	Pg. 10	Chair
5	Chair's Report	Note	Verbal	Chair
6	Chief's Executive Report	Note	Verbal	Chief Executive
PRESENTATION, INFORMATION and APPROVAL ITEMS				
7	2020 Staff Survey Report	Receive and Discuss	To Follow	Chief Executive
8	COVID-19 Update	Receive and Discuss	Verbal	Medical Director
9	Government White Paper - Working Together to Improve Health and Social Care for All: Update on Developments	Receive and Discuss	Verbal	Chair and Chief Executive
10	BLMK ICS Strategic Priorities	Receive and Discuss	Pg. 11	Chief Executive
11	Draft Governors' Communications/Public Engagement Strategy	Receive and Discuss	Pg. 16	Director of Corporate Affairs
GOVERNORS' UPDATE				
12	Lead Governor's Report	Receive and Discuss	Pg. 23	Lead Governor
13	Healthwatch Milton Keynes – Council of Governors' Report	Receive and Discuss	Verbal	CEO, Healthwatch Milton Keynes

	GOVERNANCE			
14	Motions and Questions from Council of Governors	Receive and Discuss	Verbal	Chair
15	Any Other Business	Note	Verbal	Chair
16	Date and Time of Next Meeting 12 July 2021, 10:00 via Teams	Note	Verbal	Chair
	RESOLUTION TO EXCLUDE THE PRESS AND PUBLIC			

The Council will consider a motion:

"That representatives of the press and other members of the public be excluded from the remainder of the meeting, having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest" Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960

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

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 Thursday, 18 March 2021, via Microsoft Teams in line with social distancing requirements

Present

Alison Davis	Chair	(AD)
Alan Hastings	Lead Governor & Public Governor	(AHas)
Dr. Alan Hancock	Public Governor	(AHan)
Clare Hill	Public Governor	(CH)
William Butler	Public Governor	(WB)
Jordan Coventry	Public Governor	(JB)
Babs Lisgarten	Public Governor	(BL)
Niran Seriki	Public Governor	(NR)
Ann Thomas	Public Governor	(AT)
Emma Isted	Staff Governor	(EI)
Elisabeth Maushe	Staff Governor	(EM)
Pirran Salter	Staff Governor	(PS)
Yolanda Potter	Staff Governor	(YP)
Tracey Rea	Staff Governor	(TR)
Tracy Keech	Healthwatch Milton Keynes Representative	(TK)
Andrew Buckley	MK Business Leaders Representative	(AB)
Andy Reilly	Milton Keynes Council Representative	(AR)

In Attendance

Professor Joe Harrison	Chief Executive	(JH)
Heidi Travis	Non-Executive Director	(HT)
Nicky McLeod	Non-Executive Director	(NMc)
Haidar Husain	Non-Executive Director	(HH)
Helen Smart	Non-Executive Director	(HS)
Dr Luke James	Associate Non-Executive Director	(LJ)
Dr Ian Reckless	Medical Director and Deputy Chief Executive	(IR)
Terry Whittle	Director of Finance	(TW)
Amy Huckle	Lead for Organisational Development, Culture and Reward	(AH)
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 everyone present at the meeting and noted that this was her first Council meeting since joining the Trust. The Chair also welcomed EI, EM, PS, YP, TR and JC to their first meeting as newly elected Governors.
1.2	**Apologies**
1.2.1	Apologies were received from Public Governors Ekroop Kular; Akin Soetan; Brian Lintern; Robert Johnson Taylor; and Lucinda Mobaraki, Staff Governor Dr Raju Thomas Kuzhively, Representative Governor Clare Walton. The Council noted that, due to a role change, David Barber resigned as a Staff Governor in March 2021. Apologies were also received from Non-Executive Directors Andrew Blakeman and John Lisle, and the Executive Directors.
1.3	**Declarations of Interests**
1.3.1	There were no new declarations of interest received in relation to the tems on the agenda.
1.4 (a)	**Minutes from the Council of Governors meeting held on 26 November 2020**
1.4.1	The minutes from the 26 November 2020 meeting were approved as an accurate record of the meeting.
1.4 (b)	**Matters Arising/Action Log**
1.4.2	There were no matters arising.
2 (a)	**Chair's Report**
2.1	AD provided a verbal update and reported that she had been warmly welcome by all stakeholders into the Trust since she joined on 01 February 2021, and noted that she had been in very informative meetings with several teams including those from Communications, the Chaplaincy, and Staff Networks. AD stated that she had also been in productive meetings with individual Executive Directors and Non-Executive Directors and would be taking steps to engage with the Governors as well.
2.2	AD advised that she had also been in meetings with the Trust's external partners including those from the Bedfordshire, Luton and Milton Keynes Integrated Care System (BLMK ICS), which was reviewing its strategic priorities and considering the White Paper. AD stated she had also met with the leads for the Milton Keynes Council, Michael Bracey the Chief Executive and Councillor Peter Marland the Leader of the Council.
2.3	AD advised that in future meetings she will be updating Governors on steps being taken to review and improve the performance of the Council, and to refresh other governance frameworks in the Trust. The Council **noted** the Chair's Report.

2 (b)	**Chief Executive's Report**
2.2	JH provided a verbal update and expressed his gratitude to the Trust staff for their positive and effective response to the COVID-19 pandemic. JH advised that the Executive Team had taken steps to provide health and wellbeing support to the Trust staff so they could rest and recuperate as COVID-19 infections continued to decline and the hospital prepared to return to full business-as-usual activity. JH stated that the Trust had restarted the provision of elective care, while taking steps to reduce the patient waiting list as quickly as was possible. JH stated that the number of patients attending the hospital for treatment was increasing, which provided an indication of the increasing confidence of the public that they would be safe from being infected with COVID-19 when in the Trust.
2.3	JH reported that work had begun in February 2021 on a new £14.88 million Pathway Unit, which would help relieve the pressure on the Emergency Department (ED), by ensuring that some patients requiring urgent treatment were able to receive it, whilst not having to attend the ED. The Trust planned to complete the Unit, which will be situated close to our ED, by August 2022. Work was also underway to begin the construction of a new multi-storey car park, which would provide 491 car spaces when it opened in Autumn 2021. JH advised that steps were being taken to secure funding for the construction of a Women and Children's Hospital, which would bring together Paediatric and Obstetrics Services under one roof when it opened in 2024.
2.4	JH stated that the results of the 2020 Staff Survey had been very positive, and a presentation on it would be provided to the Council in May 2021. **Action**: A presentation on the results of the 2020 Staff Survey to be provided to the Council of Governors in May 2021. The Council **noted** the Chief Executive's Report.
3	**COVID-19 update**
3.1.1	IR provided a verbal update and highlighted the following points: a. 32 COVID-19 positive patients, who were no longer infectious, were in the hospital; b. There had been 100 and 350 deaths of COVID-19 patients in the first and second wave of COVID-19 infections, respectively. c. The vast majority of COVID-19 patients had recovered and had been discharged from the hospital; d. The Trust had, during the peak of the COVID-19 pandemic, increased its liquid oxygen capacity, and removed any concerns of oxygen supplies for COVID-19 patients running out.
3.1.2	In response to AR's query around restrictions to the number of people who could accompany patients to the ED, IR advised that the Trust had been more flexible than peer NHS providers and stated that carers, partners and others had been allowed to accompany patients so long as this would make a difference in the care being provided. IR stated that the Trust only allowed one particular person to accompany patients and the Executives expected that these exemptions had been implemented in the ED. IR advised that the Trust was reviewing the

	rules on visits to the hospital and was taking steps to procure a booking app which would help manage visiting schedules.
3.1.3	In response to AHan's query around admissions of COVID-19 patients, IR stated that infection rates had declined significantly and was likely to continue declining. IR suggested that the COVID-19 vaccination programme was having a positive effect. The Council **noted** the verbal update on the Trust's response to the COVID-19 pandemic.
3.2	**Matters Arising: Briefing on Government White Paper (Working Together to Improve Health and Social Care for All)**
3.2.1	AD provided a verbal update on the Government's White Paper published in February 2021 on the Health and Social Care sector, and highlighted the main areas as being: a. An emphasis on collaboration, with the aim of building much stronger links between health and social care services to significantly improve outcomes; b. That the Secretary of State would have a direct input on activities in the sector; c. CCGs will disappear into the ICSs; d. There would be greater emphasis and focus on activities at the Place-level, which would be organised around specific boundaries; e. Organisational working would be across boundaries. JH advised that the Trust was directly involved with NHS Professionals (NHSP) and would continue to feedback to the Governors of developments while the implementation of the White Paper's proposals progressed. The Council **noted** the verbal update.
3.3	**Culture Programme: Leading with Values**
3.3.1	AH provided a presentation on developments around the Culture Programme, which was a continuation from the values creation work carried out in 2017/18, and would enable the Trust to co-create a values-led behaviours framework that would become a golden thread in our people and workforce strategy, systems and processes. The alignment of the values would be woven into the strategy, systems and processes, so that the Trust could attract and retain talent who would imbibe the values, leading to improved values led care, patient experience, outcomes and feedback, and drive out incidents of bullying and harassment.
3.3.2	AH advised that the implementation plan would be over a 9-month period from January 2021 till September 2021, and the outline of the various aspects were: a. Foundation (January to March 2021) – To impart skills for speaking up and to resolve bullying alongside manager skills to support staff to recover their health and wellbeing; b. Align to Values (April to May 2021) – Culture surveys and co-creation workshops to distil vision, values-led behaviours and prioritise values into areas such as the appraisal and PDR processes, guidance for hiring managers, and interview guide; c. Launch and Lead (Late May 2021) – To ignite the values movement through transformed leadership. The aim is to develop a leadership module with a focus on attitude, behaviour

	and culture, with practical tools to build the skills needed to role model, manage, coach, appraise and lead teams with values; d. Activate Values (June to July 2021) – Kick-start the movement for values-led culture change among the staff; e. Activate – Insights (July to September 2021) – A vision for a kinder, safer culture, with the aim of evidencing through experience, and the recruitment and retainment processes, how the Trust's values were being imbibed and implemented.
3.3.3	AB enquired whether there had been employment tribunal cases arising out of incidents of bullying and harassment, and whether the Trust had managed any bullying and harassment cases internally. AH stated that there was a strict process for dealing with such incidents laid out in the Trust's Bullying and Harassment Policy, and offenders were appropriately disciplined. JH added that there had been no employment tribunal cases and noted that the Culture Programme was being implemented to ensure that such cases did not arise. JH expressed his appreciation to AH for leading on the Programme's implementation and stated that this was a part of the Trust focus on improving patient experience. JH advised that the implementation date had been delayed by the Trust's response to the COVID-19 pandemic but was currently being progressed.
3.3.4	In response to AHan's query around how milestones would be monitored, and successes measured, AH stated that there a project manager had been recruited to keep track of the key milestones. AH advised that successes would also be measured through tools such as the staff feedback mechanisms, staff surveys and other benchmarks. In response to CH's query around whether volunteers would benefit, AH stated that the Programme would be embedded throughout the organisation and all bank and temporary staff as well as volunteers would benefit.
3.3.5	In response to AHas's query whether there was a definition of the term 'bullying and harassment', AB advised that there was a specific legal definition for 'harassment' but not of 'bullying'. AH stated that the Trust's Bullying and Harassment Policy defined types of bullying and provided a safe process for reporting bullying incidents. JH stated that the Trust had a zero-tolerance attitude for any form of 'bullying and harassment' and stated that the aim of the organisation was to root out any incidents of that behaviour. The Council **noted** the presentation.
3.4	**Quality Priorities 2021/22**
3.4.1	KMB presented the report and advised that due to the significant operational challenges associated with the Trust's response to the COVID-19 pandemic the 2020-21 Quality Priorities had not fully delivered. The Executive Team proposed that it was appropriate to refresh and continue with these priorities for 2021-22, and to refresh the relevant metrics and objectives.
3.4.2	The refreshed Quality Priorities were: a. Patient Safety – To improve the management of medication and outcomes for admitted patients with diabetes; b. Patient Experience – To reduce the length of stay (LOS) for our older patients;

	c. Clinical Effectiveness and Outcomes – To improve outpatient efficiency. The Council **approved** the refreshed Quality Priorities for 2021/22.
3.5	**Membership Engagement Report**
3.5.1	JP presented the report which highlighted the progress of the Members Engagement Group, which had the objectives of improving the engagement between the organisation, members and governors with a view to increasing the number of members. AHas thanked JP for managing and progressing the actions related to achieving those objectives. The Council **noted** the report.
4.1	**Summary Reports of the Finance & Investment Committee meetings on 11 January 2021, 01 February 2021 and 01 March 2021**
4.1.1	The Council reviewed and **noted** the reports.
4.2	**Summary Report of the Charitable Funds Committee meeting on 18 February 2021**
4.2.1	AHas noted that the community would be deeply grateful for the utilisation of charitable funds to procure 3 Draeger BabyLeo incubators. The Council **noted** the report.
4.3	**Summary Report of the Quality & Clinical Risk Committee meeting on 22 February 2021**
4.3.1	In response AHan's query around a deep dive which had been commissioned into the increasing number of patient falls, HS confirmed that the report from the investigation would be submitted to the Committee meeting in March 2021.
4.5	**Summary Report of the Workforce & Development Assurance Committee meeting on 20 January 2021**
4.5.1	The Council reviewed and **noted** the report.
5.1	**Healthwatch Milton Keynes (MK) – Council of Governors' Report**
5.1.1	TK presented the report and advised that Healthwatch (MK) had received feedback from patients which included concerns about the Trust's Complaints Team and Patient Advice and Liaison Service Team being part of same department. TK suggested that for the Liaison Service to be effective, it needed to be truly independent. TK advised that patients had also informed Healthwatch MK that the ED's operations had been outstanding at the peak of the COVID-19 pandemic. The Council **noted** the report.

5.2	**Lead Governor's Report**
5.2.1	The Council **noted** the report.
6.1	**Integrated Performance Report Month 10**
6.1.1	The Council **noted** the report.
6.2	**Finance Report Month 10**
6.2.1	TW presented the month 10 Finance Report and advised that the focus of the Finance Team was on making sure funding was available for recurrent expenditure, and on understanding the cost of the recovery from the COVID-19 pandemic. The Council **noted** the report.
7.1	**Motions and Questions from Council of Governors**
7.1.1	There were no motions or questions.
7.2	**Any Other Business**
7.2.1	**Council of Governors' Survey**
(a)	KMB informed Council members that there was a plan to conduct a Council of Governors' Self-Evaluation exercise in April 2021. A report on the results of the Self-Evaluation exercise would be submitted to the May 2021 meeting for review and approval.
(b)	JH informed Council members that, despite challenges with the national COVID-19 Vaccination Programme, the local Milton Keynes vaccination exercise had been very successful. JH stated that Danielle Petch and the Human Resources Directorate, as well as the Pharmacy Team, were all involved in the local exercise and should be thanked for their efforts. JH assured the members the vaccination exercise would progress as required, and all those who had received their first vaccine doses would most certainly receive the second doses as well.
(c)	AD thanked all for a well-attended meeting and called the meeting to an end.
7.3	**Date and Time of Next Meeting**
(a)	**Council of Governors meeting –** 11 May 2021, 10:00 via Teams

COG Action Log

Action No.	Date added to log	Agenda Item No.	Subject	Action	Owner	Completion Date	Update
1	18-Mar-21	2.4	Chief Executive's Report	A presentation on the results of the 2020 Staff Survey to be provided to the Council of Governors in May 2021.	JH	11-May-21	Attached to the agenda

Meeting title	Council of Governors Meeting	Date: 11 May 2021
Report title:	BLMK Strategic Priorities	Agenda item: 10
SRO:	Name: Rima Makarem	Title: Chair Bedfordshire, Luton and Milton Keynes ICS
Report Author:	Name: Nicola Kay	Title: BLMK Programme Director

Document summary	To provide an update on the development of the strategic priorities for the Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care System (ICS).						
Potential Risks and Issues							
Purpose *(tick one box only)*	Information		Approval		To note	x	Decision
Recommendation	The Board is recommended to note the contents of this report and provide steers on how the work can best consider the challenges and opportunities for the people of Milton Keynes which CNWL serves.						
Document history	The outcome of the workshops is being reported to each partner organisation Board or Health and Wellbeing Board.						
Appendices	None						

Purpose

1. This paper provides an update on the development of the strategic priorities for the Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care System (ICS). The purpose of this work is to create a common strategic direction for the ICS in terms of what it will deliver for population health over the medium and long term.
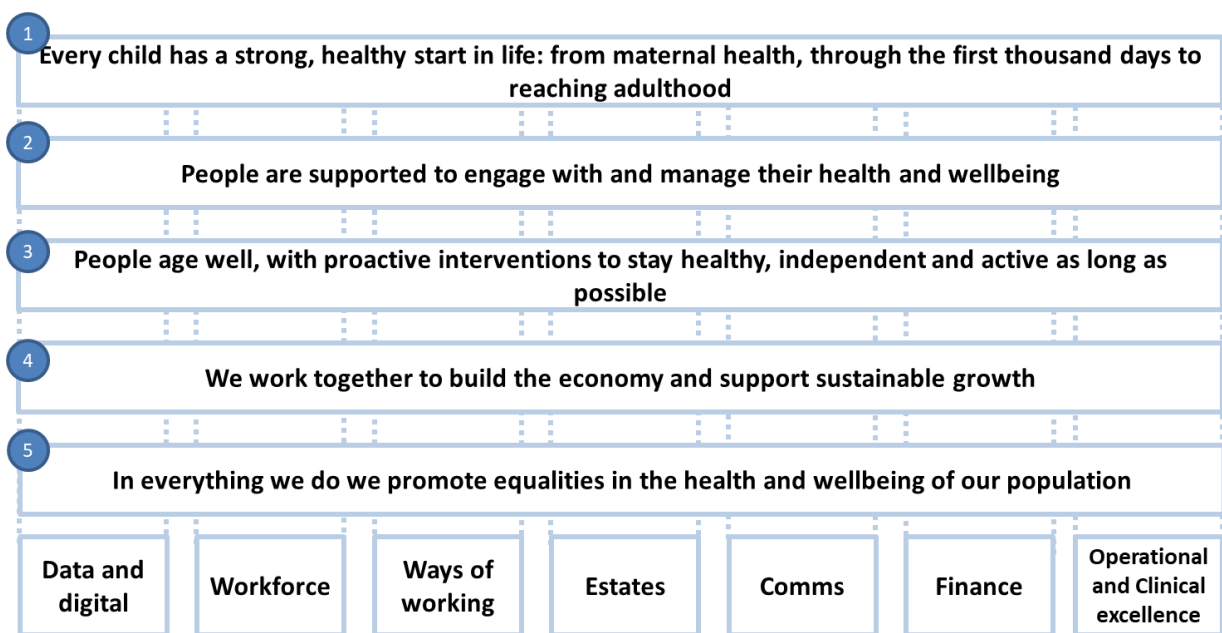
Background

2. In 2019, BLMK produced a Long Term Plan[1], following extensive engagement with partner organisations, residents, community groups and stakeholders. It is now the appropriate time to build on the basis outlined in the long term plan, ensure that BLMK strategic priorities align with the strategic objectives of partner organisations, identify any changes due to the pandemic and focus on population health outcomes. In addition, the Covid pandemic has further exposed inequalities in our society which we need to address collectively for the wellbeing of individuals and our communities.

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[1] https://www.blmkpartnership.co.uk/wp-content/uploads/2020/10/10137-BLMK-LTP-SUMMARY-Living-longer-in-good-health-05.03.2020-1.pdf

3. The intention of this work is to take a single system approach, with flexibility at place and care alliance level to meet local population needs. We will need to put in place appropriate governance to enable successful delivery of these priorities.

4. BLMK Chair and Executive Lead have met with all the CEOs and Leaders/Chair of the partner organisations to ascertain their views on the priorities for BLMK and the place they represent. The organisational priorities for each partner organisation and the impacts of Covid have been taken into account in the consideration of the BLMK priorities.

5. A set of draft priorities were discussed at a workshop of BLMK Partnership Board members on 3rd March 2021 and those attending were asked to identify the medium and long-term outcomes to address population health. In addition, the impacts of the Covid pandemic on local people, the workforce and the provision of services were also considered. For example the changes in demand for ambulance services and the impact of the pandemic on our workforce. The outputs from this workshop were considered at a second workshop on 24th March, to further develop the priorities and unpack the activity needed at each level of the system to deliver on these.

Emerging priorities

6. These are the emerging priorities for the ICS:

1	Every child has a strong, healthy start in life: from maternal health, through the first thousand days to reaching adulthood
2	People are supported to engage with and manage their health and wellbeing
3	People age well, with proactive interventions to stay healthy, independent and active as long as possible
4	We work together to build the economy and support sustainable growth
5	In everything we do we promote equalities in the health and wellbeing of our population

| Data and digital | Workforce | Ways of working | Estates | Comms | Finance | Operational and Clinical excellence |

7. We have also identified a set of cross-cutting enablers, which will support the successful delivery of the priorities above, and where some activity will need to take place at ICS level. These include data and digital, workforce, ways of working, estates, communications, finance and operational & clinical excellence.

8. We want to ensure that we are threading a reduction in inequalities throughout all the priorities set out above, as well as looking at reducing systemic inequality as part of priority 5. This means that the way delivery is designed is not entrenching inequalities and more vulnerable groups are explicitly supported. The full emerging strategy priority framework is in Annex A.

9. At the workshop on the 24th March, we discussed the priorities in more detail for each place. MKUH representatives, with partners in Milton Keynes, focussed on priority 1

around supporting children and their families to make a healthy start in life which will continue into adulthood.

10. As part of this development work, we are taking into account wider changes that will affect our population and services in BLMK. For example:

- Making the most of the Oxford-Cambridge Arc

- Additional investment in rail infrastructure as part of East West Rail, connecting Oxford and Cambridge via Bedford and taking in Milton Keynes on a branch will also open up opportunities for growth

- Following on from the above, we may be able to identify greater research and investment opportunities, potentially working more closely with the universities in BLMK

- Embedding technological advances in our system, including broadband access for all, and new advances which will enable better delivery of health and care

- Shifting generational expectations about receiving services that we need to be mindful of and aligned with

11. Principles for how we work together

Across our system, we want to develop effective ways of working which mirror the more formal governance approaches. In the conversations with system leaders, we heard a range of perspectives about what is important around how we work. From these conversations, we developed a proposed set of principles which were agreed at the Partnership Board on 7 April 2021.

- We learn from good practice both from within and outside our system and we embed it, adapting to local circumstances as needed but not reinventing
- We take a subsidiarity approach, with activity taking place at the lowest possible level, with activity taking place at a higher level only where that is more efficient and effective
- We are mutually accountable for delivering our priorities, with everyone taking responsibility for delivering their contribution as well as supporting others in delivery of theirs
- We keep the needs of the population at the centre of everything we do, taking a co-production approach with system partners across all sectors, the VCSE and with people with lived experience
- We build from where we are now, taking into account different starting points and reflect and adapt as we go along, embedding the principles of a learning system
- We take into account others' perspectives and are open with each other about our challenges, supporting each other in resolving any difficulties to better deliver continuous improvement

The Board are requested to adopt these principles of working in partnership with statutory, voluntary and community organisations in BLMK.

Next steps

12. The next stage will be to:

(i) Support the places in BLMK to develop activities across all of the 5 priorities – the main focus so far has been deep dives into priorities 1 and 4; so we need to develop the thinking in partnership on priorities 2, 3 and 5

(ii) Work with places to deliver place-based plans against all of the priorities, accelerating and building on existing activity and supporting development of appropriate resource and governance structures to enable successful delivery

(iii) Develop the plans at ICS level for the cross-cutting enablers and governance for this work, and ensuring that all this work comes together in a single plan for 'year 1' for delivery of the priorities across BLMK for 2021/22

Recommendation

13. **The Board is recommended to note the contents of this report and provide steers on how the work can best consider the challenges and opportunities for the people of Milton Keynes.**

14. **The Board is asked to adopt the principles of how we work together in partnership.**

Annex A: Priorities Summary Framework

	Priority 1: Every child has a strong, healthy start in life: from maternal health, through the first thousand days to reaching adulthood	Priority 2: People are supported to engage with and manage their health and wellbeing	Priority 3: People age well, with proactive interventions to stay healthy, independent and active as long as possible	Priority 4: We work together to build the economy and support sustainable growth	Priority 5: In everything we do we aim to embed the principles of population health and reduce inequalities
Evidence	• Our earliest experiences in life, starting in the womb, through birth, early years and into childhood and adolescence are vital in laying the foundations for future good health and wellbeing. • Children with adverse experiences growing up, such as living in a household with substance misuse or domestic violence, are less likely to be healthily and achieve in life • Fragmentation in the children's system leads to poorer outcomes for our most vulnerable children	• Supporting people to stay well for longer and making the most of the expertise, capacity and potential of people, families and communities in delivering better health and wellbeing outcomes and experiences will reduce pressures on health and care services • Earlier identification of health conditions can help to improve outcomes and reduce premature mortality	• Tackling issues such as social isolation, alongside reducing risk factors such as physical activity, poor hydration and nutrition and sensory impairment improves quality of life and reduces health service pressures and demands • Supporting independence, using an asset based approach, is a priority in maximising quality of life	• People's economic circumstances – the security and safety of their jobs and their level of income – are key to their health. Good employment is closely linked to good health and wellbeing and protects against social exclusion • High quality economic infrastructure enhances quality of life • The quality and availability of affordable homes is a key contributor to wellbeing of individuals and families	• Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. Inequalities arise because of the conditions in which we are born, grow, live, work and age • Evidence says that people living in our most deprived areas face the worse inequalities in relation to health access, experiences and outcomes.
BLMK context	• 39% of 15-16 year olds achieve grades 9-5 in English and Maths, compared to an England average of 43% • One third of children in year 6 are overweight or obese. One third of 5 year olds in Luton have tooth decay • 24% of children living in Central Bedfordshire, 31% of children in MK and Bedford Borough and 46% of children in Luton live in poverty • Infant mortality is higher in Luton compared with similar areas • Covid has caused a rise in mental health needs and eating disorders	• Compared to England, the smoking prevalence in Luton and in routine/manual occupations in Milton Keynes are significantly higher • Milton Keynes and Bedford Borough residents are less likely than average to visit the natural environment for health or exercise purposes • A baby girl born in Central Bedfordshire can expect to live for almost six years longer than a baby boy born in Luton; this gap mainly reflects higher deaths from circulatory diseases, cancer and respiratory diseases in deprived areas	• 44% of social care service users in BLMK feel they have as much social contact as they would like • Over 150,000 over-65s live in BLMK and this is expected to increase to 210,000 over the next 20 years. The number of over-90s is expected to more than double in that period • Emergency hospital admissions due to falls for people 65 and over are 11% higher in Milton Keynes than the England average	• There are 1.15 jobs per person of working age in Milton Keynes and 0.75 jobs per person elsewhere in BLMK; England has 0.87 jobs per person • The employment rate gap in BLMK is 11 percentage points worse for people with a long term condition, 67 for people with a learning disability and 68 for people in contact with secondary mental health services • Overall, close to 1/5 jobs pay less than the living wage	• In the most healthy wards of BLMK, women enjoy 20 years longer in good health than in the least healthy small areas. For men the gap is 17 years • Babies born in the most affluent parts of BLMK will live longer than those born in the most deprived areas. The biggest gap for men is in Bedford Borough (10 years) and the smallest is for women in Luton (6 years). • Two thirds of children are living in poverty in Biscot and Dallow wards in Luton and Queens Park ward in Bedford

Goals	• All children, regardless of where they live or their background, will be supported to have the best possible health and emotional wellbeing
	• Improved outcomes for pregnant women and infants; eliminating inequalities for Black and Asian women and those in deprived areas
	• Children can grow up in a safe and healthy home environment
	• There is an increase in educational attainment and employment levels for young people leaving education
		• Levels of wellbeing in the population increase, with people able to manage their own health and wellbeing
		• An increase in the number of years of healthy life expectancy
		• A reduction in the gap between highest and lowest decile healthy life expectancy
		• A reduction in premature mortality in BLMK
			• Fewer older people feel lonely or socially isolated
			• Older adults stay healthier, happier and independent for longer
			• There is a reduction in the number of older people having falls
			• People receive good quality end of life care and have good deaths
				• Increased economic growth rates
				• Increased levels of employment and the proportion of people earning the living wage
				• Closing the employment gap for people with long term conditions and learning disabilities and mental health issues
				• Increasing the quality and availability of our housing stock across BLMK
					• Achieve reductions in inequalities through the work of priorities 1-4
					• Reduce the gap between outcomes for our wider communities and
					  • Gypsy and traveller communities
					  • BAME communities
					  • For people with specific conditions including people with learning disabilities, autism or both

Governors and Membership Communications and Engagement Plan – Draft

Overview

The Council of Governors has a number of roles and responsibilities including:

- Contribute to the development of forward plans for the Trust
- Ensure the interests of the community are appropriately represented

The Council of Governors has 25 seats and the Trust has nearly 10,000 members, around a third of whom are staff.

It is intended this is a communications-led strategy, supported by the Trust Secretary, Executives, the charity and other staff groups at the Trust.

Aims

- Raise the profile of MKUH governors
- Increase public awareness and involvement in the Trust's activities
- Help members of the public and staff have the opportunity to influence the Trust in its future plans and changes in services
- Support governors inholding the Trust's Non-executive Directors to account as effectively as possible
- Encourage governors to think about alternative ways to communicate and engage with their communities, including the use of digital technologies

It is essential that all governor and membership communications and engagement activity is aligned to the 10 wider Trust objectives (please see below).

Objectives

- Increase engagement activity:
  - Between public governors and members
  - Between public governors and the public
  - Between public members and the public
  - Between staff governors and staff
- Increase the contribution of the membership, the public, and staff - towards the Trust's engagement activities, especially in respect to future changes in services
- Increase membership of public constituencies (staff are already opted in as members) (to 4%? Currently at 2%)
- Increase use of digital technology by governors and increase their community engagement activity via these channels

It will be necessary to apply targets and timescales to these objectives in order to measure success of the strategy.
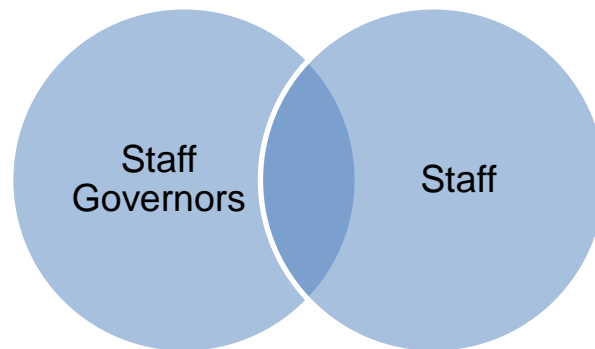
Approach

Audiences

- Public governors have two audiences which they represent – constituents (members of the public), and members. While these two audiences differ, they will be occasions where their interests will overlap.
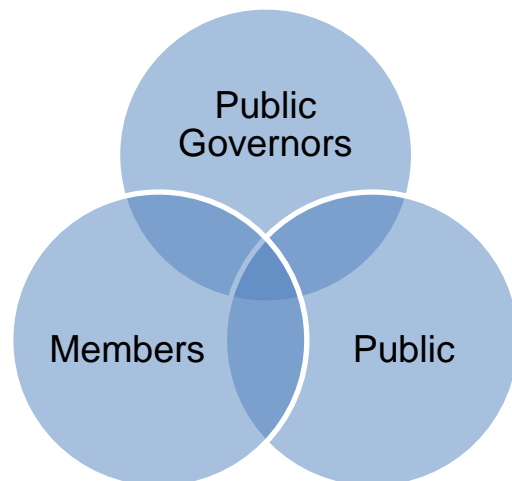
- Staff governors have one audience which they represent – staff.

To have an effective governor and membership strategy, it must be recognised there are differences in the way public and staff governors engage with their constituents and members. For example, public governors will not usually know their constituents, whereas staff governors may well know theirs. Staff governors may also need to factor hierarchy into their dealings with colleagues.

Generally, public governors will need to organise or arrange a meeting with a constituent, whereas staff governors will usually work on the same site as their constituents (at the hospital), making it easier to hold meetings and, possibly, to have efficient conversations.

Mechanisms – How governors can engage with constituents

Public governors

- Email / phone
- Trust website
- Blog updates on their activity (personal blog)
- Teams / Zoom – One-to-ones or live events e.g. Q&As, drop-in surgeries
- Social media
- Face-to-face meetings
- Constituency meetings
- Events / stalls (e.g. drop-in sessions at social and community centres, outside supermarkets, at community days, open and fun days)
- Attending community group / other agency meetings
- Partner organisation newsletters
- Facebook / social media community groups

Staff governors

- Email / phone
- Trust intranet page
- Blog updates on their activity
- Weekly newsletter

- Teams – One-to-ones or live events e.g. Q&As, drop-in surgeries
- Face-to-face meetings
- Events / stalls (e.g. drop-in sessions at social and community centres, stalls outside Eaglestone Restaurant, inside Main Entrance)
- Staff engagement forums / other agency meetings

Topics – What areas and issues governors can engage on

These include but are not limited to:

- Equality and diversity
- Estate development
- Service changes
- Performance
- Patient experience
- Multi-agency working
- Consultations
- Pandemic-related issues
- Recruitment
- Staff health & wellbeing
- Standards and behaviours
- Any other issues of concern

In order for governors to have maximum input into these areas, consideration should be given to inviting them to the relevant Trust meetings, project boards, sessions etc. Attendance at meetings should be recommended to each project lead / meeting chair at the start of a new programme.

Engagement activity / channels

- Biannual Members' Newsletter – Consider separate focuses for staff / public governors
- Keep centralised log of all governor activity (Senior Corporate Governance Officer)
- Working with local networks / groups / organisations / agencies
- Website / intranet stories – latest governor / members news
- Consultation updates
- Social media updates
- Chairperson bulletins
- Strategy progress updates – e.g. membership increases, engagement activity
- Meetings with executives according to portfolios
- Always asking for feedback on governor activity, and providing feedback to the public / members / staff on the result of that activity
- Local and regional media

Providing governors with guidance and tools for engagement, including presentation packs, can help them to fulfil their roles and become ambassadors of the Trust. Through issuing individuals with the right tools and information, this will allow them to increase the quality and quantity of their contact and conversations with constituents which will ultimately result in greater levels of feedback from governors and their constituents. This feedback will be vital into ensuring that the work MKUH is doing aligns with the views of its members.

Staff and public governors will require separate presentation packs, different guidance and advice in terms of the way they approach, engage and deal with their members / constituents.

Possible guidance / training

- How to be a Trust ambassador
- Social media training
- How to deal with patient / staff concerns – including signposting, and demonstrate listening and feeding back on activity
- Tips on keeping apprised of local / national general / governor news and developments
- Mental health first aid training

Considerations

- Awareness raising campaign targeting staff around profile of governors and benefits of membership
- Identify the make-up of our groups? Who are the public / patients / members / staff / governors?
- Ensuring our membership is representative of our communities. Current demographics show 85% of public membership are white (5% higher than MK); 61% membership are female; almost nobody under the age of 22 is a member
- Identify numbers of members in each constituency – which minority groups / geographical areas under-represented?
- Use a survey, web analytics, social media engagements and other measures to monitor progress against objectives
- Use of a database provider eg Civica for membership details
- Identify governor stories via interviews with the communications team
- Ensure staff are receiving the protected time they need for meetings – half a day per month
- Campaigns around governor election periods

Some of the approach to governor engagement is being tested for the first time so training and education will form part of this strategy. It is therefore intended that this
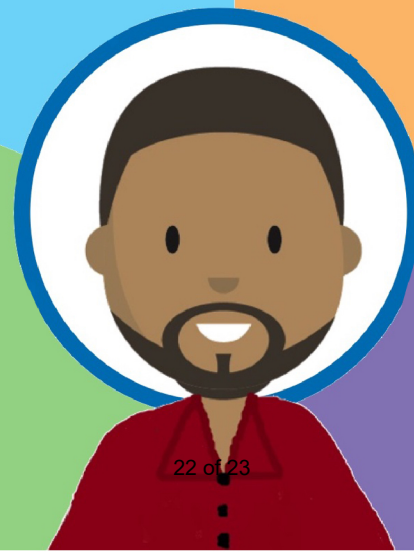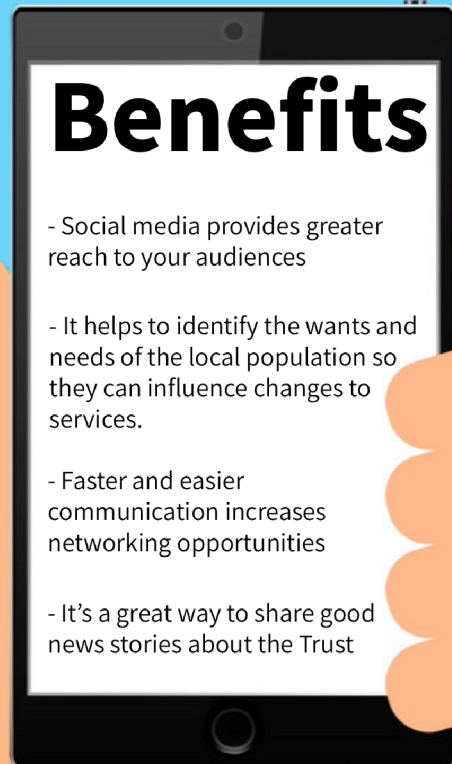
will be a living document shaped by governors as it continues to be rolled out and engagement activities increase.

Schedule / timeline

TBC once this strategy is approved.

Social Media Guide For Governors

Social media has become an invaluable tool for MKUH in the way we communicate and engage with our communities and helping the public to know what is happening at the Trust. Governors can use social media to help them to understand what's important to the communities they serve.

Benefits

- Social media provides greater reach to your audiences

- It helps to identify the wants and needs of the local population so they can influence changes to services.

- Faster and easier communication increases networking opportunities

- It's a great way to share good news stories about the Trust

Top Tips

- Post at least once a week to keep your audiences engaged

- Be mindful of your digital footprint; anything you post cannot be erased

- Use hashtags (#) to join the conversation on linked topics

- Link to the membership form wherever possible
https://www.mkuh.nhs.uk/become-a-member-of-mkuh

Considerations

- Avoid writing or posting anything that you would not normally say in public

- Always ask for consent when taking photos

- Don't share photos of patients or anything that might identify patients

Contact communications@mkuh.nhs.uk if you have any questions or concerns about your posts or those of others.

Get involved on our social media

Tag us to link the Trust to conversations!

@teammkuh

Milton Keynes University Hospital NHS Foundation Trust

@MKHospital

Report by Lead Governor for CoG Meeting 11-5-21

I hope all Governors and your families are well and Covid free, particularly our Staff Governors, as am I and my family, thankfully.

I also take this opportunity to give our sincere thanks to every member of staff at MKUH, particularly those on the front line. I will ask the CEO to please pass on our thanks to the staff.

Between 25-3-21 and 14-4-21 I had the pleasure of a series of welcoming meetings on TEAMS with our newer Governors: Public Governor Jordan Coventry and Staff Governors Yolanda Potter, Emma Isted, Pirran Salter, Lizzy Maushe and Tracy Rea. The meetings were very informal and gave them the opportunity to tell me what they do and to ask any questions and for me to tell them a few things about being a Governor. Their experience and backgrounds were wide ranging and will strengthen the Council. My thanks to them for their time and to Julia Price for setting up the contacts.

15-4-21 We had the Informal Meeting of Governors with the Chair. My thanks to Alison for a comprehensive range of items covered. Also thanks to Andrew Blakeman for telling us about his background. Andrew shortly will be completing his final term as a Non Executive Director and Senior Independent Director. Thanks for your service Andrew, much appreciated.

29-4-21 A small group of Governors had a Membership Engagement meeting (on TEAMS) chaired by Julia to discuss ways in which we can encourage people to become Members of MKUH and be more active. We were pleased that some of our newer Governors attended. Various Governors told us of ways they are contacting their constituents. We were encouraged to hear that use by MKUH of social media has resulted in new Members joining MKUH. The plan is to produce a series of presentation aids to enable Governors to make people aware of the role of Governors and the reasons for becoming a Member of MKUH.

30-4-21 The Appointments Committee held a meeting (on TEAMS). This will be reported on in the Private Session of the CoG.

Regards
Alan Hastings
Lead Governor MKUH
3-5-21