TheMKWay
CARE. COMMUNICATE.
COLLABORATE. CONTRIBUTE.

NHS
Milton Keynes
University Hospital
NHS Foundation Trust

Organisational Structure 2019

Milton Keynes University Hospital Board of Directors 3
Executive Directors roles and responsibilities 4
Governance Structure 5
Non-Executive Directors roles and responsibilities 6
Council of Governors constituents 6
Divisions and clinical service units (CSUs) 7
Divisional triumvirate & accountability 7
Medicine clinical service units (CSUs) 8
Women and Children's clinical service units (CSUs) 9
Core Clinical Services clinical service units (CSUs) 10
Surgery clinical service units (CSUs) 11

Milton Keynes University Hospital Board of Directors

NHS
Milton Keynes University Hospital
NHS Foundation Trust

Chairman
Simon Lloyd

Chief Executive
Joe Harrison

Professor John Clapham

Andrew Blakeman

Interim Director of Patient Care & Chief Nurse
Nicola Burns-Muir

Deputy CEO
John Blakesley

Medical Director
Dr Ian Reckless

Parmjit Dhanda

Helen Smart

Heidi Travis

Nicky Mcleod

Director of Workforce
Danielle Petch

Director of Finance
Mike Keech

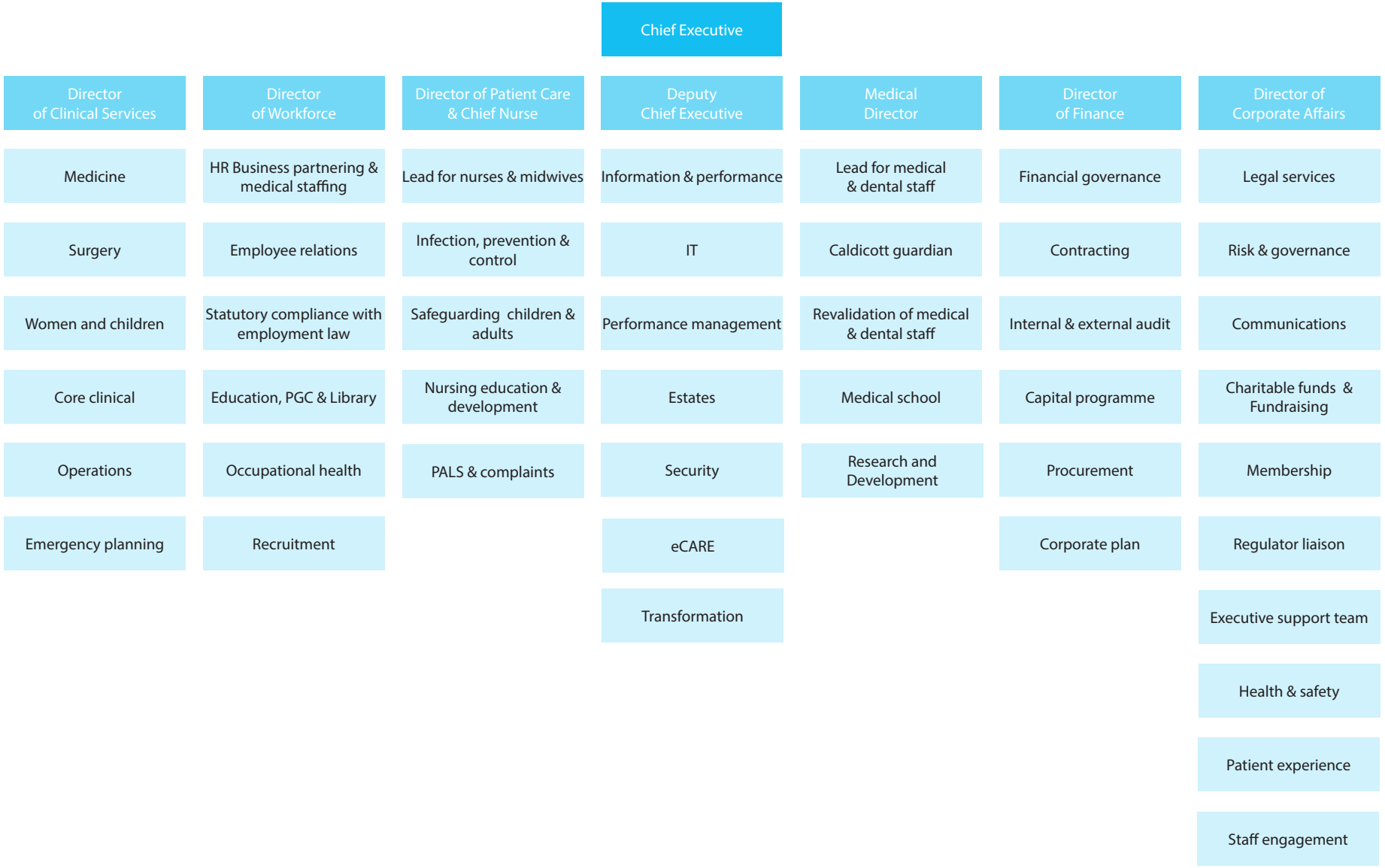
Director of Clinical Services
Caroline Hutton

Director of Corporate Affairs
Kate Burke

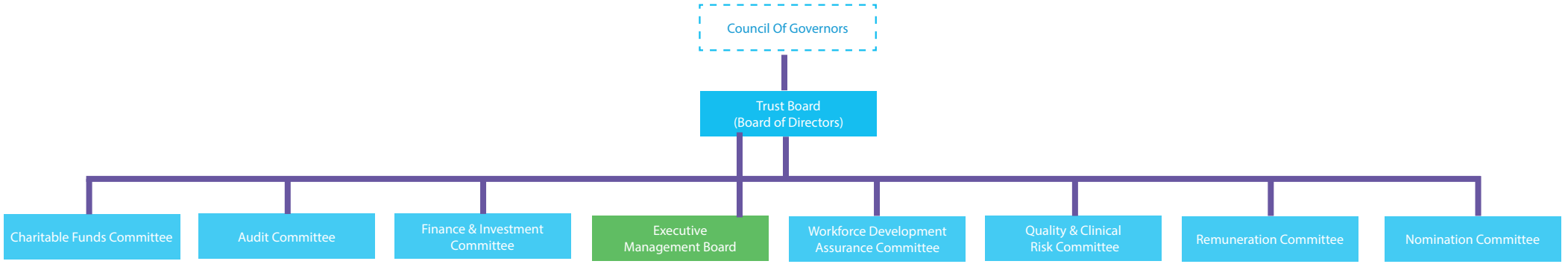
Tony Nolan

■ Non-Executive Directors

Executive Directors roles and responsibilities



Governance Structure



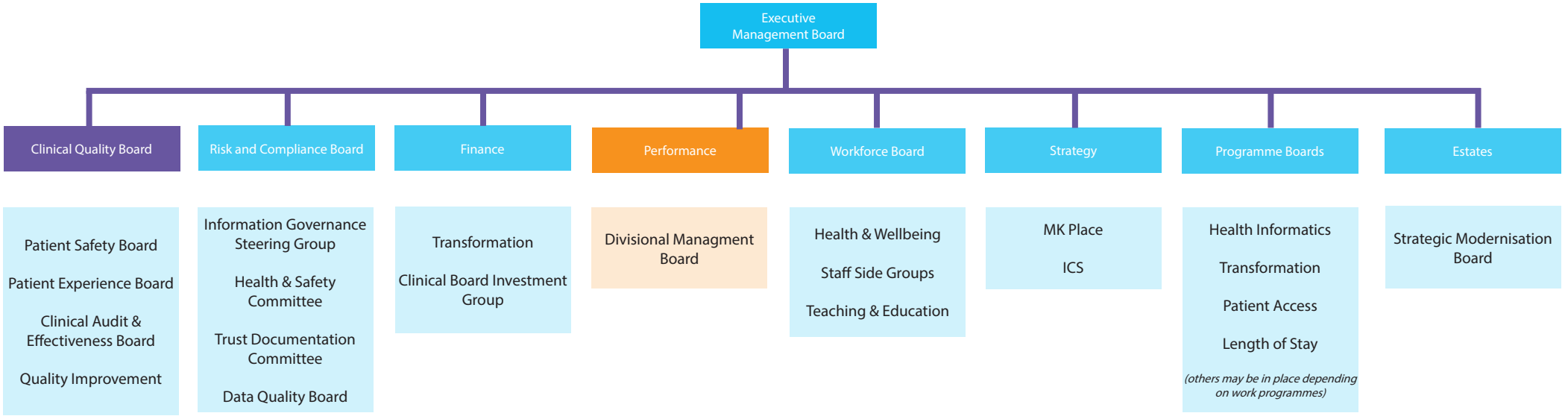
This is the Trust's **coporate governance structure** at **Trust Board (Board of Directors)** level.

The role of the Trust Board is to set the strategic direction of the organisation, to ensure appropriate governance, and that the business of the Trust - in how it performs, the quality of the care and services it provides, and how it uses its resources - is carried out appropriately and in accordance with all relevant legal, statutory and regulatory frameworks.

This structure diagram shows the Board and its sub-Committee. As a Foundation Trust, MKUH also has an elected Council of Governors (public, staff and stakeholder) which holds the Board to account.

The Trust has a ward to Board governance structure, enabling oversight, escalation and feedback from wards and departments to the Board, through an established governance, oversight and management structure.

Executive Management Board



This is the Trust's **coporate governance structure** at Executive Management Board level.

You can see the main reporting boards and groups to the **Executive Management Board (EMB).** Some of these groups have a direct reporting line to the EMB too - these include the Information Governance Steering Group and the Health and Safety Committee (as part of their legal duties).

The Executive Management Board meets **twice a month** - one meeting focusing on coporate reporting, and one meeting focusing on divisional reporting.

Divisional Management

The Executive Management Board meets twice a month. One of those meetings focuses on divisional performance and reporting (the **Divisional Executive Management Board**)

Divisional Executive Management Board

The Divisional Director (a doctor); Divisional General Manager; and Divisional Head of Nursing present the performance (quality, finance, operational performance, compliance and governance) to the Executive Management Board. They are held to account for divisional performance and escalate any risks and issues to the wider Board.

The Divisional Governance Structure

The structure shown on this page tells you how the governance chain links up from ward/department through the clinical divisions to the Executive Management Board.

You should be familiar with the meetings described here and will attend many of them, depending on your role. If you are unsure about the governance and reporting structure for your division, please speak to your manager in the first instance.

Chaired by Divisional Director, meets x10 a year. Clinical Service Unit leads all attend, trends and assurance, strategy, performance, finance, clinical governance and quality). Covers the quality, performance and finance agenda at divisional level.

Chaired by CSU Lead, meets x10 a year, two way information flow (reporting, escalation and cascade). Covers the quality, performance and finance agenda at CSU level.

Clinical Improvement Groups (CIGs) meet in every CSU (and also in specialties in larger CSUs and CIGs). CIGs meet to discuss clinincal governance and quality, including incidents, complaints, risks, audit, compliance, etc), mortality & morbidity etc.

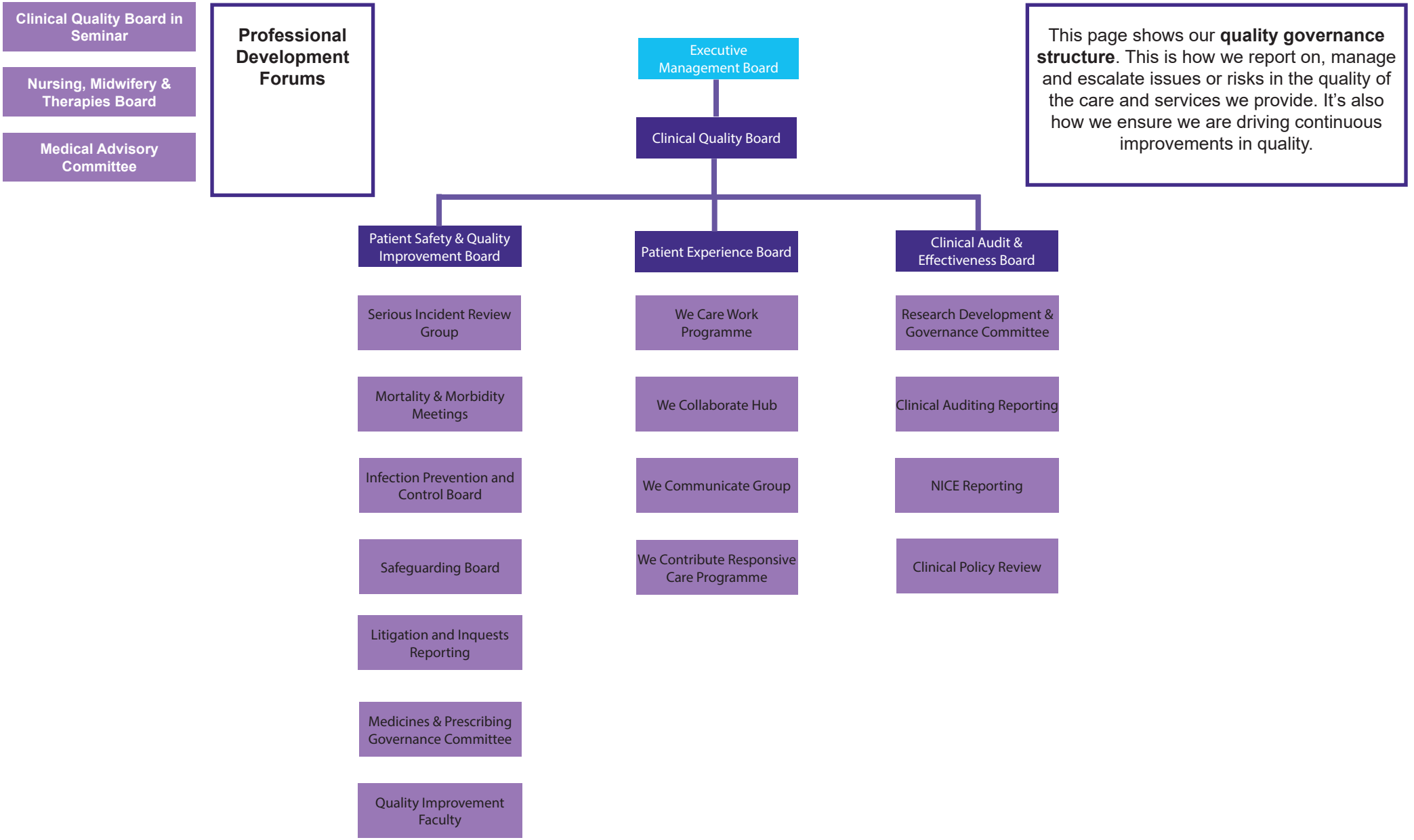
There are four clinical divisions:

1. Medicine
2. Surgery
3. Core Clinical
4. Women and Children

And supporting corporate functions:

Workforce
Finance
Corporate Affairs
Estates, IT, Information, Performance

Corporate Quality Governance Structure



This page shows our **quality governance structure**. This is how we report on, manage and escalate issues or risks in the quality of the care and services we provide. It's also how we ensure we are driving continuous improvements in quality.

A Ward to Board Governance Structure

Ward to Board

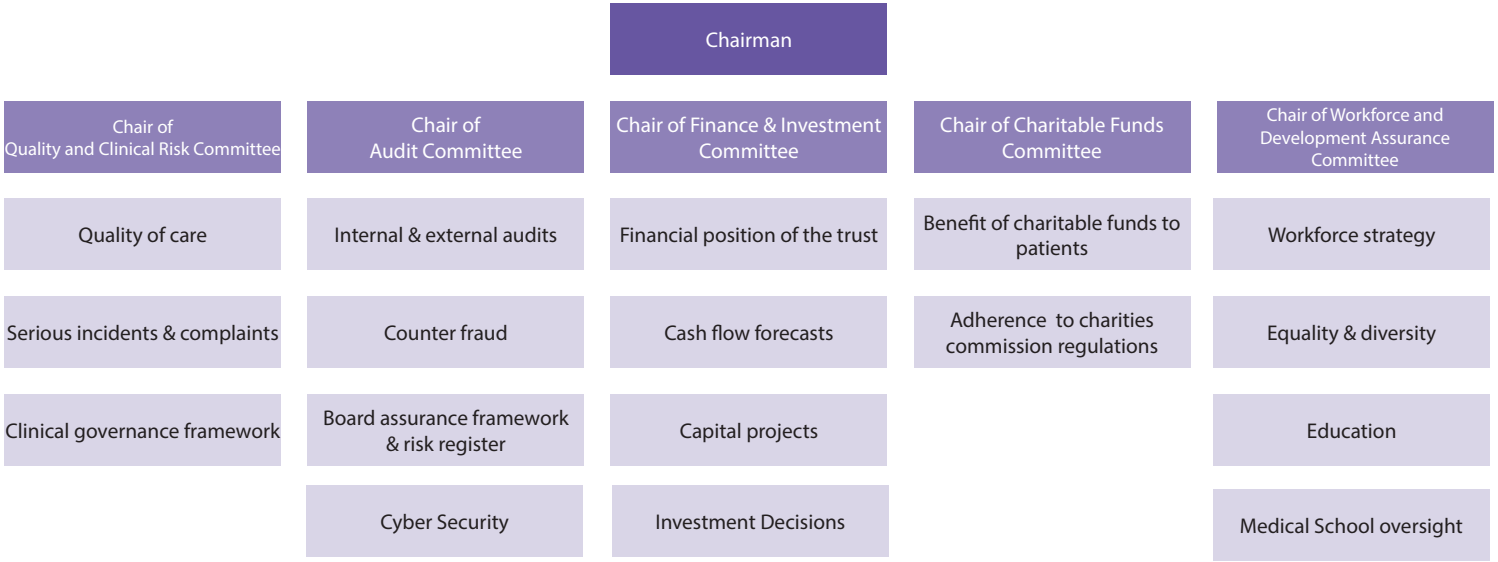
The Trust has a ward to Board governance structure, enabling oversight, escalation and feedback from wards and departments to the Board, through an established governance, oversight and management structure.

This means that there is a clear way of raising an issue at ward, department or specialty level and understanding how that issue can be escalated to the Board. This is done through our governance structure, as well as through speaking-up routes.

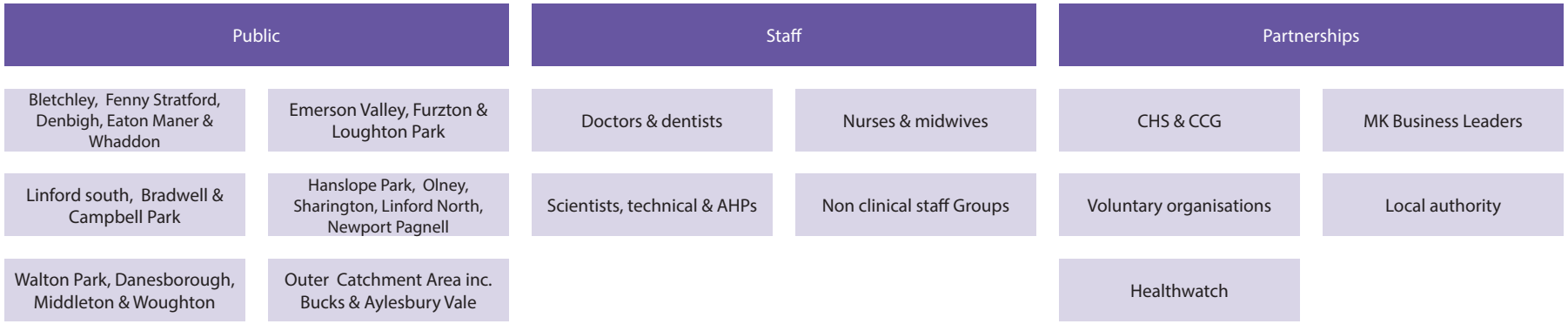
An example of ward to Board governance is as follows:

A patient falls on ward 1. An incident form is completed on Datix and is investigated by a relevant member of staff. A Falls Summit takes place on the ward as part of that process and to understand any immediate learning. The fall is discussed at the Clinical Improvement Group for Acute Medicine (relevant Clinical Specialty Unit) and Medicine Divisional Meeting (chaired by the Divisional Triumverate). The investigation report also goes to the Serious Incident Review Group, chaired by the Medical Director. The incident is not a Serious Incident but is recorded and discussed at SIRG. The fall is also reported upwards, both on the performance dashboard (as a metric) and in a narrative quality report. These reports go to Clinical Quality Board and Executive Management Board (chaired by the Chief Executive). An escalation and assurance report on falls within the last quarter goes to Quality and Clinical Risk Committee (chaired by a Non-Executive Director). This Committee reports on issues, actions and assurances in relation to quality and clinical risk to the Trust Board.

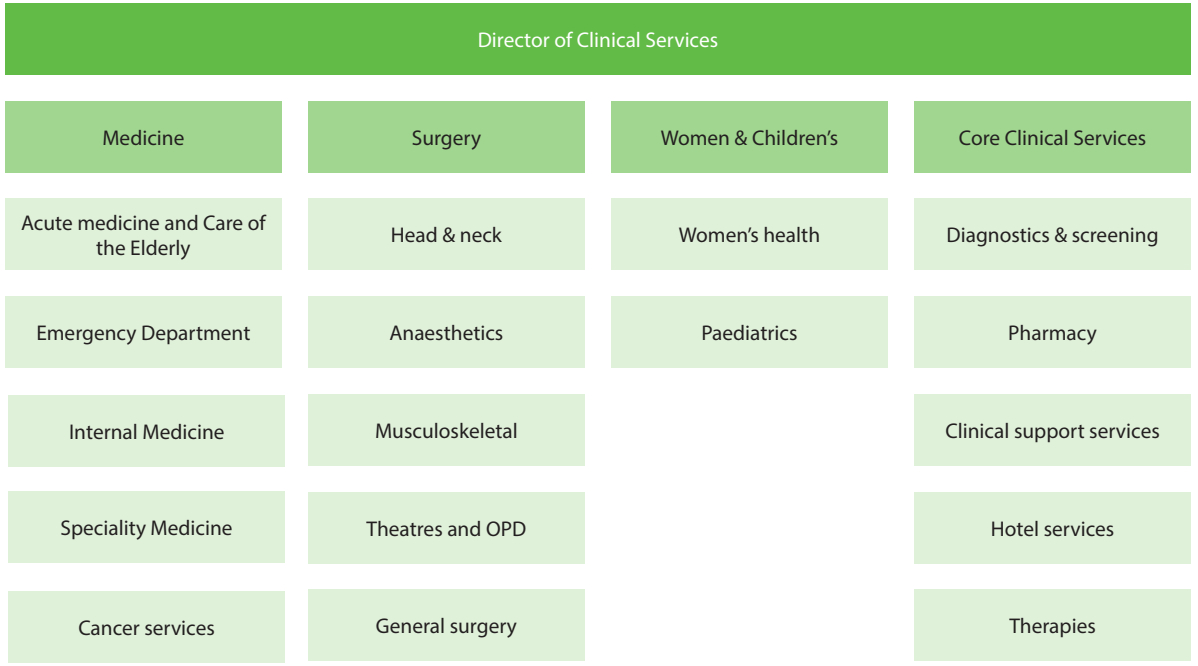
Non-Executive Directors roles and responsibilities



Council of Governors constituents

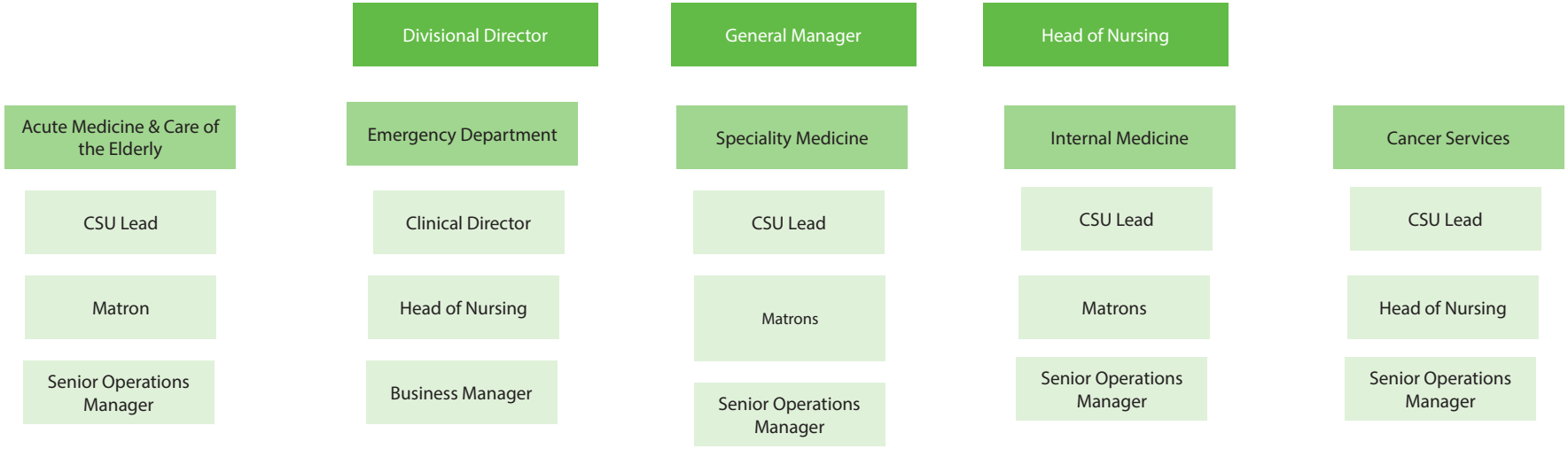


Divisions and clinical service units (CSUs)

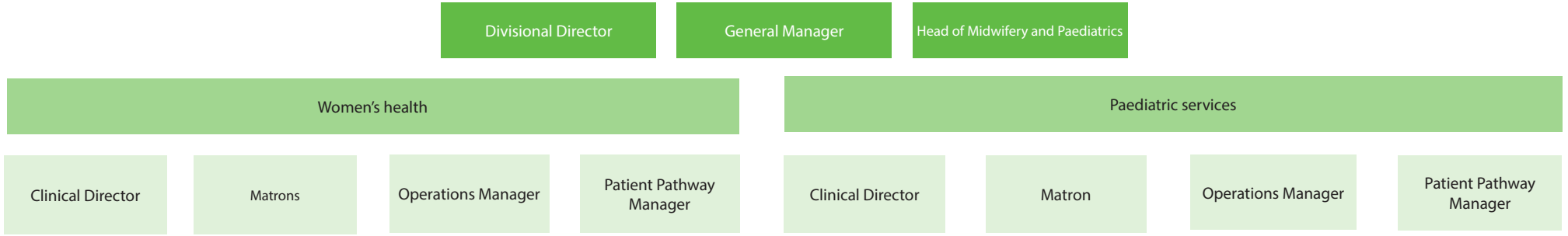


Divisional triumvirate & accountability

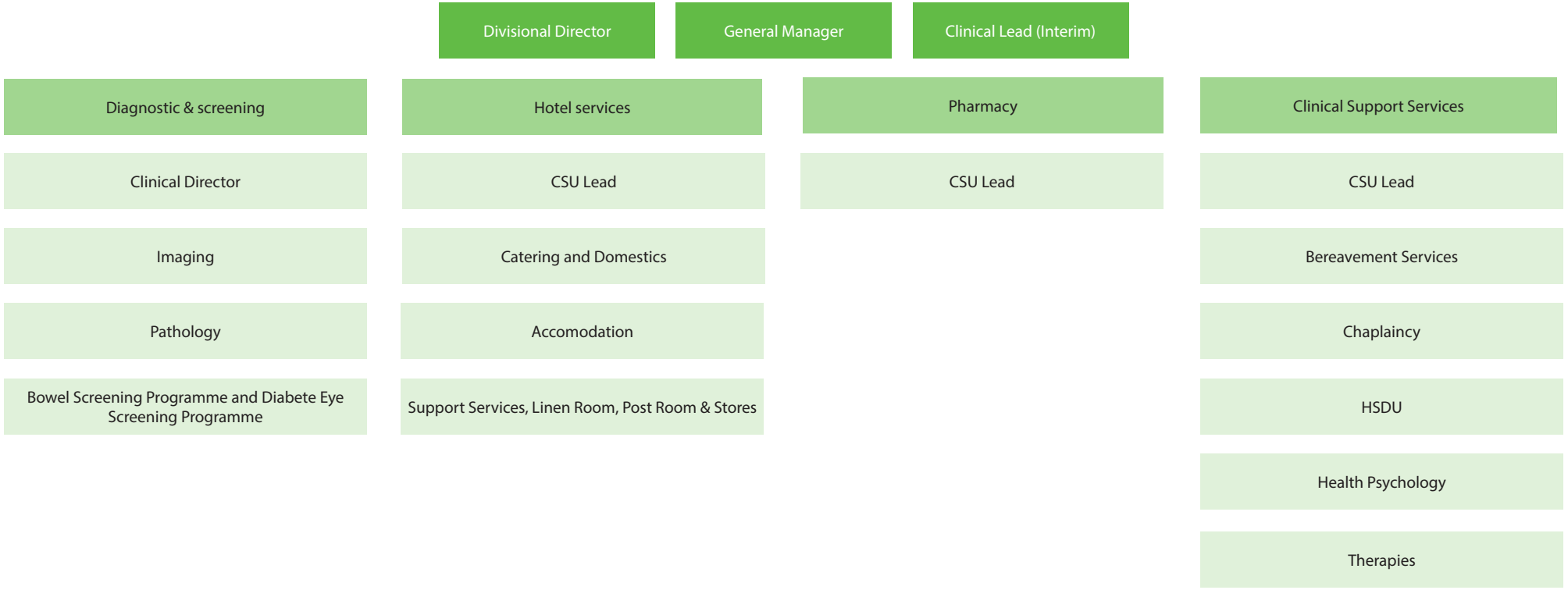
Medicine clinical service units (CSUs)



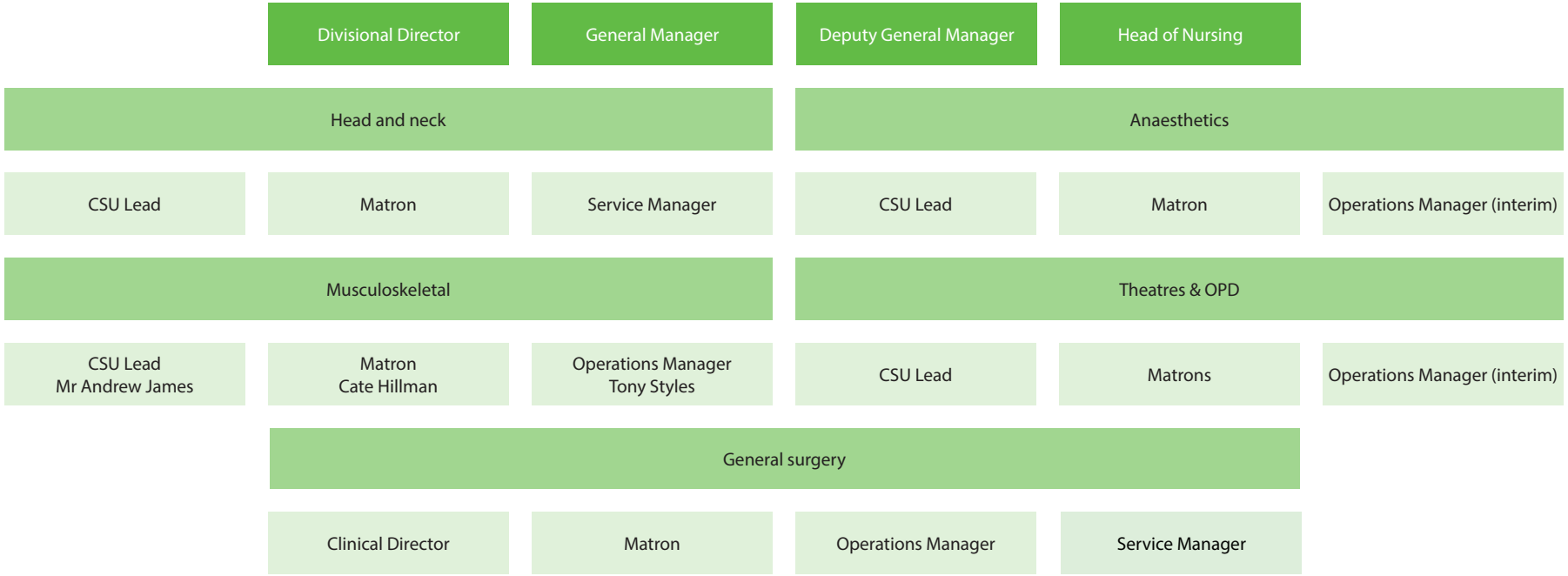
Women and Children's clinical service units (CSUs)



Core Clinical Services clinical service units (CSUs)



Surgery clinical service units (CSUs)



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As a teaching hospital, we conduct education and research to improve healthcare for our patients. During your visit students may be involved in your care, or you may be asked to participate in a clinical trial. Please speak to your doctor or nurse if you have any concerns.

Chief Executive: Joe Harrison
Chairman: Simon Lloyd