

## AGENDA FOR COUNCIL OF GOVERNORS' MEETING

**Meeting to be held on Monday, 22 November 2021  
via Microsoft Teams from 16.00 hours**

No.	No.	Item	Purpose	Type	Lead
1	16.00	Chair's Welcome and Announcements	Note	Verbal	Chair
2		Apologies	Receive	Verbal	Chair
3		Declarations of Interest i) Any new interests to declare ii) Any interests to declare in relation to open items on the agenda	Note	Verbal	Chair
4		Minutes of the Council of Governors' meeting held on 12 July 2021	Approve	Pg. 3	Chair
5		Action Log	Review, Note and Approve	Pg. 10	Chair
6	16.05	Chair's Report <ul style="list-style-type: none"> <li>• Welcome New Governors</li> <li>• Lead Governor's Election</li> </ul>	Receive and Discuss	Verbal	Chair
7	16.15	Chief Executive's Report	Receive and Discuss	Verbal	Chief Executive
<b>PRESENTATION, INFORMATION and APPROVAL ITEMS</b>					
8	16.20	COVID-19 Update	Receive and Discuss	Verbal	Medical Director
9	16.30	Update on Developments – Bedfordshire, Luton and Milton Keynes Integrated Care System (BLMK ICS)	Receive and Discuss	Pg. 12	Chair, BLMK ICS
10	17.15	Governors' Membership and Engagement Strategy	Approval	Pg. 37	Director of Corporate Affairs
11	17.25	Governor Induction and Training	Receive and Discuss	Pg. 41	Director of Corporate Affairs
<b>GOVERNORS' UPDATE</b>					
12	17.35	Healthwatch Milton Keynes – Council of Governors' Report	Receive and Discuss	Pg. 46	CEO, Healthwatch Milton Keynes

**GOVERNANCE**

13	17.45	Motions and Questions from Council of Governors	Receive and Discuss	Verbal	Chair
14		Any Other Business	Discuss/Note/Approve	Verbal	Chair
18.00		Close			
Date and Time of Next Meeting: Friday, 27 January 2022, 16.00 hours					

**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 10.00 hours on  
Thursday, 12 July 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)
Ann Thomas	Public Governor	(AT)
Brian Lintern	Public Governor	(BLI)
Claire Hill	Public Governor	(NR)
Lucinda Mobaraki	Public Governor	(LM)
Emma Isted	Staff Governor	(EI)
Yolanda Potter	Staff Governor	(YP)
Maxine Taffetani	Healthwatch Milton Keynes Representative	(TK)
Andy Reilly	Milton Keynes Council Representative	(AR)

**In Attendance**

Professor Joe Harrison	Chief Executive	(JH)
Heidi Travis	Non-Executive Director	(HT)
Haidar Husain	Non-Executive Director	(HH)
Helen Smart	Non-Executive Director	(HS)
Dr Luke James	Non-Executive Director	(LJ)
Kate Jarman	Director of Corporate Affairs	(KJ)
Kwame Mensa-Bonsu	Trust Secretary	(KMB)
Lui Straccia	Communications Specialist	(LS)

**1 Welcome and Announcements**

- 1.1 The Chair extended a warm welcome to those attending the meeting.

**2 Apologies**

- 2.1 Apologies were received from Public Governors Ekroop Kular; Akin Soetan; William Butler; Jordan Coventry; Babs Lisgarten; Robert Johnson Taylor and Niran Seriki; Staff Governors Dr Raju Thomas Kuzhively; Elizabeth Maushe; and Tracy Rea; and Representative Governors Clare Walton and Andrew Buckley. Apologies were also received from Non-Executive Directors Andrew Blakeman and Nicky Mcleod.

### **3 Declarations of Interests**

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

### **4 Minutes from the Council of Governors meeting held on 11 May 2021**

4.1 The minutes from the 11 May 2021 meeting were approved as an accurate record of the meeting.

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

5.2 The Action Log was noted.

### **6 Chair's Report**

6.1 AD informed the Council that she and JH had scheduled a meeting in August 2021 with their counterparts at Bedfordshire Hospital to discuss the Bedfordshire Luton and Milton Keynes (BLMK) Integrated Care System (ICS) and other collaborative arrangements between the two organisations. AD advised that she had attended the launch of a Trust Veterans Network, made up of retired and active members of the armed forces, and noted that the group had a lot of impressive plans for enhancing the support for their members.

6.2 AD stated that she had arranged a visit to the Woughton Parish Council in July 2021 to review their commendable community-based initiatives. The East of England Regional Chairs' Network was also pushing forward on its anti-racism agenda with the expectation that the constituent organisations would respond and push forward with the relevant actions. AD noted that a 'Cultural Intelligence' Seminar had been arranged for the Trust Board in December 2021.

6.3 AD noted that at an NHS Providers (NHSP) meeting for Chairs and Chief Executives in June 2021, the discussions had been around the need to recognise the significant changes taking place in the NHS particularly with the appointment of a new Secretary of State for Health and the expected appointment of a new Chief Executive for NHS England. There were discussions on the steps which needed to be taken to meet the challenges of reducing waiting lists across the country, the impact of 'long' COVID' and of winter illnesses on the NHS, and the digital transformation agenda. NHS providers also encouraged the continuation of initiatives known as 'Covid approaches', which involved innovation such as the setting up of clinics at congregating points like mosques and churches, to screen attendees for ailments.

6.4 AD advised that, as part of her introductory tour of the hospital's wards and facilities, she had visited the Trust's Hotel Services which had played a significant part in the response to the COVID-19 pandemic. The Hotel Services informed AD that during the pandemic they had more than tripled the number of periodic 'deep cleans' they undertook in the hospital.

6.5 AD stated that she had agreed with AHas to, possibly, establish a working group of Governors with a remit to establish the foundations of the Council's engagement with the BLMK ICS.

**Action:** To establish a Governors' working group to progress actions related to enhancing the Council's engagement the BLMK ICS.

The Council **noted** the Chair's Report.

## 7 Chief Executive's Report

- 7.1 JH informed the Council that the Trust had on the NHS's 73rd birthday in July 2021, published a very well-received yearbook to commemorate the brave and excellent efforts of the Trust's staff during the COVID-19 pandemic. The Trust planned to publish a second volume of the yearbook as more areas of the hospital wanted their COVID-19 pandemic stories to be recorded and published.
- 7.2 JH stated that as part of a programme of work to improve patient experience across the Trust, a new Neonatal Transitional Care Unit with the aim of keeping new mothers and their babies together if the new-born needed additional care was opened in July 2021. A specially trained team would provide that additional care without the new mother and their baby being separated from each other. The new unit would be accessed through Ward 10 with its own dedicated team and reception desk. The Early Pregnancy Assessment Unit (EPAU) had been relocated from Ward 10 to a dedicated, separate unit in Ward 9. The new EPAU would have its own dedicated entrance and reception desk and enable the Trust to ensure that the pregnant women who accessed the facility had all the necessary privacy that they needed and had the best possible support.
- 7.3 In June 2021, the Trust also launched a 'Hospital Navigator Scheme' to provide support for patients who had been abused domestically. The scheme was launched in conjunction with the Thames Valley Police and would be supported by a team of volunteers based in the Trust's Emergency Department (ED). The volunteers would provide comfort, advice and support to individuals who may be particularly vulnerable, and those patients who required further intervention would be directed to YMCA Milton Keynes for specialist support. JH advised that, under the auspices of the Staff Health and Wellbeing Agenda, the Trust had also launched a policy to support the provision of paid leave for members of staff who had been domestically abused.
- 7.4 Ward 14 had been fully refurbished and reopened, while Ward 1 had been closed for essential maintenance works to be undertaken. Wards 2 and 3 were, for the next few weeks, being utilised as the hospital's main patient assessment areas.

The Council **noted** the Chief Executive's update.

## 8 COVID-19 update

- 8.1 JH advised that activity across the hospital had, compared to 2019/20, increased significantly, and highlighted ED activity in June 2021 which was up 7% compared to June 2019. JH stated that as of 12 July 2021, there were 17 COVID-19 inpatients, with one being treated in the ICU. In view of the increasing activity and the rising number of COVID-19 infections in the community, the Trust was planning for the August 2021 holiday season and taking steps to ensure that the staffing capacity remained safe and adequate.

- 8.2 In response to HS's query around the impact of COVID-19 on the Trust's staffing capacity, JH stated that, due to the increasing number of community infections, the number of staff having to isolate was also increasing. In response to another query from AHan on the Trust's position if there was a change in the mask mandate, JH stated that the Trust had followed the national mask and Personal Protective Equipment (PPE) guidance and would continue to do so. JH added that if there was a change in the mask mandate, the Executive Team would inform the Trust Board on the need for the Trust to step outside of such a revised mandate. JH noted that, as an example, the Trust stepped outside the national guidance on hospital visits during the pandemic and allowed friends and family to visit patients in critical care.

The Council **noted** the verbal update on the Trust's response to the COVID-19 pandemic.

## **9 Accelerator Programme - Plan/Programme of Implementation**

- 9.1 JH informed the Council that under the auspices of the Accelerator Programme, the Trust had between April and June 2021 increased the number of outpatient care by 9% more than the same period in 2019. JH noted that between April and June 2021, 5% more elective care cases were treated than over the same period in 2019. JH advised that, while ED activity had increased, the admission rate for that cohort of patients had also increased. This was because those attending the ED had advanced conditions due to the delays caused by the response to the COVID-19 pandemic.
- 9.2 JH stated that the rate of patient referrals had increased by 20% in April and June 2021 over the same period in 2019 and noted that the increased activity was clearly not keeping up with the referral rate. JH stated that the Trust had taken steps to utilise private capacity and add weekend clinical sessions but as COVID-19 infections were increasing the position was challenging. In response to AHas' query around the increased referrals, JH advised that the 20% uptick in the referral rate amounted to about 9,000 extra referrals in April to June 2021 compared to same period in 2019. JH noted that overall, the NHS was up to only 88% of the activity of 2019/20, before the response to the COVID-19 pandemic in 2020 when most services were suspended. JH stated that while overall the waiting lists in the NHS was still increasing, the Trust was taking steps to increase activity and treat patients on waiting lists as quickly as possible.
- 9.3 In response to AHan's query around modelling for referrals, JH stated that though the Trust had reduced the number of 52-week waiters from 1000+ in March 2021 to less than 500 in June 2021, this had only been possible because there had been a significant drop in referrals between January 2020 and March 2020. JH stated that data indicated that currently there were 6 million fewer GP referrals to NHS providers than over the same period in 2019, and no modelling could accurately inform the NHS of when, or if, that referral rate would return, or if the Trust's 20% referral rate would continue to grow.

The Council **noted** the update on the implementation of the Accelerator Programme.

## **10 Lead Governors' Report**

- 10.1 The report highlighted the AT's activities in June 2021 on the Cancer Patient Experience Group, the Macmillan Wellbeing Support Group and the Membership Engagement Group.

The Council **noted** the report.

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

- 11.1 MT presented the report and stated that Healthwatch MK had raised issues related to ‘incomplete’ consultant letters and out-of-date patient appointment letters with KJ and Matthew Sandham, Associate Chief Nurse, whose responsibilities included ‘Patient Experience’. MT noted that the out-of-date appointment letters did not have the current COVID-19 guidance on people supporting patients attending the hospital.
- 11.2 MT presented Healthwatch MK’s 2020/21 Annual Report and stated that the organisation had utilised its resources to:
- a. Provide up-to-date advice on the COVID-19 response by health and care leaders and their services;
  - b. Link people to reliable up-to-date information;
  - c. Support the vaccine roll-out;
  - d. Support the community volunteer response;
  - e. Help people to access the wider health services they need.
- 11.3 The top 3 priorities for Healthwatch MK in 2021-22 were:
- a. Relaunching our outreach into the Milton Keynes community;
  - b. Enter and View in our Care and Residential Homes;
  - c. Your voice within the Integrated Care System.

The Council **noted** the report from Healthwatch MK.

## **12 2020/21 Quality Report**

- 12.1 KJ informed the Council that, due to a delay in the publication of the guidelines for the 2020/21 Quality Report, the preparation of the document had also been delayed which had resulted in the Trust being unable to submit it to NHS England (NHSE) by the 30 June 2021 deadline date. KJ advised that, because of the Trust’s response to the COVID-19 pandemic, the 2019/20 Quality Report’s priorities had not been progressed and were rolled over for the 2020/21 Quality Report. Overall, the normal consultation and auditing requirements for the Quality Report had been set aside for 2020/21. KJ stated that KMB had completed the report and had circulated it to Governors for review and comment.

The Council **noted** the 2020/21 Quality Report.

## **13 Annual Members’ Meeting: 15 September 2021 (TBD - at the University of Buckingham Academic Centre/online)**

- 13.1 KMB advised that because the Trust’s External Auditor was yet to complete their audit work, the Trust would only be able to lay the 2020/21 Annual Accounts before Parliament after the summer recess on 06 September 2021. KMB added that as the arrangements for laying of Annual Account for Foundation Trusts was yet to be communicated this was also heightening the uncertainty around the planning for the 2021 Annual Member’s Meeting.
- 13.2 KMB informed the Council that, after laying the Annual Accounts before Parliament:
- a. A private meeting would be organised, at short notice in September 2021, so the Council of Governors could receive the final Annual Report and Accounts;

- b. Due to these uncertainties, the Annual Members' Meeting, scheduled for 15 September 2021 was likely to be postponed to the end of September 2021 or the middle of October 2021.

The Council **noted** the update on the 2021 Annual Members' Meeting.

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

- 14.1 LM forwarded a written question:

Should the (Trust's) objectives include a system to manage patients' expectations?

JH provided a written response:

As you know we are reframing our objectives to ensure they capture what patients can expect when they come to our hospital. I think it is right that they have high expectations of our hospital that we will do our very best to meet. I am not sure that at this stage we should be looking to manage expectations but will keep this under review as our progress against these objectives evolve.

#### **15 Any Other Business**

##### **15.1 Regulation 28: Report To Prevent Future Deaths – Re Nicholas Rousseau**

- 15.1.1 JH informed the Council that the Trust had provided a detailed response to the Preventing Future Deaths (PFD) report issued in March 28 following a Coronial Inquest into the death of Mr Nicholas Rousseau. Mr Rousseau had died in October 2019 from acute bowel ischaemia, and the PFD related to adherence to NICE guidelines on Sepsis recognition, diagnosis and early management.
- 15.1.2 JH advised that to enhance awareness of the NICE guidelines and standards in relation to Sepsis management, and to ensure compliance with those guidelines, the Trust had implemented improvement actions including:
- The appointment of Sepsis Lead from the Nursing directorate, who also fully participated in the regular audits which were now being conducted into Sepsis management in the hospital;
  - The appointment of a Sepsis Lead from the Medical Directorate;
  - The review of all Sepsis guidelines and the policy by the Deputy Medical Director;
  - The provision of enhanced training and education for the non-consultant doctors;
  - The placement of educational posters on the walls of doctors' offices to remind them of the guidelines and standards on Sepsis management.
- 15.1.3 **Action:** KJ agreed to coordinate with AHas and Dr Ian Reckless to communicate to the Rousseau family the improvement actions re Sepsis management undertaken by the Trust.

##### **15.2 Coroner's Request – re Glenda Logsdail**

- 15.2.1 KJ informed the Council that another coroner's inquest into the death of a patient, whose cause of death was identified at post-mortem as hypoxic encephalopathy secondary to a cardiac arrest on induction of anaesthesia, had been concluded. KJ noted that the coroner had not placed the blame of the patient's death on the hospital and planned to issue a "prevention of future deaths notice" to the CEO of NHS England, the Secretary of State for Health, and the Royal College of Anaesthetists. This indicated that the death was not being viewed as a reflection of unaddressed systemic failings in the hospital, but lessons were required to be learnt by the NHS. KJ advised that the hospital had

implemented some improvement actions and had scheduled more related improvement actions for implementation.

15.2.2 The Council **noted** the updates.

**16 Date and Time of Next Meeting**

16.1 **Council of Governors meeting – 22 November 2021 at 16:00**

DRAFT

Updated: 15/11/2021

**Council of Governors Action Log**

Action No.	Date added to log	Agenda Item No.	Subject	Action	Owner	Completion Date	Update	Status Open/Closed
1	11-May-21	6.2	Report on the Council of Governors' Evaluation Exercise	JP and KMB to develop a meetings calendar from 2022/23 which would only have late afternoon meetings.	JP and KMB	22-Nov-21	Completed	Completed
2	11-May-21	6.2	Report on the Council of Governors' Evaluation Exercise	KMB to develop a guideline, based on the Trust's Constitution, which would clearly state the agreed number of Council meetings Governors were expected to attend in a financial year.	KMB	27-Jan-22		Open
3	11-May-21	6.3	Report on the Council of Governors' Evaluation Exercise	AD and KMB to agree on a broad timetable for when the review of the Trust Constitution would restart.	AD & KMB		First meeting held for 04 October 2021. Subsequent meetings to be arranged	Open
4	11-May-21	6.3	Report on the Council of Governors' Evaluation Exercise	KMB to contact inactive Governors to find out why they were not engaged.	KMB	22-Nov-21	Contacts made on 15 September 2021 and responses received	Completed
5	11-May-21	7.3	Report on the Council of Governors' Skills /Experience/Knowledge Audit	Lui Straccia to liaise with the Communications Team and take steps to raise the profile of the Staff Governors and to develop tools for communicating with all cohorts of staff, particularly those without recognised congregating points, and new members of staff.	Lui Straccia	22-Nov-21	Meetings with individual staff governors have been held, and events such as a 'Focus Week' for the staff governors have also been held.  The implementation of the new 'Engagement Strategy' will help to raise the profile of the staff governors.	Completed
6	11-May-21	7.3	Report on the Council of Governors' Skills /Experience/Knowledge Audit	EI to check with porters and cleaners for their meeting points in the Trust.	EI/KMB	22-Nov-21	There are no meeting points for this cohort of staff, and they rely on line managers keep them updated with information. As staff boards are also departmental responsibilities and are usually not updated or read by staff, Lui is working on developing a sustainable solution under the auspices of the new 'Engagement Strategy'.	Completed
7	11-May-21	6.2	Council of Governors' Evaluation Exercise	Revise the structure of the agenda (So there is more reporting from Governors).	KMB	27-Jan-22		Open
8	11-May-21	6.2	Council of Governors' Evaluation Exercise	Liaise with NHSP and other providers to ensure Governors receive the training support needed	JP	22-Nov-21	Training options paper attached to the November 2021 CoG agenda (Item 11).	Completed

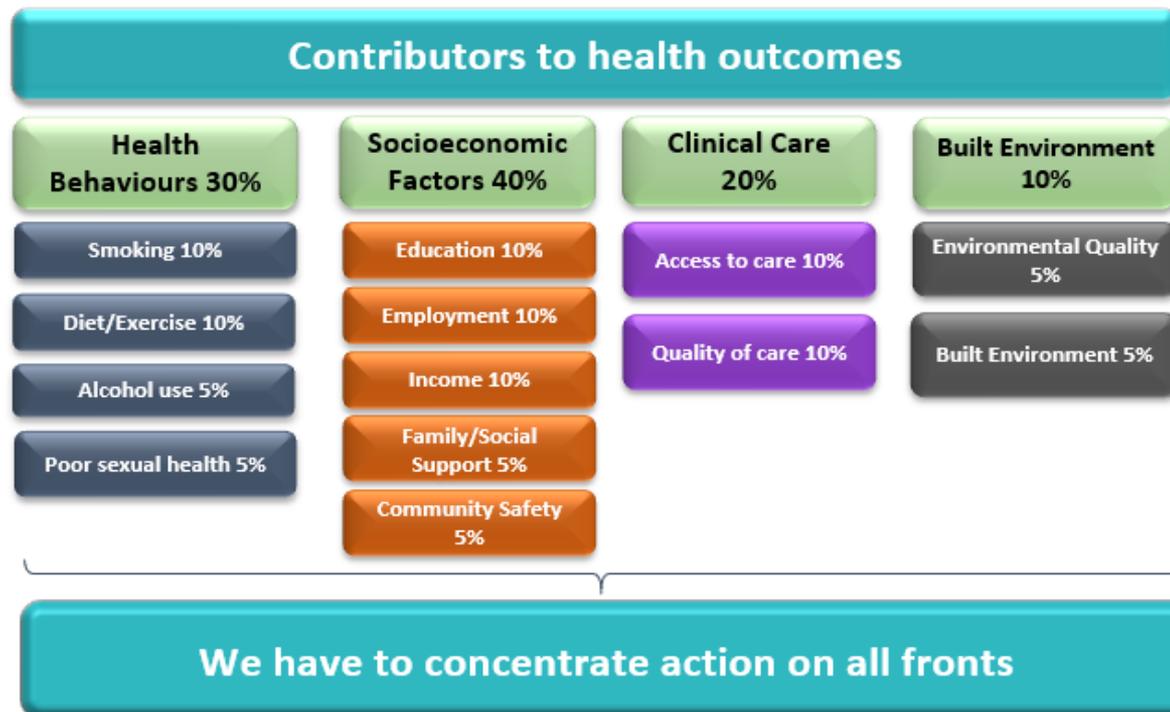
Action No.	Date added to log	Agenda Item No.	Subject	Action	Owner	Completion Date	Update	Status Open/Closed
9	11-May-21	6.2	Council of Governors' Evaluation Exercise	Utilise the Skill/Experience/Knowledge Audit Report so Governors can become members of networks and other Trust groups.	Lui Straccia	27-Jan-22	In progress	Open
10	11-May-21	6.2	Council of Governors' Evaluation Exercise	Develop a comprehensive induction template.	JP	22-Nov-21	Completed	Completed
11	11-May-21	6.2	Council of Governors' Evaluation Exercise	Progress with the 'Engagement Strategy/Plan', so Governors can have the necessary framework for engaging with members and the publish.	Lui Straccia	22-Nov-21	Draft ready for approval at the November 2021 Council of Governors' meeting in public	Completed
12	11-May-21	6.2	Council of Governors' Evaluation Exercise	Develop a presentation pack for Governors	Lui Straccia	27-Jan-22	To be progressed as part of the implementation of the new 'Engagement Strategy'	Open
13	12-Jul-21	6.5	Chair's Report	To establish a Governors' working group to progress actions related to enhancing the Council's engagement the BLMK ICS.	KMB/AD	22-Nov-21	To be discussed after the November 2021 CoG meeting.	Open
14	12-Jul-21	15.1.3	Regulation 28: Report To Prevent Future Deaths – Re Nicholas Rousseau	Kate Jarman agreed to coordinate with Alan Hastings and Dr Ian Reckless to communicate to the Rousseau family the improvement actions re Sepsis management undertaken by the Trust.	IR/KJ/AHas	22-Nov-21	Completed and the family is satisfied by the actions undertaken	Completed

# The integrated care system: a new population health approach

**Dr Rima Makarem**  
Independent Chair  
Bedfordshire, Luton, Milton Keynes ICS

# *What is an Integrated Care System?*

## Understanding the wider determinants of health



“There comes a point where we need to stop just pulling people out of the river.

We need to go upstream and find out why they’re falling in.”

— **Desmond Tutu**



# Our core purpose

improve  
outcomes in  
population  
health and  
healthcare

tackle  
inequalities in  
outcomes,  
experience  
and access

enhance  
productivity  
and value for  
money

help the  
NHS support  
broader social  
economic  
development

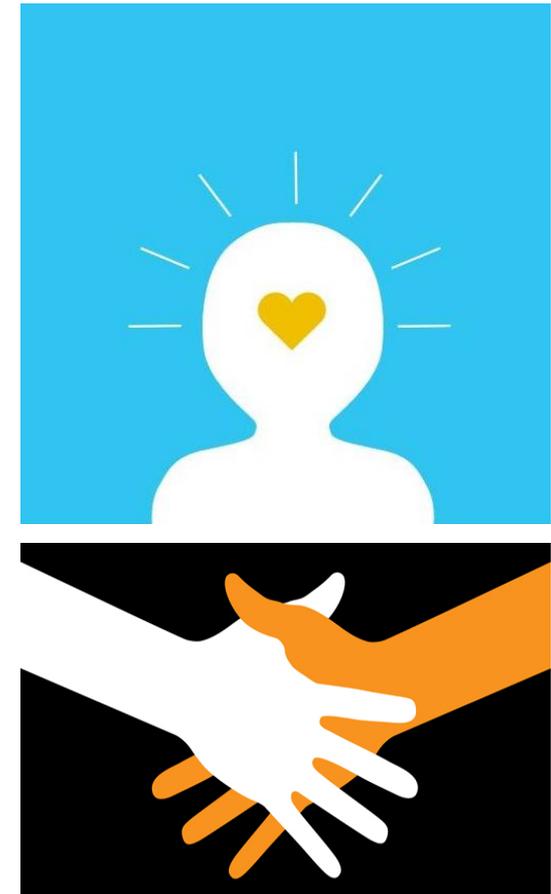
**Integrated care systems (ICSs) are new partnerships between the organisations that provide health and care across an area.**

It is designed to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups

# The vision for the ICS is to improve outcomes for people

- Putting residents, patients and carers at the heart of our work
- Helping people live longer and healthier lives.
  - increase the number of years people spend in good health and
  - reduce the gap between the healthiest and least healthy in our community.
- Integrating systems to tailor personalised care, reducing complexity and confusion
- Shifting the focus to wellbeing and prevention

All organisations take 'collective responsibility' for improving population health outcomes, managing resources and delivering standards



# Uniting around a common vision

## Vision

“Our vision is to work with our population to optimise health and wellbeing, advance equality in our communities and make the best use of our resources.”



# Empowering Places to deliver meaningful improvements for their communities



- There are four places in BLMK:
  - Bedford Borough
  - Central Bedfordshire
  - Luton
  - Milton Keynes
- The ICS is based on the principle of subsidiarity with decisions being made as close to people and communities as possible
- New place-based partnerships will oversee and deliver a place based strategy/plan
- The Partnerships will be able to take on delegated functions and resources over time
- Place-Based Partnerships include local authorities, NHS Trusts and PCNs, Healthwatch and wider partners such as Police, Fire, Housing, Education



# Demonstrating some successes

## A Mum's tale...

A 28 year old mum of 3 was referred to the Integrated Community Services Team (ICST) for social, financial and isolation reasons.

She was experiencing physical, mental and sexual assault from her partner, while living with her 3 children in a 2 bed flat and also suffered with depression, self-harm and low self-esteem.

The team worked together with the local council, school and Children and Family Practice to get the family rehoused and to provide ongoing support including finances which enabled her to break the cycle.

She was supported to look for work and re-train, all while accessing talking therapies.

The young woman and her children are now happy and settled in their new home and the children are still attending their old school.



# And making a difference

## The Silver Frailty Line

- A new pathway which is unique to BLMK has been launched.
- The new scheme, which is the first of its kind in the East of England allows Paramedics and Technicians from the East of England Ambulance Service to join up with the Frailty team at the hospital to secure specialist clinical advice when attending a frail resident.
- Frailty Nurses are able to give clinical advice to either support the person to receive the right care at home, or fast track them to a specialist frailty ward at the hospital – bypassing ED completely.
- This pathway provides better patient care and reduces pressure on the ED.
- This is being held up as an example of clinical best practice.



## *ICSs in legislation – an update*



# What will happen on 1 April 2022?

- **BLMK CCG is dissolved**
- **Place Based Partnerships** in the 4 Boroughs
- **Integrated Care Partnership (ICP)** established
- **Integrated Care Board (ICB) established** - Staff and functions of the BLMK CCG transfer to the BLMK ICB on 1 April 2022

April 2022						
M	T	W	T	F	S	S
				<b>1</b>	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

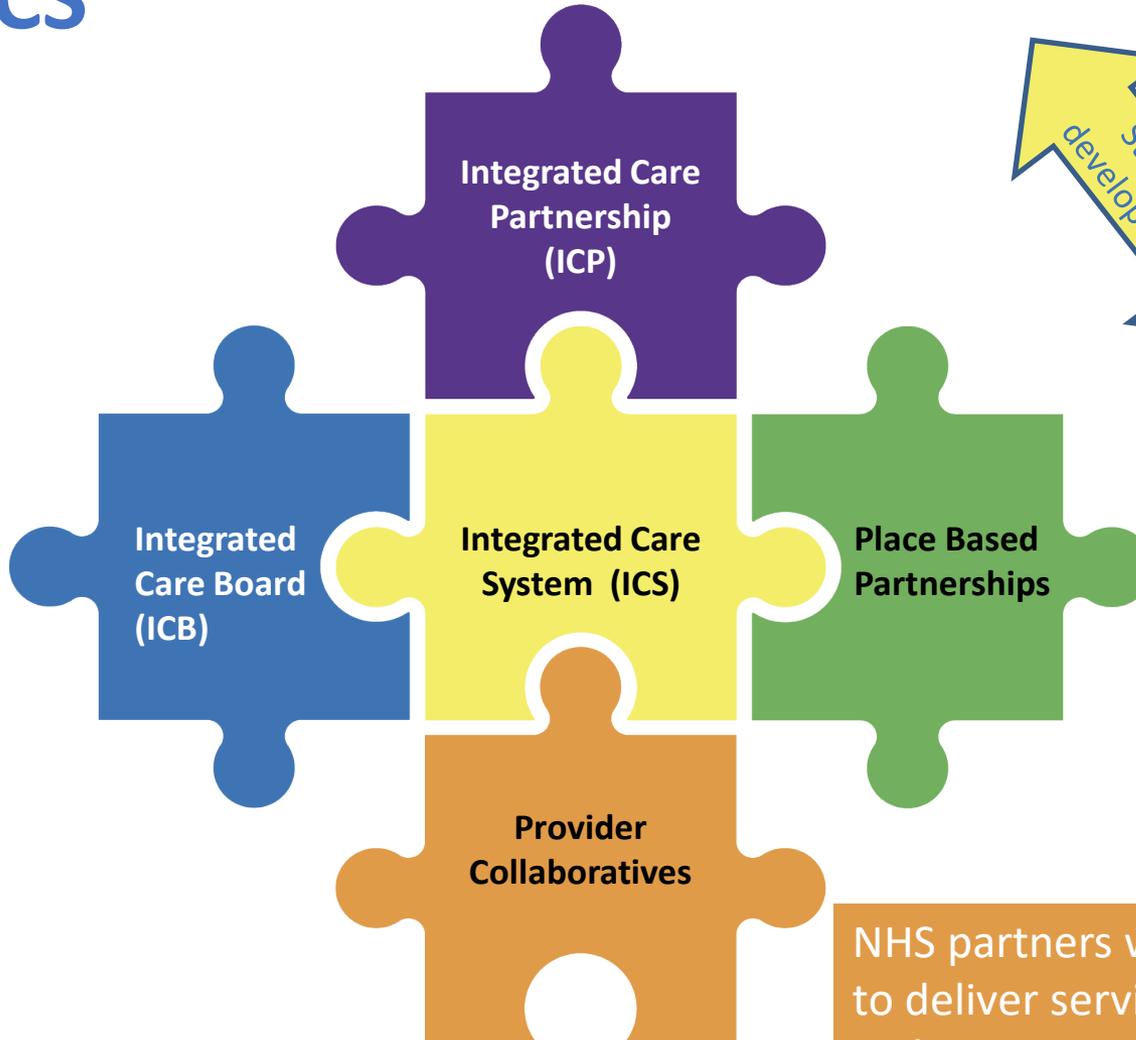
**Friday 1st Apr 2022**

# New roles in the ICS

All partners working together to set the strategy for BLMK



Statutory organisation responsible for delivering the ICP strategy. Accountable to NHSEI for system quality, finance & operational performance. Based on principle of **subsidiarity**

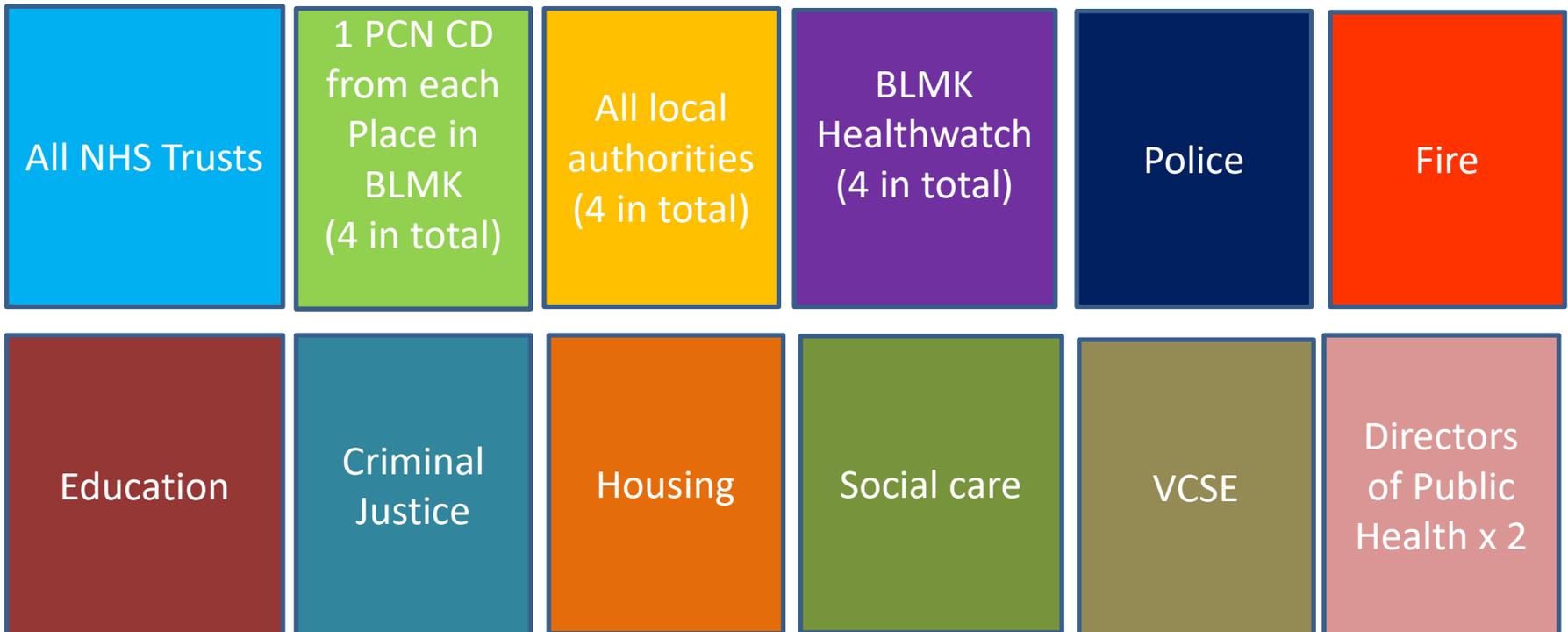


Partners in the 4 local authority areas working together to set strategy and deliver services

NHS partners working together to deliver services across a wider geography than place

# Integrated Care Partnership

Draft Core Membership proposal  
Some Integrated Care Board members plus ...



# The Integrated Care Board (ICB)

This is the statutory NHS organisation that is being established on 1 April 2022.

## Functions of the ICB:

- Developing a **plan** to meet the health needs of the population
- Allocating **resources** to deliver the plan
- Establishing **joint working** arrangements with partners to deliver the plan
- Establishing governance arrangements to support **collective accountability**
- Arranging for the **provision of health services**
- Leading system-wide action on **data and digital**
- Using data to track delivery, address variation and **drive continuous improvement**
- Working with Councils to **invest** in local community infrastructure
- Driving **joint work** on estates, procurement, supply chain and commercial strategies
- Planning for, responding to and leading recovery from **incidents**
- Any functions **delegated by NHSEI**.

# Proposed ICB Membership



Board Member Type	Total No	Notes
Independent Chair	1	Rima Makarem (Designate)
Independent Non-Executive Directors	3-4	Plan to appoint 3 NEDs for April 2022
Executive Directors	4	Chief Executive Officer, Director of Finance, Medical Director and Chief Nursing Officer
<b>Partner Members:</b>		
NHS Trusts/FTs providing services within BLMK	2-3	There must be at least 1 member each from and nominated by the Bedfordshire Care Alliance and MK Place. Should acute, community or mental health sector experience be missing from these 2 members, a 3rd partner member with knowledge of the missing sector/s will be appointed. CEO or Director level.
Primary Medical Services Providers within BLMK	3	3 members from primary care from different parts of BLMK. Minimum of 2 GPs, the 3 <sup>rd</sup> member could be non-clinical and does not need to be a GP.
Local Authority	4	1 member from each local authority in BLMK. CEO or Director level.
<b>TOTAL Board members:</b>	<b>17-19</b>	
<b>Participants</b>		
Associate Non-Executive Directors	1-2	<i>Definition of participants: receive papers, attend meetings, can ask questions and address the meeting but may not vote.</i> To provide a development opportunity and broaden the range of NED skills on the Board. Recruitment may be after 1 April 2022.
Directors of Public Health	2	To provide independent public health advice to the Board
Other ICB Executive Directors including Workforce Director	TBA	CEO to agree Executive Team structure on appointment
Healthwatch	1	1 individual on behalf of 4 Healthwatch organisations

# *Co-producing better services with the population*



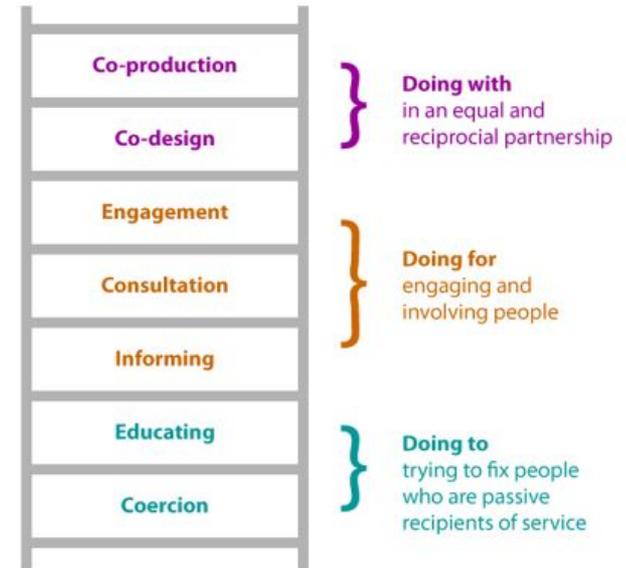
# Attempts at Co-production

## Consultation

Those who use the services may be asked to fill in surveys/attend meetings - This is considered tokenistic as service users do not have the power or influence to affect change.

## Co-Design

People who use said service are involved in designing services based on their experience. They have a genuine impact but they are not involved in the whole process and won't have the chance to finish projects.

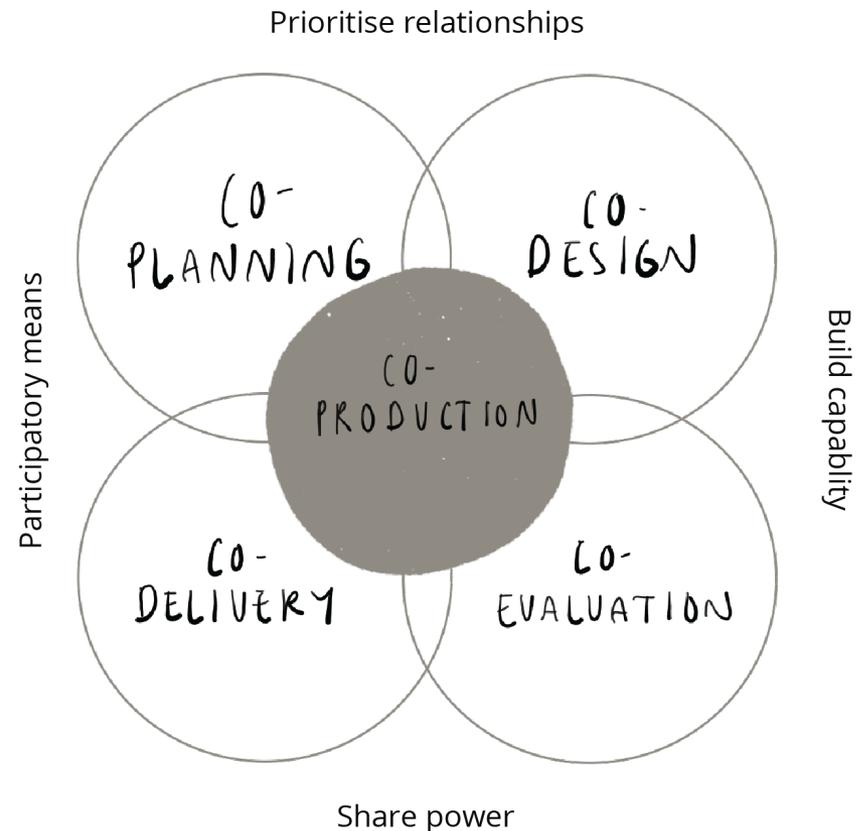


## Why is co-design not enough?

# True Co-production

Co-production is an equal relationship between people who use services and those responsible for the service. They work together from design to delivery. Sharing strategic design making decisions about policies and decisions about the best way to deliver said service.

Service users are involved every step of the way!



# The Story so Far

- There are **excellent examples of co-production** amongst our partners, from where we can learn and build to systematically embed co-production across the system
- During the **Covid pandemic** we have worked even more closely with our communities, and we can build on and learn from this recent experience
- Co-production is an effective way of achieving **better outcomes** and can help us to achieve our aims around **reducing health inequalities**;
- Co-production is a **core value** in the NHS and Local Government and therefore we want to embed it throughout our work;
- In our discussions about the ICS strategic priorities, people with lived experience and other stakeholders have already helped to shape and develop our priorities, and have agreed that co-production is an important part of the development and delivery of ICS work

# *What is the role of Acute Trusts and their Governors in this 'new world'?*



# Shifting the lens from operational objectives to population need

*Access*

*Waiting times*

*GPs at hospital door*

*Mental health crisis teams in A&E*

*Discharge*



Provider collaboratives

Anchor institution

Specialist advice in primary care

Remote monitoring

Treating 'whole person' vs 'body parts'

Data analytics (early warning signs, inequalities)

Identifying unmet need including social need

Funding out-of-hospital innovations, VCSE, Social Care

# The national 'official line'

- The statutory duties for councils of governors in the 2012 Act will not change.
- The addendum to the Guide for Governors gives updated considerations to the main duties impacted by the development of ICSs.
- Guiding principles:
  - Councils of governors have a legal duty to represent the interests of members of the NHS foundation trust and the public.
  - **'The public'** is wider than patients and the public local to the trust or those from governors' own electorates
  - To support collaboration and the delivery of better, joined up care, **councils of governors are required to form a rounded view of the interests of the 'public at large'** – including the whole population of the ICS.
- This mainly affects councils of governors' duties of:
  - **Holding the non-executive directors individually and collectively to account for the performance of the board of directors.**
  - **Representing the interests of the members of the NHS foundation trust and the public.**
  - **Approving 'significant transactions', mergers, acquisitions, separations or dissolutions.**

## Consultation on the addendum to the guide for governors in 2021/22?

## Areas for consideration

- Balancing the interests of MKUH vs the system
- Focusing on population health needs vs. corporate operational challenges
- Thinking more broadly from the perspective of a local citizen or patient, and beyond the confines of the hospital walls
  - Patient, carer & public voice
  - Staff and stakeholder voice
  - Individual skills, experience and networks
- Supporting MKUH to play a full part in the local system, a key player and anchor institution



# Membership and Engagement Strategy

## 1. Introduction

The delivery of the Strategy will be supported by various stakeholders including the Council of Governors, Executive Team, Trust Secretary, Equality and Diversity Team, Patient Experience Team, Hospital Charity, and the Trust's partnership organisations.

The steps and actions underpinning the delivery of this Strategy will be led by a recently appointed Membership and Engagement Manager, who has been seconded to the Trust Secretariat from the Trust's Communications Team.

The Governors' Membership Engagement Group will monitor the progress against this Strategy and other related actions, and report to the Council of Governors as appropriate.

## 2. Overview

A major objective of this Strategy is to reverse the decline in public membership of Milton Keynes University Hospital Foundation Trust (MKUH FT) and to seek to ensure that the make-up is representative of a city which is known to be the fastest growing in the United Kingdom.

For 2020/21 the Trust had a total of 8,426 members, with 5,372 being public members and 3,054 being staff members. In comparison, the total number of members in 2019/20 was at 8,379, with 5,382 being public members and 2,997 being staff members. An analysis of the membership data revealed that the Trust had a declining public membership and had lost a net of 301 members since 2015/16. A further analysis of the membership data indicates that demographically, in 2020/21 there were 0 members under 16 years and 20 members between the ages of 17 and 21.

An outline of the overall declining trend in public membership is set out below:

- i. 2015/16 – total 5673
- ii. 2016/17 – New members (154); members leaving (291) – Total 5536
- iii. 2017/18 – New members (101); members leaving (87) – Total 5550
- iv. 2018/19 – New members (15); members leaving (101) – Total 5464
- v. 2019/20 – New members (0); members leaving (78) – Total 5382
- vi. 2020/21 – New members (28); members leaving (38) – Total 5372

The staff membership, however, is representative of the staffing body and increasing. It needs to be noted that members of staff are automatically invited to become staff members, and they are free to 'opt out' if they prefer.

Another major objective is to support the members of the Council of Governors so that they can fulfil their remit of engaging with and representing the interests of their constituents. Currently there are no constituency events because of the COVID-19 pandemic, but under the auspices of this strategy steps will be taken to develop the

appropriate resilient media which will help Governors to engage with and represent their constituents and the public in a more sustained manner.

### **3. Approach to implementing the Strategy**

#### **a. Media**

- Trust website and intranet – Actively update the dedicated webpages to promote membership of the Trust, the Governors, Trust events, Governor events and meetings.
- Regular member recruitment campaigns – The Membership and Engagement Manager will organise regular campaigns to recruit new members and address demographic gaps. Governors will be encouraged to regularly promote membership opportunities and recruit new public members via their friends/family, colleagues and local community networks/contacts.
- Trust leaflets and messages – All promotional and communication leaflets and messages, as appropriate, will include updates on Governor events and meetings and promote public membership of the Trust.
- Social media – Take steps to utilise the social media platforms appropriate for sustainably supporting Governor and member events and meetings. Actively utilise the Trust's social media handles to promote public membership and events such as Council of Governor meetings, Trust Board meetings in public and Annual Members Meetings.
- Members' Newsletters – Provide updates on developments in the Trust to the public and staff members through the biannual newsletters, which also set out how they can share their view as members. These newsletters should also be available via the dedicated Trust intranet and internet webpages.
- Email – Regular email news alerts sent to both staff and public members promoting key Membership/Governor information including Council of Governors Meetings, Governor Elections, Annual Members' Meetings and Trust Board meetings in public.
- Questionnaires – Membership questionnaires developed to determine engagement needs/wants of public and staff members and future priorities.
- Youth And School Events – These events will be organised with various internal and external stakeholders to engage with schools and youth organisations. The aims being to recruit young members and to generate interest in the NHS.

## **b. Governor Support**

- Membership and Public Engagement Packs – Packs with news/information and other promotional materials issued to Governors as support, particularly during constituency surgeries and other meetings.
- Membership Recruitment Packs – Governors issued with recruitment material and encouraged to utilise their own networks and community groups in addition to taking part in recruitment campaigns to promote, recruit and engage with members and the public.
- Constituency Surgeries – Implement the appropriate social media platforms to support sustainable/resilient constituency and public engagement activities by the Governors.
- Embed Public Governors in Committees and Groups – Work with all stakeholders such as the Patient Experience Team and the partnership organisations to embed/include all public governors in their meetings and activities, as appropriate. The Membership and Engagement Manager will liaise with all relevant committees and groups so that all Governor activities in the Trust and in the Community are reported through the Council of Governors.
- Partnership Organisation Newsletters – Liaise with the communication teams of partnership organisations to report relevant governor activities and promote public membership of the Trust.
- Events/Stalls – Support the public and staff governors with support materials for stalls during events in the Trust, at social and community centres, outside supermarkets, at community days, open and fun days, etc.
- Encourage/Support Governors to attend local community groups to engage and promote their role and membership of the Trust.
- Staff Governors – Organise regular staff fora and weekly focus events to raise their profiles, promote their roles and engage with staff.
- Ongoing Training Support and Guidance – The Membership and Engagement Manager’s remit includes the provision of professional communications support and advise to all Governors.
- Feedback from activities – The Trust Secretary’s remit is to provide the effective media for ensuring all feedback is reported to the appropriate quarters and efficiently responded to.

## 4. Objectives

- For MKUH FT to have a representative public membership which truly reflects the communities that it serves with Governors actively representing the interests of members as a whole and the interests of the public.
- Raise the profile of Governors, both public and staff, and the awareness of their role and activities
- Increase the Trust membership and the public's awareness of and involvement in the Trust's activities.
- Support the Governors' engagement with their constituents and the public through events and constituency surgeries.
- Enhance the Governors' involvement in and contributions to the various patient experience groups in the Trust.

## 5. Conclusion

As some of the elements of the approach to implementing the Strategy are being tested for the first time, some amount of training and education is expected to be provided to help with the progression 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.

In view of the foregoing, it was also thought that it'll be more beneficial to have a sustainable and actively engaged membership as opposed to setting a specific growth target for the public membership. The initial aim, as earlier stated, is to reverse the decline in public membership and then to ensure that the make-up is representative of a city of Milton Keynes.

The Membership and Engagement Manager will develop an annual programme of activities and events to support the progress of this Strategy

## 6. Recommendation

The Council of Governors is asked to approve this Strategy and support its roll out.

<b>Meeting Title</b>	<b>Council of Governors</b>	<b>Date: 22 November 2021</b>
<b>Report Title</b>	<b>Governor Training and Induction Support - Options</b>	<b>Agenda Item:</b>
<b>Lead Director</b>	<b>Name: Kate Jarman</b>	<b>Title: Director of Corporate Affairs</b>
<b>Report Author</b>	<b>Name: Julia Price</b>	<b>Title: Senior Corporate Governance Officer</b>

<b>Key Highlights/ Summary</b>	The Council is asked to consider and select the training they would like to be arranged for them in 2022.			
<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 checked="" type="checkbox"/>

<b>Strategic Objectives Links</b>	Investing in our people Being well governed and financially viable
<b>Board Assurance Framework (BAF)/ Risk Register Links</b>	None

<b>Report History</b>	None
<b>Next Steps</b>	None.
<b>Appendices/Attachments</b>	None

## 1. Introduction

At the governors' request, this report identifies available training opportunities in 2022 to assist them to meet the requirements of their role.

## 2. Background

In 2021, the following training courses were attended by governors.

a. Core Skills for Governors – in-house

29/01/2021

09:30 to 16:30

Cost: £1725+VAT

Delegates: 4

This was a virtual training session delivered by GovernWell, the national training programme for Foundation Trust governors coordinated through NHS Providers.

b. Core Skills for Governors - individual

07/10/2021

09:30 to 16:30

Cost per delegate £199+VAT (x3 = £597+VAT)

Delegates: 3

Three staff governors elected in February 2021 attended this GovernWell course and found it insightful, providing them with a clear understanding of their role and enabling them to practice effective questioning.

c. Appreciative Inquiry

18/10/2021

10:00 to 12:00

Cost: Free (for the Trust Secretariat)

Delegates: 10

This was one of many in-house virtual workshops held across the Trust introducing a new approach to exploring possibilities and transforming systems and teams towards a shared vision. Feedback from the governors was very positive.

### 3. Training support for consideration in 2022

#### GovernWell

GovernWell provides in-house core skills sessions for governors at a cost of £1725+VAT for a maximum of 18 delegates. The course is open to new governors and those wishing to attend a refresher. It provides an overview of the NHS and the statutory duties of governors, exploring the key skills for governors to hold the board to account effectively. Those that attended the training in January 2021 gave positive feedback on the session but expressed disappointment that, despite twelve governors confirming their intention to attend, only four participated. The course is also held on set days throughout the year which governors can be booked on to by the Trust Secretariat.

The following courses are also available through GovernWell on various dates detailed below to the end of 2021-22 (dates for 2022-23 have not yet been released). All courses cost £199+VAT per delegate.

2022			
Core skills	Thursday 3 February	Virtual	Zoom
Member and public engagement	Wednesday 9 February	Face to face	Manchester
Accountability and holding to account	Tuesday 22 February	Face to Face	London
Core skills	Tuesday 1 March	Face to face	Birmingham
Effective chairing for governors	Tuesday 8 March	Face to face	London
Effective questioning and challenge	Thursday 10 March	Face to Face	Birmingham
Recruitment: The governor role in NED appointments	Tuesday 15 March	Face to Face	London
NHS finance and business skills	Tuesday 22 March	Virtual	Zoom

a. Member and public engagement

This course explores what it means to represent the interests of members and the public. This includes how governors can support engagement activities within their trust and effectively build relationships in order to present the views of members and the public to the board.

b. Accountability and holding to account

This course explores how governors can build a dynamic and effective accountability relationship with their board of directors and how they can effectively hold their non-executive directors to account for board performance.

c. Effective chairing for governors

Foundation trust governors attend and often chair a variety of meetings or groups which, when chaired and conducted well, help trusts to achieve their objectives in a timely manner. This course explores good practice in the chairing of meetings to help governors plan, structure and manage meetings effectively.

d. Effective questioning and challenge

The course is designed to help governors work confidently and effectively with their directors in posing effective questions to hold the board to account. Listening skills and questioning styles are explored along with how to frame effective questions and challenge within the context of the governor role.

e. Recruitment: The governor role in NED appointments

This course enables governors to understand the process and procedures for the appointment of non-executive directors and the chair. It also provides an opportunity to practise formulating interview questions and to participate in a mock interview.

f. NHS finance and business skills

The course provides governors with a detailed overview of a provider's finances and their business operations within the context of the governor role. This includes funding flows; analysing financial information; asking questions of the financial reports; and exploring external factors influencing a provider's operations such as making decisions on increasing non-NHS income and significant transactions.

## 4. Additional Induction Support for Governors

An induction toolkit is also available via GovernWell. This is a free resource designed to provide an efficient and effective basis for a comprehensive induction for new foundation trust governors. The toolkit has been designed with local delivery in mind, with Trust staff leading the process. This approach to induction was last used at MKUH in 2017.

### Chapter 1 - Introduction

- [Chapter 1 presentation](#)
- [Chapter 1 workbook](#)

### Chapter 2 - What does my trust look like?

- [Chapter 2 presentation](#)
- [Chapter 2 workbook](#)

### Chapter 3 - What is my role?

- [Chapter 3 presentation](#)
- [Chapter 3 workbook](#)

### Chapter 4 - How do I carry out my role?

- [Chapter 4 presentation](#)
- [Chapter 4 workbook](#)

### Chapter 5 - What type of information am I going to see?

- [Chapter 5 presentation](#)
- [Chapter 5 workbook](#)

## **5. NHS Elect**

NHS Elect, a national membership NHS organisation, hosted by Imperial College Healthcare NHS Trust, can provide a training session on social media for governors. This would be paid for through the Trust's annual membership subscription but is subject to training pre-commitments at the Trust.

## **6. Recommendation**

Members of the Council of Governors are asked to consider and select the training provision they wish the Trust Secretariat to arrange for them in 2022. Please indicate to Julia Price your individual preference by 29 November 2021

## Report for the Council of Governors of Milton Keynes University Hospital FT

November 2021

### Healthwatch Milton Keynes Activity

- We have not received a notable amount of feedback specific to the Hospital. However, what we are hearing from across the health landscape is that, in general, women are experiencing a number of Health inequalities - a number of these 'dismissals' by health professionals have led to delayed referrals for diagnostics or for treatment. We will be collecting information on these and other women's experiences through our wider work as well as targeted listening events to ascertain the extent of this issue across Milton Keynes.
- We will be holding a Health and Wellbeing event at the Fishermead Trinity Centre on the 3<sup>rd</sup> December. This is part of the series of events we had started with the very successful event held at the Hindu Association, pre-pandemic. The Breast Screening team teaching women how to self-examine was one of the most popular and busy teams at the Hindu Association event, and we look forward to their involvement again.
- We were asked by the BLMK CCG to conduct an audit of patient attendance at the Urgent Care Centre and at the Children's Emergency Department. This will help them understand why people are attending these settings, and whether patients have tried to access help through their GP, pharmacy, or 111 before going to the more acute units. The BLMK CCG had asked us to look only at the Paediatric patients at Urgent Care, but as we are aware the issue is much broader than just children's' appointments, we spoke to all of the patients we were able to.

Once we have completed the Children's Emergency Dept work, we think it would be a useful exercise to replicate in A&E as the findings will help to understand where the pressures are, and where improvements and changes may need to be made, as the system moves into the winter. Once we have completed the data analysis of the visits to the UCS and the Childrens Emergency, we will share the results and any feedback with the Hospital, and the Council of Governors.