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# Organisational Structure

2024/25

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# Contents

- 03 Milton Keynes University Hospital Board of Directors
- 04 Executive Directors roles and responsibilities
- 05 Governance Structure
- 06 Effective Management Board
- 07 Divisional Management
- 08 Corporate Quality Governance Structure
- 09 A Ward to Board Governance Structure
- 10 Non-Executive Directors Roles & Responsibilities
- 10 Council of Governors Constituents
- 11 Divisions and CSUs / Divisional triumvirate and accountability
- 12 Clinical service units (CSUs)

# Milton Keynes University Hospital Board of Directors



Chair  
**Heidi Travis**



Chief Executive  
**Joe Harrison**



**Sarah Whiteman**



**Haider Husain**



**Gary Marven**



**Dr Dev Ahuja**



**Mark Versallion**



**Ganesh Baliah**



**Precious  
Zumbika-Lwanga**



Chief Nursing Officer  
**Fiona Hoskins**



Chief Corporate  
Services Officer  
**Kate Jarman**



Chief Operating Officer  
for Planned Care  
**Helen Beck**



Chief Medical Officer  
**Dr Ian Reckless**



Deputy CEO  
**John Blakesley**



Chief Operating Officer  
for Unplanned Care  
**Fay Gordon**



Chief Finance Officer  
**Jonathan Dunk**



Chief People Officer  
**Catherine Wills**

 = Non-Executive Director

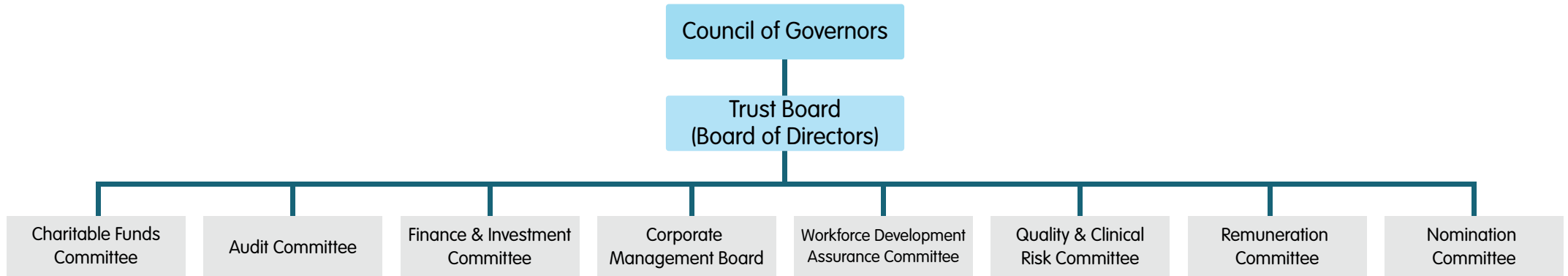


# Executive Directors roles and responsibilities

Chief Executive						
Chief Operating Officer	Chief People Officer	Chief Nurse	Deputy Chief Executive	Chief Medical Officer	Chief Finance Officer	Chief Corporate Services Officer
Medicine	HR Business partnering & medical staffing	Lead for Nurses and Midwives	Information & performance	Lead for medical & dental staff	Financial governance	Legal services
Surgery	Employee relations	Infection Prevention and control	IT	Caldicott Guardian	Contracting	Risk & governance
Women & Children	Statutory compliance with employment law	Safeguarding adults and children	Performance management	Revalidation of medical & dental staff	Internal & external audit	Communications
Core Clinical	Education, PGC & Library	Nursing education and development	Estates	Medical school	Capital programme	Charitable funds & Fundraising
Operations	Occupational Health	PALS & Complaints	Security	Research & Development	Procurement	Membership
Emergency Planning	Recruitment		eCARE		Corporate plan	Regulator liaison
			Transformation			Executive support team
						Health & safety
						Patient Experience
						Staff Engagement



# Governance Structure



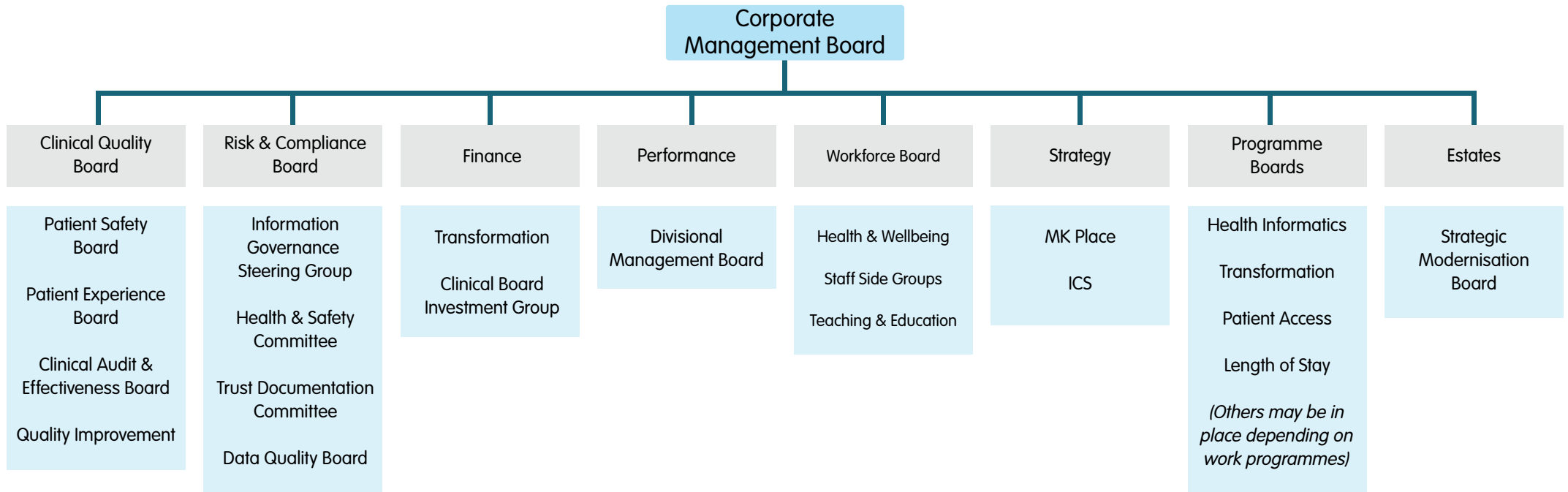
This is the Trust's **corporate governance structure at Trust Board (Board of Directors) level**.

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 **corporate 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 corporate reporting, and one meeting focusing on divisional reporting.



# Divisional Management

The **Corporate Management Board** meets once 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.

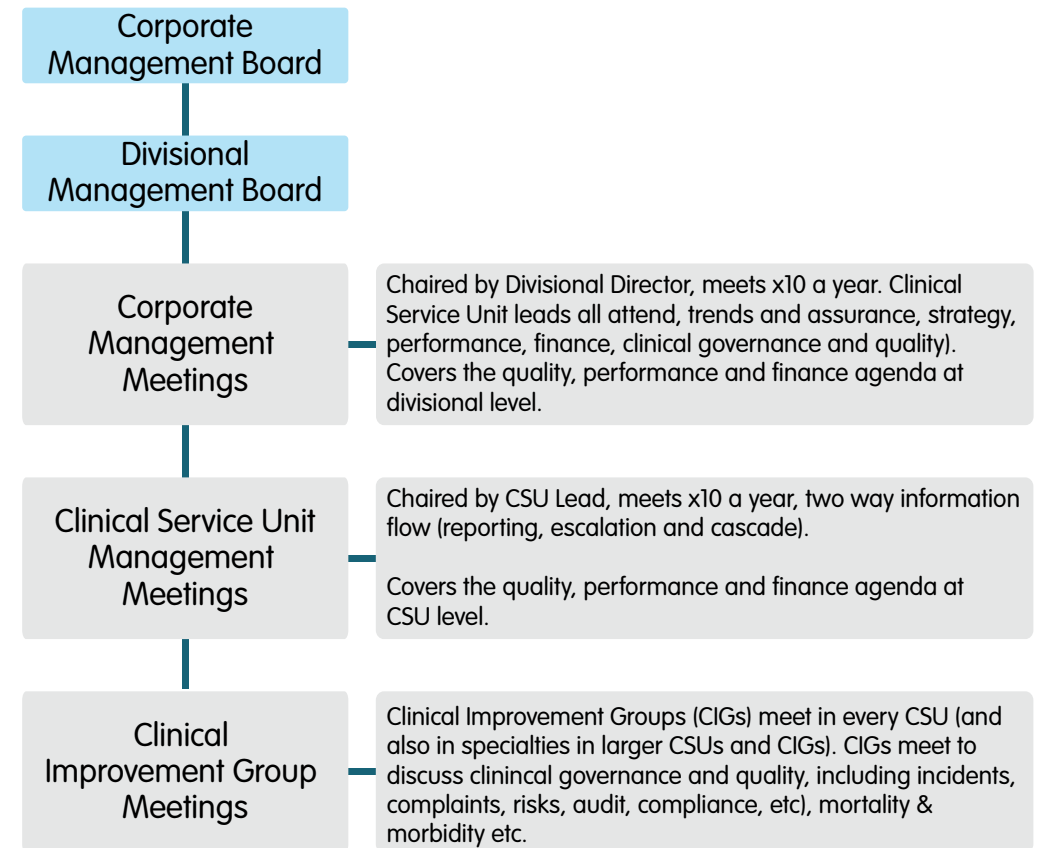
## The Divisional Governance Structure

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.

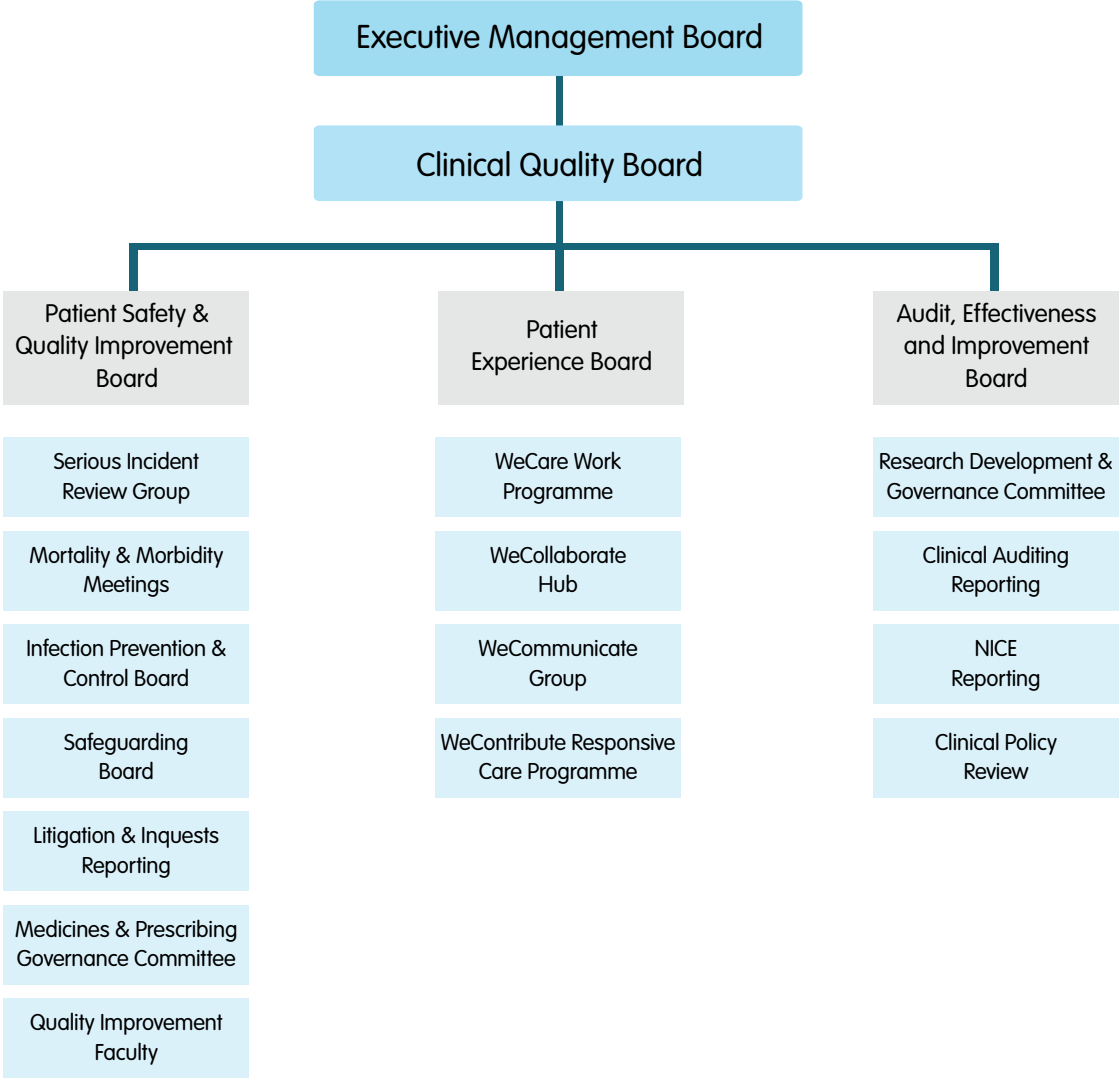
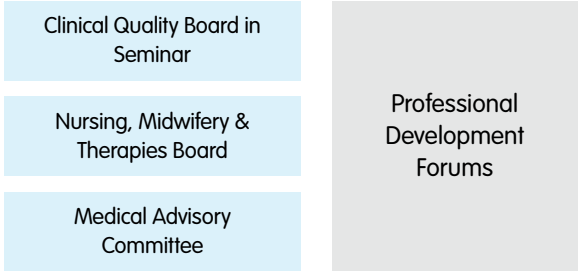
**There are four clinical divisions:** Medicine, Surgery, Core Clinical, Women's and Children's.

**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



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.

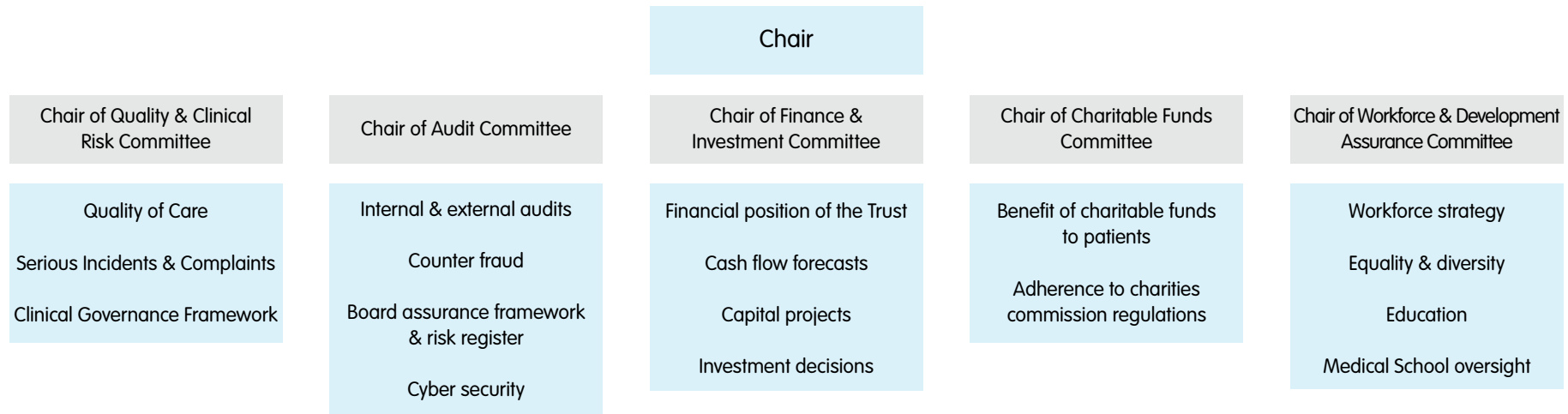
This means that there is a clear way of raising an issue at ward, department or specialty level and understanding how that issue can be escalated to the Board. This is done through our governance structure, as well as through speaking-up routes.

## **An example of ward to Board governance is as follows:**

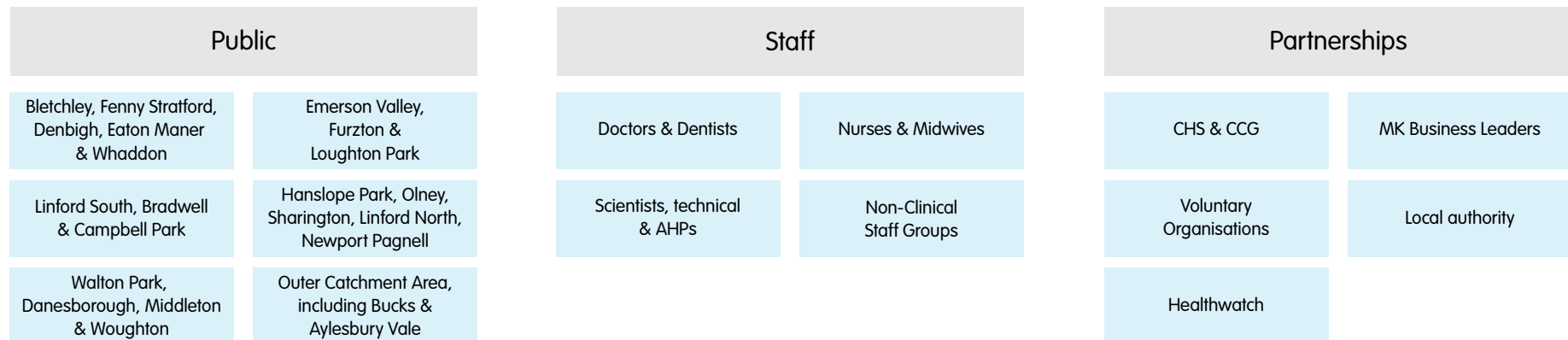
A patient falls on ward 1. An incident form is completed on Datix and is investigated by a relevant member of staff. A Falls Summit takes place on the ward as part of that process and to understand any immediate learning. The fall is discussed at the Clinical Improvement Group for Acute Medicine (relevant 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.

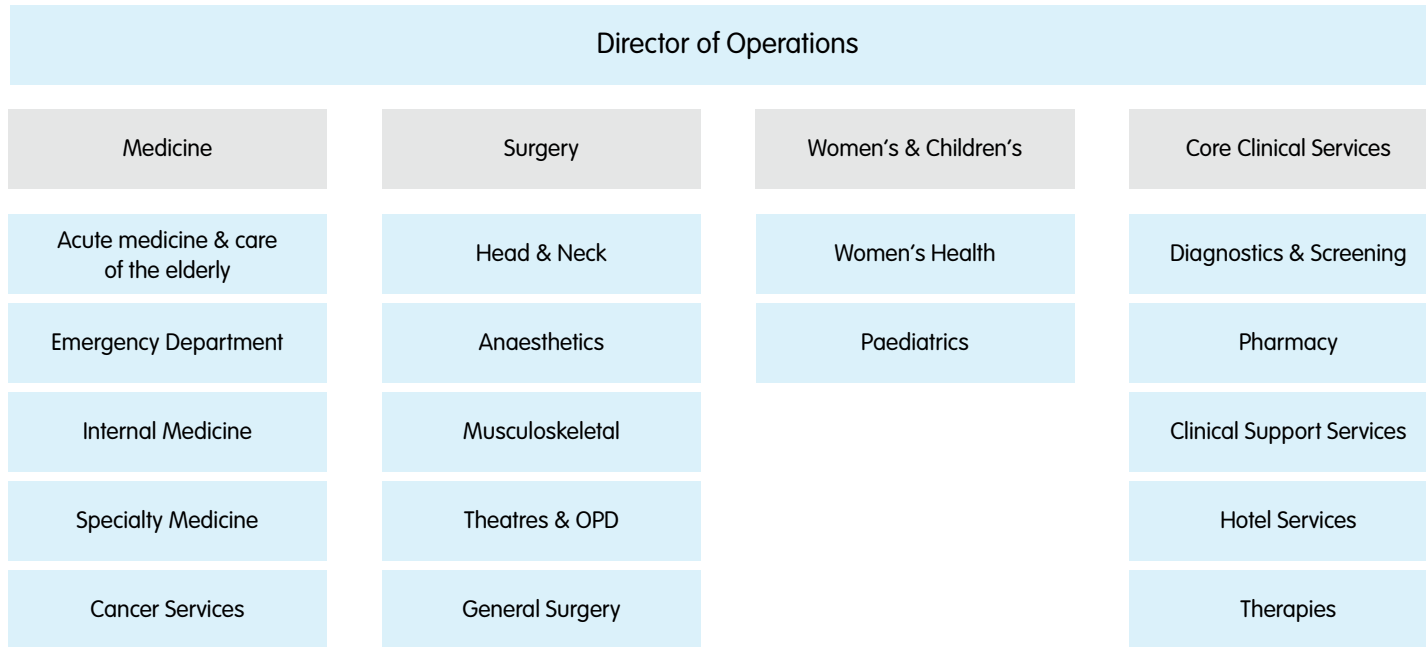
# Non-Executive Directors roles and responsibilities



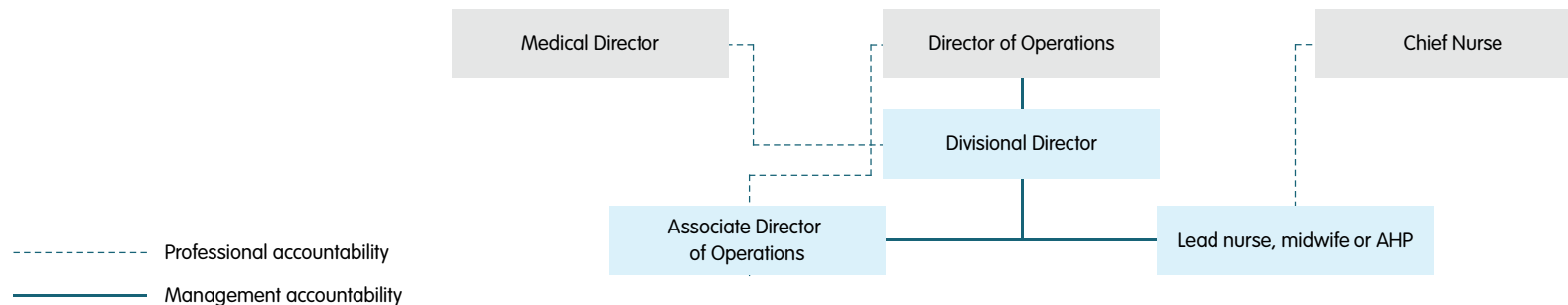
# Council of Governors constituents



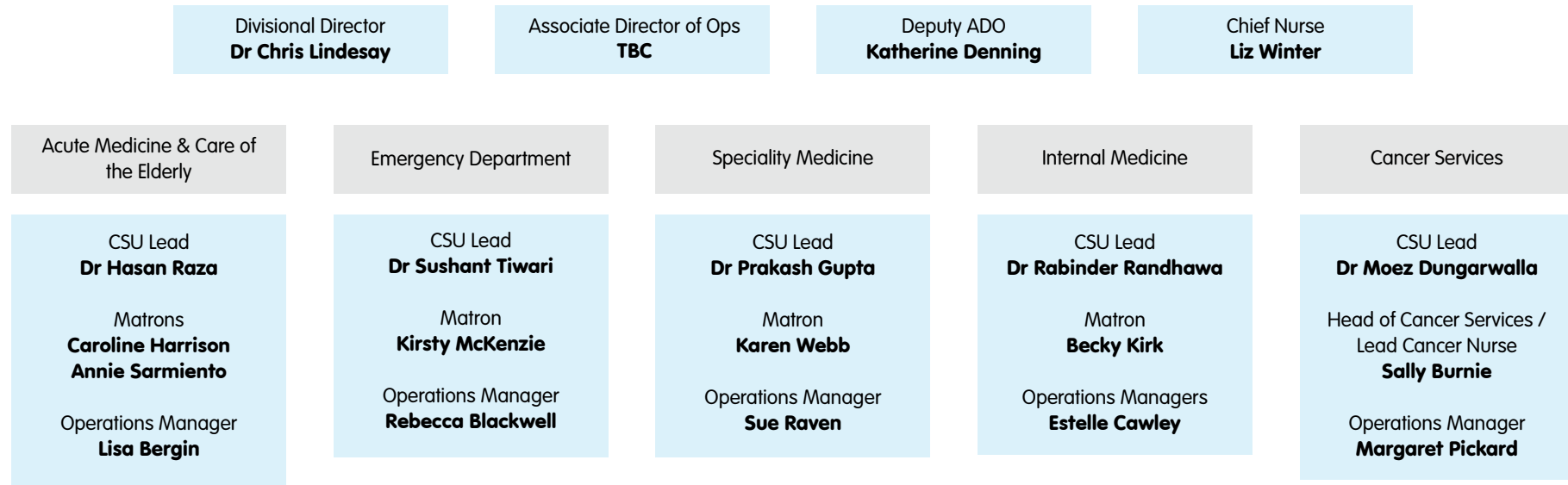
# Divisions and Clinical Service Units (CSUs)



## Divisional triumvirate & accountability



# Medicine Clinical Service Units (CSUs)



# Women's and Children's Clinical Service Units (CSUs)

Divisional Director  
**Dr Nandini Gupta**

Associate Director of Ops  
**Katy Philpott**

Chief Midwife  
**Elaine Gilbert**

Chief Nurse  
**Charlotte Nunn**

## Women's Health

**Divisional Director**  
Miss N Gupta

**Matrons**  
Kerry Mitchell  
Natalie Lucas  
Sophie Coetzee

**Operational  
Manager**  
Jodie Bonsell

**Governance Lead**  
Jasmine Cajee

## Paediatric Services

**Divisional Director**  
Dr L Anguwa

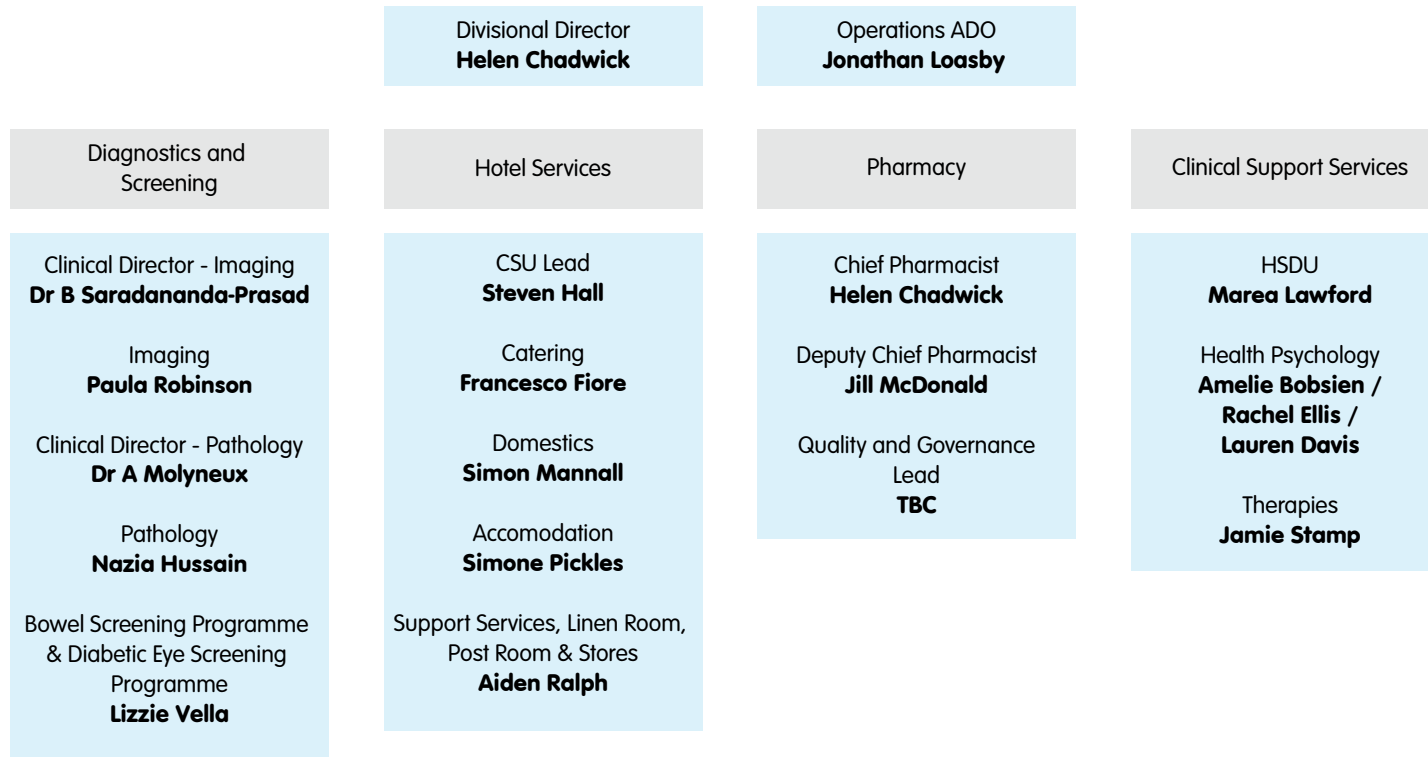
**Matrons**  
Charlotte Nunn  
Lisa Viola

**Operations  
Manager**  
Jacky Palmer

**Governance Lead**  
Basheer Peer  
Mohammed



# Core Clinical Clinical Service Units (CSUs)



# Surgery clinical service units (CSUs)

