Bundle Trust Board Meeting in Public 6 March 2025

Item 20.1 Use of Corporate Seal 06.03.25

21   12:19 - Forward Agenda Planner
Chair
Item 21 Trust Board in Public Forward Plan 2024-25

22   12:23 - Questions from Members of the Public
Chair
Item 22 Placeholder Questions from Members of the Public

23   12:27 - Resolution to Exclude the Press and Public
The chair to request the Board pass the following resolution to exclude the press and public and move into private session to consider private business:
"That representatives of the press and members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted."

TRUST BOARD MEETING IN PUBLIC

Thursday 06 March 2025, 10:00 -12:30 hours
Conference Room at the Academic Centre

AGENDA

Item No.	Timing	Title	Purpose	Lead	Paper
Introduction and Administration					
1.	10:00	Apologies	Note	Chair	Verbal
2.		Declarations of Interest • Any new interests to declare • Any interests to declare in relation to open items on the agenda • 2024/25 Register of Interests – Board of Directors - Register of Interests - Milton Keynes University Hospital (mkuh.nhs.uk)	Note	Chair	Verbal
3.		Staff Story	Discuss	Chief Nursing Officer	Presentation
4.		Minutes of the Trust Board meeting held in public on 09 January 2025	Approve	Chair	Attached
5.		Matters Arising and Action Log	Note	Chair	Attached
Chair and Chief Executive Updates					
6.	10:20	Chair's Report	Note	Chair	Attached
7.	10:25	Chief Executive's Report • BLMK ICB Update	Discuss Note	Chief Executive	Attached Attached
Patient Safety					
8.	10:30	Patient Safety Update	Discuss	Chief Medical Officer/Chief Corporate Services Officer	Attached
Patient Experience					
9.	10:40	Maternity Assurance Group Update	Discuss	Chief Nursing Officer	Attached

Chief Executive: Joe Harrison CBE
Chair: Heidi Travis OBE

Item No.	Timing	Title	Purpose	Lead	Paper
Break (10 mins)					
Estates & Environment					
10.	11:00	NHP Update	Note	Chief Strategic Development Officer	To Follow
Performance					
11.	11:20	Performance Report	Discuss	Chief Operating Officer – Planned Care	Attached
Finance					
12.	11:25	Finance Report	Discuss	Chief Finance Officer	Attached
13.	11:35	Green Plan Update	Discuss	Chief Finance Officer	Attached
14.	11:40	2025/26 Planning	Discuss	Chief Finance Officer	Attached
Workforce					
15.	11:50	Workforce Report	Discuss	Chief People Officer	Attached
Assurance and Statutory Items					
16.	12:00	Risk Management Report • Corporate Risk Register • Significant Risk Register	Note	Chief Corporate Services Officer	Attached Supplementary Shelf
17.	12:05	Board Assurance Framework	Discuss	Chief Corporate Services Officer	Attached
18.	12:10	Board Committees Assurance Reports • Charitable Funds Committee • Finance & Investment Committee • Workforce & Development Assurance Committee	Note	Chairs of Board Committees	Attached

Chief Executive: Joe Harrison CBE
Chair: Heidi Travis OBE

Item No.	Timing	Title	Purpose	Lead	Paper
19.	12:15	Board Committees Annual Reports 2024/25	Note	Chief Corporate Services Officer	Attached
20.	12:20	Use of Corporate Seal	Note	Chief Corporate Services Officer	Attached
Administration and Closing					
21.	12:25	Forward Agenda Planner	Note	Chair	Attached
22.		Questions from Members of the Public	Discuss	Chair	Verbal
23.		Motion to Close the Meeting	Approve	Chair	Verbal
24.		Resolution to Exclude the Press and Public The Chair to request the Board pass the following resolution to exclude the press and public and /move into private session to consider private business: "That representatives of the press and members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted."	Approve	Chair	
12:30		Close			
Next Meeting in Public: Thursday, 01 May 2025					

Quoracy: This meeting shall be deemed quorate with not less than <u>3 voting Executive Directors</u> (one of whom must be the Chief Executive or acting Chief Executive) and <u>3 voting Non-Executive Directors</u> (one of whom must be the Chair or Deputy Chair).

	Members	
1	Heidi Travis	Non-Executive Director - Acting Chair
2	Joe Harrison	Executive Director- Chief Executive Officer
3	Gary Marven	Non-Executive Director
4	Haider Husain	Non-Executive Director
5	Mark Versallion	Non-Executive Director
6	Sarah Whiteman	Non-Executive Director
7	Precious Zumbika	Non-Executive Director

Chief Executive: Joe Harrison CBE
Chair: Heidi Travis OBE

8	Ganesh Baliah	Non-Executive Director
9	Piers Ricketts	Non-Executive Director
10	Ian Reckless	Executive Director - Deputy Chief Executive Officer
11	John Blakesley	Executive Director
12	Fay Gordon	Executive Director
13	Catherine Wills	Executive Director
14	Kate Jarman	Executive Director
15	Helen Beck	Executive Director
16	Jonathan Dunk	Executive Director
17	Fiona Hoskins	Executive Director

TRUST BOARD IN PUBLIC

Academic Centre/Teams

Thursday, 6 March 2025

Agenda Item 1:
Apologies

Heidi Travis
Chair

Note

TRUST BOARD IN PUBLIC

Academic Centre/Teams

Thursday, 6 March 2025

Agenda Item 2:
Declarations of Interest

Heidi Travis
Chair

Note

TRUST BOARD IN PUBLIC

Academic Centre/Teams

Thursday, 6 March 2025

Agenda Item 3:
Staff Story

Fiona Hoskins
Chief Nursing Officer

Presentation/Discuss

BOARD OF DIRECTORS MEETING

**Minutes of the Trust Board of Directors Meeting in Public
held on Thursday, 9 January 2025 at 10.00 hours in the Academic Centre, Milton Keynes University
Hospital Campus and via Teams**

Present:

Heidi Travis (Chair)	Acting Trust Chair	(HT)
Joe Harrison	Chief Executive Officer	(JH)
Dr Ian Reckless	Chief Medical Officer/Deputy Chief Executive Officer	(IR)
Mark Versallion	Non-Executive Director	(MV)
Haider Husain	Non-Executive Director	(HH)
Gary Marven	Non-Executive Director	(GM)
Precious Zumbika	Non-Executive Director	(PZ)
Prof Ganesh Baliah	Non-Executive Director	(GB
Piers Ricketts	Non-Executive Director	(PR)
Catherine Wills	Chief People Officer	(CW)
Fay Gordon	Chief Operating Officer – Unplanned Care	(FG)
Fiona Hoskins	Chief Nursing Officer	(FH)
Helen Beck	Chief Operating Officer – Planned Care	(HB)
Jonathan Dunk	Chief Finance Officer	(JD)

In Attendance:

Andy Forbes (until 11:29)	Public Governor	(AF)
Zoe Tidman (until 10:17)	Health Service Journal	(ZT)
Christine Thompson	Public Governor	(CT)
Cllr Ansar Hussain	Milton Keynes Council	(AH)
Tom Daffurn	Public Governor	(TD)
David Cattigan	Staff Governor	(DC)
Kate Jarman	Chief Corporate Services Officer	(KJ)
Craig York	Chief Information Officer	(CY)
Oluwakemi Olayiwola	Trust Secretary	(OO)
Timi Achom	Assistant Trust Secretary	(TA)

1   Welcome and Apologies

1.1   The Chair welcomed all Board members in attendance and recognised those attending virtually. The Chair also recognised the Governors who were in attendance over Teams.

1.2   There were apologies from Sarah Whiteman, Non-Executive Director.

1.3   The Board congratulated JH and HT on their recognition in the King's 2024 New Year's Honours. JH had been awarded a CBE for services to healthcare and HT awarded an OBE for services to palliative, neurological and bereavement care, recognising her work as Chief Executive of the Sue Ryder charity.

2   Declarations of interest

2.1   IR declared his part-time secondment to BLMK ICB as Chief Medical Officer until 9 March 2025.

3   Patient Story

3.1   FH acknowledged and apologised for the absence of a patient story, citing challenges stemming from increased activity in recent weeks and complications with the selected patient, who was previously on the waiting list but had recently undergone the surgery and unable to attend the meeting. HT emphasised the importance of including patient stories in Board meetings, and FH assured that arrangements would be made to ensure their inclusion in future sessions.

4   **Minutes of the Trust Board Meeting in Public held on 14 November 2024**

4.1   The minutes of meeting held on 14 November 2024 were **reviewed** and **approved** by the Board.

5   **Matters Arising and action log**

5.1   There were no matters arising and there were no open actions due for review.

6   **Chair's Report**

6.1   HT provided an update on key activities and discussions since the last public Trust Board meeting. She highlighted the Board's ongoing reflection on Equality, Diversity, and Inclusion (EDI) initiatives, noted the departure of Non-Executive Director (NED) Dr Dev Ahuja, and welcomed the appointment of a new NED, Piers Ricketts. HT also shared insights from the NHS East of England meeting held on 8 November 2024, which focused on the NHS 10-year plan, its collaborative approach, and local initiatives. Additional updates included the reintroduction of formal ward visits by Board members, developments from the Council of Governors, and various engagements and visits conducted by the Acting Chair.

6.2   The Board **noted** the Chair's Report.

7   **Chief Executive's Report – Overview of Activity and Developments**

7.1   JH provided an update on significant activities since the last Trust Board meeting. Key points included the launch of Values Based Recruitment to align new recruits' values with those of the Trust, the thriving staff-led diversity networks, and the best completion rate for the staff survey in years. He noted that the Trust had been selected as one of three pilot sites for a new breast service initiative, reflecting its reputation as a digitally mature organisation.

7.2   FG reported that the Trust had been under significant pressure but successfully maintained planned activity levels, particularly in reducing waiting times and sustaining elective activity despite emergency pressures. However, challenges with theatre operations were noted, requiring ongoing efforts to address these issues. Further discussions highlighted efforts to streamline recruitment processes, including refining job descriptions, improving training, and enhancing onboarding practices.

7.3   Questions were raised about the external training programs and how they align with job descriptions and candidate profiles. JH and FG outlined the comprehensive approach being taken to address these concerns.

7.4   *Bedfordshire, Luton and Milton Keynes Integrated Care Board (BLMK ICB) update*

7.4.1   The Board reviewed the BLMK ICB report, which summarised key discussions from the ICB Board meeting held on 13 December 2024. Highlights included updates on hospice funding, sexual health services, and reports from the Chair and Chief Executive. Significant announcements were made regarding changes to the Executive team, and the approval of a new Community Diagnostic Centre in Luton. The meeting also focused on strategic priorities, including enhancing palliative care, transforming primary care, and addressing health equity.

7.5   The Board **noted** the Chief Executive's update

8   **Patient Safety Update**

8.1   IR presented the Patient Safety Update Report focusing on key improvements and recent developments. He reported a reduction in the number of reported incidents noting that approximately 400 incidents were recorded over the last 20 days. IR emphasised the importance of ongoing trend analysis and timeline monitoring to ensure sustained improvements.

8.2   Immediate safety standards had been implemented, including a critical measure to ensure every chest X-ray used for nasogastric tube placement was reviewed by radiology.

8.3   The Board **noted** the Patient Safety Update

9   CNST Maternity Incentive Scheme and Board Assurance Framework Sign Off

9.1   The declaration for year six of the CNST Maternity Incentive Scheme was presented by FH as part of the Trust's assignment process. Key points discussed included:

1. **Safety Action 4 – Workforce Drives:**
    - The Trust met the required elements for all ten safety actions in the Maternity Incentive Scheme. The nursing team was at 59% compliance with the standard of 70% trained staff in national quality specialties. Plans were in place to onboard six new staff members to reach the required threshold.
2. **Safety Action 6 – Sharing Work with Local Maternity and Neonatal System (LMNS):**
    - The Trust was progressing with demonstrating compliance and is working collaboratively with LMNS to ensure sign-off on related documentation.
3. **Safety Action 8 – Training Compliance:**
    - The Trust was meeting training requirements for new starters within a six-month period. Ongoing monitoring and assurance processes were in place to track compliance.

9.2   The Board Assurance Framework Sign Off was reviewed in detail, supported by evidence presented during an extraordinary meeting earlier in the month. The Board was tasked with the final sign-off on the declaration for submission to LMNS within the specified timeline.

9.3   The Board acknowledged the comprehensive preparation and evidence presented. FH provided assurances regarding ongoing monitoring and outlined plans to address gaps related to staffing levels and training completion, in response to the question raised.

9.4   The Board **noted** the CNST Maternity Incentive Scheme and **approved** the Board Assurance Framework Sign Off

10   Integrated Quality Governance Report

10.1   KJ presented the Integrated Quality Governance report, highlighting key updates on quality improvement and audits. She stressed linking safety reviews with transformation efforts to enhance Trust-wide quality and safety and outlined ongoing projects and resource integration for effective implementation.

10.2   A key area of focus was the reduction of violence and aggression within the Trust. KJ outlined the significant efforts underway to address these issues, including targeted measures to tackle racial abuse. She highlighted a dedicated quality improvement day centred on this priority and noted the recruitment of additional safety staff to strengthen initiatives aimed at reducing violence and aggression.

10.3   KJ also reinforced the need for ongoing safety reviews, stressing the importance of aligning safety efforts with broader transformation goals to ensure continuous improvement. Ongoing quality improvement initiatives were highlighted, with attention drawn to large-scale projects aimed at fostering organisational change and promoting a culture of safety and care.

10.4   In response to the question raised about how the Trust gathered and assessed examples of successful practices, KJ stated that national initiatives were underway to address violence and aggression, and the Trust was actively recruiting additional staff to support safety improvements.

11   Maternity Assurance Group (MAG) Update

11.1   FH provided a verbal update on the Maternity Assurance Group (MAG), reported progress in addressing staffing challenges including the recruitment of midwives to meet the Trust's needs. Despite the ongoing challenges in recruiting, efforts were made to increase midwifery numbers on the labor ward, bringing the workforce to 78% of the target. The Trust continued to recruit, with the aim of reducing the vacancy rate and improving care standards, especially the one-to-one care provided in labor.

11.2   The CQC Survey and Benchmarking faced challenges, especially due to delays in receiving feedback from the latest CQC inspection. Despite this, the Trust remained confident in its progress and in the quality of its services, though benchmarking against other Trusts remained difficult due to regional disparities.

11.3   The regional focus on addressing larger issues within other Trusts had led to fewer resources being available for the Trust's network. Despite this, the Trust's progress and commitment to improving services was acknowledged. No formal concerns had been raised by external bodies, which was seen as a positive sign.

11.4   The Board **noted** the Maternity Assurance Group Update

12   Progress Update – 2024/25 Quality Priorities

12.1   KJ provided an update on the progress of the Trust's 2024/25 Quality Priorities emphasising the ongoing focus on enhancing sepsis management, particularly with the introduction of Martha's Rule, which supports parents' right to seek a second opinion. The Trust continued to advance its sepsis management quality improvement programme within the Emergency Department (ED).

12.2   Efforts to address complaints citing poor communication were underway. While there had been no formal Quality Improvement (QI) team input, exploratory work had been conducted by the Communications Team, including a Trust-wide communications survey to identify areas for improvement. It was recommended to the Board to consider rolling over 'complaints citing poor communication' as part of the Trust's priorities for the following year, subject to the approval of the Governors.

   Action: KJ to include 'complaints citing poor communication' as part of the Trust's priorities for the Council of Governors to approve for the next financial year.

12.3   The ongoing National Audit of Inpatient Falls (NAIF) was highlighted, with ten inpatient wards, including the Emergency Department, actively engaging in falls-related Quality Improvement (QI) projects using the SEIPS tool and a multidisciplinary team approach. The Falls Champion Program was equipping staff with training to prioritise patient care and reduce falls, supported by spot checks and audits conducted by falls leads.

12.4   A new Multifactorial Risk Assessment (MFRA) template had been developed to align with national recommendations and effectively capture elements contributing to falls risk. A pilot program for post-fall debriefs, or "hot debriefs," was underway in targeted wards, with templates in development. Safety huddles had been trialed to identify high-risk patients during handovers. Additionally, gaps in Trust guidelines and pathways for delirium management were noted, which may delay the addition of a care plan into e-Care due to a backlog of requests.

12.5   Ongoing governance and monitoring support were noted, along with efforts to address polypharmacy and pressure ulcer prevention.

12.6   The Board **noted** the Progress Update on the 2024/25 Quality Priorities

13   Performance Report Month

13.1   FG provided an overview of the Month 8 Performance Report, highlighting key performance indicators and actions taken to sustain or improve performance.

13.2   Progress was noted on maintaining performance targets despite ongoing challenges, with particular attention to ambulance response times and elective care pathways. Strategies to manage risks and improve patient outcomes were explored, including enhanced innovation and cross-departmental initiatives.

13.3   The importance of workforce support and international recruitment efforts was highlighted as critical to sustaining performance standards. Weekly check-ins and collaborative planning were suggested to address system-wide pressures. The discussion also emphasised the need for clear communication and alignment of efforts across teams, ensuring the effective use of resources and improved patient flow.

13.4   Looking ahead, the group acknowledged the value of proactive risk management, emphasising the need to identify and address issues for both known and emerging patient needs. The next steps include leveraging data sources to refine processes and improve performance metrics while maintaining a focus on patient safety and care quality.

13.5   A comprehensive plan addressing both individual patient care and broader structural changes was under development. However, the specific planning guidance, which was essential for finalising these plans, had not yet been received. Efforts were being made to pre-emptively populate sections of this plan in anticipation of the forthcoming guidance. The projected timeline for delivering the complete plan was March 2025.

13.6   The Board **noted** the Performance Report for Month 8

14   Finance Report Month 8

14.1   JD presented the finance report, noting a year-to-date deficit of £3.9 million including the impact of unfunded payables and the need for efficiency improvements. Concerns were raised regarding unresolved payables and the timing of expected payments. Updates on October's pay adjustments and related financial planning were noted, highlighting a 5% announced increase.

14.2   Ongoing efforts to address financial inefficiencies was emphasised, with discussions around mitigation strategies and ensuring Value for Money in commercial operations. The Board agreed on the importance of progress tracking and maintaining alignment with organisational goals, with further discussions planned to address unresolved items.

14.3   The Board **noted** the Finance Report for Month 8

15   Workforce Report Month 8

15.1   CW provided a summary of workforce Key Performance Indicators (KPIs) and relevant updates for the previous 12 months up to 30 November 2024. Key highlights included a reduction in temporary staffing spend and usage from 13.4% to 11.5% of the pay bill, although this remained an area of focus.

15.2   Absence rates had increased to 4.9% for November 2024 and were above 5%, linked to higher levels of flu, cough, and cold within the workforce, with ongoing vaccination campaigns to mitigate this impact.

15.3   "Time to hire" had improved to 43 days, driven by divisional alignment of recruitment processes and the Healthcare Support Worker had completed full sign-off, with the first phase of re-banding nearly complete.

15.4 Cultural programme sessions were held in December 2024 to provide feedback on the Yvonne Coghill and Roger Kline Reports, with actions including Values Based Recruitment training.

15.5 The Board **noted** the Workforce Report

16 Freedom to Speak Up Guardian Report

16.1 CW provided an update on Freedom to Speak Up (FTSU) activities from 1 April to 30 September 2024. The infrastructure for the service had been reviewed and refreshed, including the policy and development of a 3-year strategy. She reported that the highest number of concerns related to perceived fairness and equity in the application of processes and support from managers, which was reported as poor staff emotional and mental wellbeing.

16.2 Referrals to FTSU was ongoing, and capacity was expected to be enhanced by the recruitment of additional Guardians and Champions. CW also emphasised the progress in developing an improved and compliant case management process, alongside additional data collection and a revised reporting procedure.

16.3 There were 64 concerns raised during the reporting period, which was 4% less than the same period the previous year. The highest number of concerns reported was related to the application of systems and processes, followed by a lack of support from senior and middle managers. The Board emphasised the importance of addressing these issues to improve staff management and leadership.

16.4 The Board **noted** the Freedom to Speak Up Guardian Report

17 Safeguarding Annual Report

17.1 FH summarised the Trust's Safeguarding activities from April 2023 to March 2024 highlighting the increased activity and complexity of adult and child safeguarding cases. She provided an overview of the support offered by the Safeguarding Team to operational and clinical services, local and national developments in safeguarding, and their impact on the Trust's service.

17.2 The Board **noted** the Safeguarding Annual Report

18 Emergency Preparedness Resilience and Response (EPRR) Annual Assurance Review 2024

18.1 The annual review of EPRR for 2024/25 included a summary of the Core Standards Self-Assessment for MKUH. The self-assessment process outlined key tasks, responsible parties, and activities such as meetings, audits, and peer reviews.

18.2 The report addressed the 2024 Deep Dive requirements, focusing on cyber security and IT-related incidents. NHS EoE and BLMK ICB requested additional evidence and assurances, to which MKUH provided detailed responses concerning EPRR resources, business continuity plans, and incident recovery processes.

18.3 MKUH achieved a 97% compliance rating in the 2024/25 Core Standards Self-Assessment, earning a Substantial Compliance Level. An action plan was in place to achieve full compliance by the 2025/26 submission.

18.4 The EPRR Work Plan for 2024 included the revision and approval of key documents, such as the Business Continuity Management System Policy and the CBRN/HAZMAT SOP. Progress would be monitored by the Emergency Planning Steering Committee.

18.5 Significant incidents highlighted in the report included multiple instances of BMA Industrial Action and Operation Paladin, a multi-agency planning event for a government conference.

18.6 The Board **noted** the Emergency Preparedness Resilience and Response (EPRR) Annual Assurance Review 2024

19 MKUH Objectives update

19.1 JH highlighted the upcoming significant national announcements expected to impact MKUH's operational planning and strategic goals. These developments were anticipated to influence productivity targets and required a careful review to ensure alignment with broader organisational objectives.

In addition, discussions took place regarding a refresh of the Trust's values to embed a zero-tolerance, value-based approach into the organisational culture.

Action: CW to lead the refresh of the Trust's values to incorporate a zero-tolerance, value-based approach.

19.2 The importance of embedding the Trust's values in operational delivery was emphasised noting that while progress had been made, challenges remained in ensuring these values were consistently upheld across the workforce, particularly during periods of peak pressure.

19.3 Resource shortages and funding constraints were identified as key concerns. These challenges were impacting recruitment, capacity building, and operational resilience. The need for creative solutions to address these gaps while maintaining service quality was highlighted.

20 Risk Management Report

20.1 KJ provided an analysis of all risks on the Risk Register as of 2nd January 2025, highlighting trends and key information including the Trust's risk appetite across different categories, including financial, compliance/regulatory, strategic, operational, reputational, and hazard risks, with varying levels of willingness to take risks. She highlighted key metrics indicating a slight increase in the total number of risks and overdue reviews and recommended that Divisions/Corporate Departments update overdue risks and controls by 31 January 2025.

20.2 The Board **noted** the Risk Management Report

21 Board Assurance Framework (BAF)

21.1 The report presented an update on the Board Assurance Framework (BAF) risks as of December 2024. Key developments included progress on splitting the risk related to insufficient staffing levels into two distinct risks, enabling more targeted mitigation efforts. Additionally, six potential new strategic risks were identified and subsequently reviewed by the relevant Board Committees. The report underscored the critical importance of proactively addressing these risks to safeguard the Trust's strategic objectives and maintain operational resilience.

21.2 The Board **noted** the Board Assurance Framework.

22 Board Committees Assurance Reports

22.1 The **Audit & Risk Committee Assurance Report** provided an update to the Trust Board on the activities of the Audit & Risk Committee since the last public Trust Board meeting on 5 September 2024. Key points included the External Audit Findings Improvement Action Plan, Internal Audit Progress Report, Counter Fraud Progress Report, Financial Controller's Report, and Health & Safety Report. The report also highlighted the need for better risk management and the importance of addressing overdue controls and high-risk items.

22.1.1 MV reported that the Audit & Risk Committee Terms of Reference had been reviewed and discussed, with particular attention to the allocation of risks between committees.

22.2 The **Charitable Funds Committee Report** provided an update on the committee's activities since the last public Trust Board meeting on 5 September 2024. Key decisions included noting the Charitable Funds and Finance Reports, approving the Charity Annual Report and Accounts, and the Terms of Reference. Financial risks related to the charity's liquidity were highlighted, and areas for escalation to the Board included the Charitable Funds Terms of Reference, financial risk, and Arts for Health.

22.3 The **Finance & Investment Committee Assurance Report** provided an update on the committee's activities since the last public board meeting on 5 September 2024. The committee met on 28 October 2024 and 16 December 2024, discussing various topics including the Trust's financial performance, the New Hospital Programme, capital updates, medium-term financial planning, and integrated performance. Key highlights included a reported deficit position of £4.6m as of September 2024, a positive in-month surplus of £0.4m, and significant performance in the Elective Recovery Fund.

22.4 The **Workforce & Development Assurance Committee Report** provided an update on the committee's activities since the last public Trust Board meeting on 5 September 2024. The committee, met on 21 November 2024 and discussed several key issues, including the Board Assurance Framework, Workforce Risk Register, Freedom to Speak Up Report, Workforce Strategy, Objectives Update, GMC National Training Survey, and the Education Annual Review. Key decisions included splitting the overarching recruitment and retention risk into two separate risks, closing the risk related to the Manual Handling and Ergonomics Advisor vacancy, and emphasising the need for better data capture and engagement plans.

22.5 The **Quality & Clinical Risk Committee Assurance Report** provided an update on the committee's activities since the last Trust Board meeting held in public. The committee met twice, on 16 September and 9 December 2024, and discussed various topics including patient safety, infection prevention, clinical quality risks, mortality updates, and safeguarding. Key decisions included noting the Patient Safety Incident Reporting Framework (PSIRF) updates, reviewing clinical quality risks, and addressing issues related to mortality statistics and safeguarding.

22.6 JH highlighted the need to review the Terms of Reference (ToR) for the Quality and Clinical Risk Committee and Audit & Risk Committee committees to prevent an overlap of responsibilities, stemming from the reflection of 'risk' in both committee names. It was agreed that the Quality and Clinical Risk Committee would consider the possibility of a modified name.

Action: IR & FH to review and redefine the remits of the QCRC committee, ensuring clear delineation of responsibilities and proposing a potential new name for QCRC.

22.7 The Board **noted** the Board Committees Assurance Reports

23 Use of Corporate Seal

23.1 The Board reviewed the Corporate Seal which detailed the use of the corporate seal for the Milton Keynes University Hospital NHS Foundation Trust since the last Trust Board meeting. It included descriptions, parties involved, purposes, values, dates, and signatories for various agreements and warranties. These include construction professional services with Arcadis, contractor warranties with ADMK and Morgan Sindall for radiotherapy, the Imaging Centre, and Oak Wards, a payment guarantee, and a deed of easement with North Southern Gas PLC.

24 Forward Agenda Planner

24.1 The Board reviewed the Forward Plan and noted that there were no items captured for discussion at the March Board.

HT highlighted that the 2025/26 Forward Plan had been reviewed by herself, KO, and KJ. The review aimed to allocate appropriate time for in-depth discussions on risk-related topics during committee meetings and to enhance the integration of performance and risk reports.

25   Questions from Members of the Public

25.1   The below questions were received from governors and members of the public:

1. How is the Board assured that the hospital has measures in place to cope with winter respiratory illnesses?
Board Response
The Trust commenced winter planning early in 2024 which included preparedness for surges of respiratory and other illnesses. The plan included opening additional capacity at the beginning of January 2025 which has happened. With the current peak in respiratory illness admissions the Trust is running a daily infection prevention tactical meeting which looks at admission trends, patient pathways and care delivery.

2. Can you confirm the news on the Women's and Children's Hospital and how it is to be funded? Also, how efficiencies are to be made in orthopaedic surgery? i.e. what's the plan
Board Response
The Trust is waiting for the National review of NHP Programme to conclude. At that point we should have a much clearer picture of timescales, scope and funding. The review is expected to be complete in the next 6 weeks.
Through the oversight of the planned care transformation board, we have implemented a range of efficiency programmes for theatres and outpatients to maximise utilisation and reduce waste. These programmes are aligned to the national GIRFT (Getting It Right First Time) programme and include all specialties including orthopaedics.

3. What steps has the Trust taken to improve governance? Little seems to have changed and there are still significant gaps. Has any investment been put towards this pledge? If so, what?
Board Response
Governance is a broad term encompassing a large remit - from corporate governance and regulatory compliance through to clinical governance, including safety, experience and effectiveness. There have been significant changes in clinical governance structures and resourcing to implement the national patient safety framework, embed quality improvement and improve clinical audit. There has also been investment in additional corporate roles in health and safety related roles. Work is ongoing to review divisional governance post the implementation of the patient safety framework and ensure an effective structure is in place.

4. The administrative route of reviewing, agreeing or rejected the advertising of substantive posts is unnecessarily long with little value when replacing like for like – this is particularly problematic for lower band positions, where the notice period is 4 weeks while the panel can take 2-3 weeks to approve depending on the day of the week notice is given. This leaves gaps in our workforce, leading to everyone acting down – a significant drain on both resource and morale. How does the Board plan to improve the recruitment process?
Board Response
The Resourcing Panel meet every Tuesday and the deadline for forms is the same day, outcomes are given the following day to line managers. It is a way of ensuring that requests to recruit or use bank and agency are managed within budget and consistently follow the appropriate policy – this panel frequently finds requests that could be managed/filled/recruited to in a different way, adding value to the process. The recruitment team have automated processes to improve time to hire which has reduced to its lowest time this year and have now aligned its team to divisions to give a more streamlined service to line managers.

5. With the Trust's move to up-band HCAs to band 3's – what is the plan for other equally skilled band 2 positions which are being under recognised currently?
Board Response
The HCA re-banding process was carried out in response to national changes to this job profile that happened in 2021. Job descriptions for all roles should be reviewed as part of the appraisal process

and the Trust's Re-Banding Policy and Procedure applies to all positions not falling within the HCA re-banding.

6. How can the Trust support equal opportunity to all members of staff with education and development budget.

Board Response

Requests for education and development are managed locally at department level and through the line manager. A new study leave policy is currently in draft to make sure that there is a fair approach to granting study leave. From 2025/26 Managers will also need to create a Training Needs Analysis to identify gaps and priority areas for development to align individual training and development with the service needs.

7. How is the Trust aligning with the NHS long term workforce plan?
   - o **Training:** The DSP can be a very challenging process and can delay access to training – it only increases admin burden.
   - o **Retention and reform:** What is the Trust view on developing new advance practitioner roles for healthcare scientists.

Board Response

The Trust has a Workforce Strategy which is aligned to the NHS Long Term Workforce Plan and is currently in Q4 of its first year of delivery.
   - o **Training:** For training requests that are Trust-funded, the Discretionary Spend Panel review it for cost and value to ensure appropriate spend of monies.
   - o **Retention and reform:** The Trust is committed to reviewing current and new workforce models to change the way we deliver care. A review of Advanced Clinical Practitioner roles forms an important part of that and will move forwards in 2025/26 in line with service reviews.

8. How does the Trust plan to address the persistent challenges in elective waiting times and maintain performance improvements in emergency care, given the ongoing pressures from seasonal viruses and increased referrals?

Board Response

The Trust works hard to manage the competing demands of elective and emergency care and has detailed escalation plans in place to be followed in the event of serious capacity constraints. Cancellation of elective patients as a result of bed pressures does occur occasionally but is a rare event, although we recognise that the impact on the patients involved is significant.

9. With the implementation of the Patient Safety Incident Response Framework (PSIRF), what additional measures are being considered to address the backlog in overdue incident workflows and ensure timely completion of investigations?

Board Response

It is important that the response to a reported incident is timely whilst also being thorough. There are very few national timelines laid down in respect of PSIRF processes. We have set internal expectations, and there are some overdue workflows in relation to these. Most relate to gathering additional information at the outset and/or to scheduling sessions involving a range of staff who were involved. The number overdue is already falling and improved visibility (RADAR dashboards) will help us to keep within tolerance going forward. There was a vacancy in relation to a particular support role in the women's directorate.

10. How is the Trust ensuring compliance with mandatory training in maternity services and mitigating risks highlighted in the Maternity Assurance Group updates, such as gaps in workforce planning and incident investigations?

Board Response

The Maternity Assurance Group is chaired by a non-executive director and attended by the maternity safety champions. The purpose of the group is to provide corporate oversight and support to the maternity governance structure. Plans to improve mandatory training compliance in maternity and workforce planning are in place, discussed monthly at the meeting and progressing well as evidenced through the CNST compliance and MAG updates.

11. Given the year-to-date deficit of £4.6 million and the forecasted break even, what specific actions will ensure that efficiency savings of £20 million are achieved without compromising service quality?

Board Response

Every scheme which is included in the Trust efficiency programme is required to have been preceded by a full Quality Impact Assessment, which must be formally reviewed and approved as acceptable by the Trust Quality Board, before the scheme moves into delivery.

12. What targeted strategies are in place to reduce the reliance on agency staff and address high vacancy rates in critical areas, particularly for roles with persistent recruitment challenges?

Board Response

Agency spend and recruitment is regularly reviewed and addressed through Divisional Performance Board and the Temporary Staffing Group. Holistically looking at data to understand turnover, recruitment and retention issues alongside bespoke plans for improvement to exit high cost agency is ongoing and carried out at service and department-level – there is no 'one size fits all' approach to this and a mix of short term answers (such as adding a pay premia to some posts) as well as medium to long term (i.e. reviews of workforce models, patient pathways, apprenticeship and internal succession planning, training and education and delivery of care) are reviewed to create retention strategies and plans for improvement.

26   Any Other Business

None

The meeting closed at 12:11PM

Trust Board Action Log

Action No.	Date added to log	Agenda Item No.	Subject	Action	Owner	Completion Date	Update	Status Open/ Closed
40	14-Nov-24	3	Staff Story	FH to present a detailed plan on career progression pathways at an upcoming meeting.	FH	01-May-25		**Open**

Meeting Title	TRUST BOARD	Date: 6 March 2025
Report Title	Chair's Update	Agenda Item Number: 6
Lead Director	**Heidi Travis**, Acting Chair	
Report Author	**Heidi Travis**, Acting Chair **Oluwakemi Olayiwola**, Trust Secretary	

Introduction	This report is a standing agenda item
Key Messages to Note	This report informs the Board of key points arising from the Council of Governors and members' discussions and the Chair's and Non-Executive Directors' most significant activities since the last Trust Board held in public. The Board is invited to NOTE the report

Recommendation *(Tick the relevant box(es))*	For Information	x	For Approval		For Assurance	

Strategic Objectives Links *(Please delete the objectives that are not relevant to the report)*	1. *Keeping you safe in our hospital* 2. *Improving your experience of care* 3. *Ensuring you get the most effective treatment* 4. *Giving you access to timely care* 5. *Working with partners in MK to improve everyone's health and care* 6. *Increasing access to clinical research and trials* 7. *Spending money well on the care you receive* 8. *Employ the best people to care for you* 9. *Expanding and improving your environment* 10. *Innovating and investing in the future of your hospital*

Report History	*N/A*
Next Steps	*N/A.*
Appendices/Attachments	*N/A*

1. Introduction

1.1   This report aims at updating the Board on the Acting Chair's main activities, Non-Executive Directors (NEDs) ward visits, Governors' visits and discussions as well as systems and place collaborations as part of the MKUH Board's commitment to transparency and accountability. The report further informs the Board of key points arising from the Council of Governors' discussions and the Chair's and Non-Executive Directors most significant activities since the last Trust Board held in public.

1.2   The Board is invited to NOTE the report.

2. Chair's Update

Board Effectiveness

2.1   The Board spent some quality time together on 6 February 2025 to review our Board Assurance Framework (BAF) and Strategic Risk Register at the Board Seminar. In attendance was the Senior Risk Manager, Paul Ewers who provided clarity to some NED queries. As part of the Board's effort to prioritise risk, Board members collectively participated in a realistic risk appetite setting in order to align the Trust's strategic objectives with the current NHS financial environment. We also reviewed our risk metrics to ensure they are aligned with the Trust's risk management framework.

2.2   We were led by our Chief People Officer – Catherine Wills to discuss our strategic cultural programme and the proposed next steps in line with the Roger Kline and Yvonne Coghill works. It was a very insightful session.

2.3   I was pleased to attend the BAME Network meeting on 28 February in company of Joe Harrison (Chief Exec) and Catherine Wills (Chief People Officer). There is no doubt that the leadership and the Board are on the right track with the ongoing organisational culture work. Feedback indicated that our people are beginning to feel the changes vis-à-vis progress made in terms of culture shift. As you are all aware, equity, diversity and inclusion are high on our priority as a Trust and we continue to work towards making MKUH the best place for everyone to work.

Council of Governors Update

3.1   The Council of Governors held on 29 January 2025. The meeting was well attended by governors and NEDs. The Chief Executive Officer provided an update on the confirmation of funding for the new hospital, which was a significant achievement for Milton Keynes. He highlighted that the planning and building process would take several years, and the Trust is committed to

involving clinical teams and professional services to ensure the hospital's success.

3.2 In line with the duties of the Council of Governors as contained in our constitution, the Governors reappointed our Senior Independent Director - Gary Marven as a Non-Executive Director for a further three-year term, following a successful annual appraisal and recommendation from the NED Appointments Committee. You will agree with me that succession planning and leadership development is priority if we want to achieve our objectives.

Other Engagements

During the last 2 months, I have met non-executive directors for regular one-to-one meetings and chaired interview panels for a variety of roles alongside our medical and non-medical colleagues. I also engaged in the following activities:

4.1 I met with the new Head of Communications Bernadette Ahmed to discuss approach to engagement with Chair and Board.

4.2 I attended the Engagement Board in February.

4.3 I attended the BLMK Partnership Board on 14th Feb, discussing challenges in community and mental health services.

4.4 I met with Manjeet Gill - Vice Chair of the BLMK ICB

4.5 I also attended the BLMK leaders and Chairs meeting

Recommendation

The Board is invited to NOTE the report.

Meeting Title	**TRUST PUBLIC BOARD**	**Date: 6 March 2025**
Report Title	**Chief Executive's Update**	**Agenda Item Number: 7**
Lead Director	Joe Harrison, Chief Executive	
Report Author	Joe Harrison, Chief Executive	

Introduction	This report is a standing agenda item
Key Messages to Note	This report informs the Board of key points arising from the Chief Executive's most significant activities since the last Trust Board held in public. The Board is invited to NOTE the report

Recommendation *(Tick the relevant box(es))*	**For Information** [x]	**For Approval** [ ]	**For Assurance** [ ]

Strategic Objectives Links *(Please delete the objectives that are not relevant to the report)*	1. *Keeping you safe in our hospital* 2. *Improving your experience of care* 3. *Ensuring you get the most effective treatment* 4. *Giving you access to timely care* 5. *Working with partners in MK to improve everyone's health and care* 6. *Increasing access to clinical research and trials* 7. *Spending money well on the care you receive* 8. *Employ the best people to care for you* 9. *Expanding and improving your environment* 10. *Innovating and investing in the future of your hospital*

Report History	*N/A*
Next Steps	*N/A*
Appendices/Attachments	*N/A*

1. Introduction

1.1 This report aims to update the Board on the Chief Executive's activities as part of the MKUH Board's commitment to transparency and accountability.

1.2 The Board is invited to NOTE the report.

2. Chief Executive's Update

Operational Performance

2.1 MKUH has made improvements to both our long waiting times and our cancer waiting lists, with more patients getting faster, local access to the treatment that they need. ED waiting times still require improvement and the team is working hard on this during what is a challenging winter. We continue to innovate where possible in order to address this pressing challenge and achieve national targets.

NHSE Planning Guidance

2.2 2025/26 Planning Guidance offered a more streamlined set of targets.

- We fully support the focus on improving access to timely care, and the target of treating 60% of patients within 18 weeks. For MKUH, however, this is a significant challenge as we have one of the lowest starting positions and we are not yet clear whether there is an affordability issue given the funding envelope that has been allocated to our ICS.

- We have a target to improve productivity by 4% and reduce costs by at least 1%.

- Improving access to mental health services is a national priority and we support this ambition.

- Collaboration with ICB partners will continue to be important, especially to prevent unnecessary hospital admissions.

- Digital tools, like the NHS app, will become increasingly important nationally.

- The Trust, and the wider ICS, are mandated to achieve a breakeven financial plan.

2.3 **MP Visits**

Two of the city's MPs visited the hospital in February. Emily Darlington and Callum Anderson heard an update on our performance and future plans. They were particularly pleased to hear about progress with hospital development.

2.4 **CQC Surveys**
We are currently communicating with patients regarding two upcoming CQC Surveys and will actively encourage maximum engagement. The surveys will cover adult inpatient and maternity experience.

2.5 **Executive Portfolio Changes**
John Blakesley has now taken up the role of Chief Strategic Development Officer (CSDO). I would like to thank John for his commitment to the Trust since joining in April 2013, and for his support as Deputy CEO since 2014.

2.6 **Radiotherapy Centre**
Patients have now begun to receive treatment at the new radiotherapy centre which is being run at our hospital by Oxford University Hospitals (OUH). The project was jointly funded by OUH, MK City Council, NHS England and MKUH. Early feedback from patients, who no longer need to journey to Oxford for treatment, has been very positive.

2.7 **Fundamentals of Nursing Care**

To reinforce our commitment to continuous improvements in patient experience, we are rolling out a programme of work on the fundamentals of Nursing and Midwifery care. This training will run throughout Spring and Summer, and focus minds on how to deliver high-quality, safe, and individualised care for patients.

3. Recommendation

The Board is invited to NOTE the report.

Date   6 March 2025

ICB Executive Lead: Maria Wogan, Chief of Strategy and Assurance, and MK Link Director, Bedfordshire, Luton and Milton Keynes (BLMK) ICB

Report Author: Andrew Clayton, Partnership Governance Lead, Bedfordshire, Luton and Milton Keynes (BLMK) ICB

Report to the: Board of Directors, Milton Keynes University Hospital NHS Foundation Trust

Item: [secretariat to add item number] – Bedfordshire, Luton and Milton Keynes Integrated Care Board Update

1.0   Executive Summary

1.1   This report summarises key items of business from the BLMK Integrated Care Board (ICB) arising from recent meetings.

2.0   Recommendations

2.1   The MKUH Board of Directors is asked to **note** this report.

3.0   Key Implications

Resourcing	✓
Equality / Health Inequalities	✓
Engagement	✓
Green Plan Commitments	✓

4.0   Report

4.1   Bedfordshire, Luton and Milton Keynes Integrated Care Board

On 13 December 2024, the Board of the BLMK ICB met at Priory House, Central Bedfordshire Council.

Questions from the public -There was one question from a resident, in relation to hospice funding. The question and answer can be viewed here.

Resident stories - Sexual Health Service iCaSH shared an example of their work with a resident experiencing complex health issues, homelessness and financial challenges. They explained how multi-agency support helped the resident to address immediate health concerns and access advice on employment and support for her family.

Chair and Chief Executive updates - The meeting was the last for the ICB Chair Dr Rima Makarem, who stands down at the end of December. She reflected on her four and a half year tenure with pride, noting the significant progress made across the ICS. The Deputy Chief Executive thanked Dr Makarem for her vision and

leadership, and for her important work to reduce inequalities and establish a research ICS focused on innovation.

The Deputy Chief Executive announced changes to the Executive team with the appointment of Dr Andrew Rochford, who will be joining the ICB in March 2025, and thanked Dr Ian Reckless for his service as Interim Chief Medical Director. The Chief Primary Care Officer Nicky Poulain will retire in April 2025. She also set out the process for recruiting a new Chair and confirmed that Manjeet Gill, Deputy Chair of the ICB, will provide cover as Acting Chair from the new year.

The Board received an update on the development of the business case for a new Community Diagnostic Centre in Luton and agreed to delegate authority to the Chief Executive of the ICB to approve the business case. The Board also authorised the Chief Executive to sign the revised delegation and collaboration agreements for Specialised Commissioning for BLMK ICB.

Strategic priorities, dying well in BLMK – In a wide-ranging report, co-presented by Sarah Stanley, Chief Nurse and Elaine Tolliday, Clinical Director of Keech Hospice, the Board heard that in 2023 67,000 hospital bed days were used for palliative care patients in BLMK, and that there were 6,000 emergency admissions for end-of-life patients. The Board discussed how partners could develop a system approach to ensure more residents have a 'good death' in a setting of their choice. The Board agreed the formation of a diverse and expert Palliative and End of Life Programme Board to take forward the recommendations of the co-produced End of Life Review and endorsed the importance of resident voices in conversations about dying.

Primary Care Transformation Plan to deliver the National Primary Care Strategy – The Board noted the BLMK Primary Care Transformation Plan and commended work to improve primary care access through the appointment of additional clinical roles, Pharmacy First, Total Triage and Primary Medical Services. The Board asked for closer alignment with the ICB's developing estates strategy and for greater clarity on the impact the challenges in primary care have on activity in hospitals.

Improving Health Equity and Delivering on the Denny Review – The Board welcomed the system work to respond to the Denny Review and the launch of the Health Equity Programme since last year. The Board approved the proposed focus of the Health Equity Programme in Year 2 and sought a focus on measuring and demonstrating quantifiable impact. Recognition was given to the ICB's new Learning Action Network, launched in partnership with the Institute for Healthcare Improvement in November 2024.   Board Members shared their own organisation's actions to respond to Denny, including Healthwatch's efforts to improve translation and interpretation services, Luton Council's appointment of more representative leaders in the Council and success in reducing child poverty, the use of Artificial Intelligence (AI) to help prioritise surgical waiting lists at Bedfordshire Hospitals Foundation Trust and CNWL's sensitivity training programme for staff.

Operational planning process for 2025/26 – The Board discussed the operational planning process and the difficult decisions that the system may need to take in 2025 to achieve a balanced plan. It was agreed that a seminar in January would help to shape the approach to planning, with a focus on the three changes outlined in the Darzi Review. The Board agreed that due regard should be had to the PA Consulting report to drive efficiencies across the system including improving discharge pathways.

Month 7 ICS Finance Report – The Chief Finance Officer reported an improving position at month 7 following significant interventions to address a deficit across the system. It was recognised that payroll increases had impacted the deficit, and that elective recovery was attracting premium costs. Members heard that a recovery plan is in place and will be extended over the winter period to manage workforce costs and deliver efficiency programmes. It was reported that the capital programme remains in balance. The Board was informed that further improvements are expected at Month 8 and the ICB continues to forecast breakeven by year end.

Committee reports:

Audit and Risk Assurance Committee – The Board noted the report from the Audit and Risk Committee on 11 October 2024 and the update to risks in the Board Assurance Framework (BAF), including two new risks that had been added for BHFT maternity services and the risk to the sustainability of the VCSE sector on delivery of the ICS's strategic priorities.

Quality and Performance Committee – The Board noted the performance report, including the work to address major challenges in meeting elective care ambitions.

Finance and Investment Committee – The Board approved the Section 75 agreements as recommended by the Committee in the detailed report.

The Primary Care Commissioning and Assurance Committee – The Board noted the report from the Committee on 18 October 2024.

Mental Health and Learning Disabilities and Autism Collaborative Committee – The Board noted the update from the Committee.

Assertive and Intensive Community Outreach Review and Action Plan – The Board noted the NHSE requirement to review the action plan in the public Board meeting and reviewed and noted the plan, which is a dynamic document that will continue to be developed.

Corporate Governance Report – The Chief of Strategy and Assurance clarified the conflict of interest guidance regarding 'perceived' interest, and the Board agreed to delegate any further amendments to the Conflict of Interest Guardian.

The full set of Board papers can be found on our website here.

Other news

BLMK ICB Joint Forward Plan 2025-2026 - Since the ICB Board meeting, NHS England has published guidance proposing only minor updates be made to all ICB's Joint Forward Plans, which must be updated annually. This steer from NHSE is that, due to the forthcoming publication of the Government's 10 Year Plan in Spring and the Comprehensive Spending Review in June, ICB should take a light-touch approach, making only non-substantial updates focused on progress in 2024/25. BLMK will take this approach whilst ensuring the JFP remains aligned to each place's Health and Wellbeing Strategy. A more comprehensive update of the JFP is planned for 2026 publication.

The next meeting of the Integrated Care Board will be at 9 a.m. on 21 March 2025, venue to be confirmed. Further details will be published on the website. Members of the public and partner organisations are welcome to join in person or on-line. We ask that questions to the Board from members of the public are submitted three days in advance by 17 March 2025. Questions can be emailed to blmkicb.corporatesec@nhs.net.

Board papers and a link to join the meeting is available here a week before the meeting.

If you have any queries regarding this summary, then please contact blmkicb.corporatesec@nhs.net

4.2 Next Steps

None

List of appendices

None

Background reading

None

Meeting Title	Trust Board Meeting in Public	**Date: 06 March 2025**
Report Title	Patient Safety Update	**Agenda Item Number: 8**
Lead Director	Dr Ian Reckless, Chief Medical Officer	
Report Author	Anna O'Neill, Patient Safety Specialist, Head of Patient Safety and Learning Specialist	

Introduction	This paper provides Trust Board with an overview of patient safety activity between **01 December 2024 and 31 January 2025**. The paper seeks to familiarise the board members with the new incident review systems and processes in place whilst also providing oversight on the number and nature of the safety incidents reports, and the responses to them.
Key Messages to Note	1. The patient safety incident response framework (PSIRF) was launched Trustwide on 01 May 2024: a variety of new systems and processes are now in place and embedding. 2. The incident reporting rate is increasing (an increase being a positive finding). 3. In PSIRF, the role of Trustwide triage (daily) and local patient safety huddles (typically at directorate level, weekly) is pivotal. 4. New significant emerging patient safety themes are described within this paper. 5. An annual / bi-annual report will be produced by the patient safety team detailing patient safety themes, trends and successes from the previous year. It will also identify areas requiring additional focus (future patient safety priorities) and improvement.
Recommendation	[x] For Information [ ] For Approval [ ] For Review

Strategic Objectives Links *(Please delete the objectives that are not relevant to the report)*	1. Keeping you safe in our hospital 2. Improving your experience of care 3. Ensuring you get the most effective treatment 4. Giving you access to timely care
Report History	Last report shared at Trust Board on 09 January 2025 (covering time period 01 November 2024 and 31 December 2024).
Next Steps	

Executive Summary

The Patient Safety Incident Response Framework (PSIRF) was launched across Milton Keynes University Hospital (MKUH) on 01 May 2024, following a period of limited piloting. This paper aims to give a brief overview of the purpose of PSIRF, how this is being implemented at MKUH and recent data: data within the paper covers the period **01 December 2024 to 31 January 2025**. Much of this information has been shared in other forums within the Trust and is shared today for information and feedback from the members of Trust Board.

Key points:

1. Approximately 475 incidents (since PSIRF launch) have 'overdue workflows' associated with them. This is a significant reduction from the previous 2 month period. Whilst recognising that timelines for these workflows are internally set, the nature and distribution of these delays is described in this paper. The Radar dashboards are providing good visibility of delays and helping to drive completion.
2. Eight incidents reported in the time frame have led to a Level 1 Patient Safety Incident Investigation (either as a locally led PSII or external investigation). Five of these are maternity related incidents and have been referred for a Maternity and Newborn Safety Investigation (MNSI).
3. Monthly patient safety learning forums commenced in January 2025 with good multi-professional attendance and positive feedback and learning outcomes.

Main Report

Background

PSIRF represents a significant shift in the way the NHS responds to patient safety incidents. It supports Trusts to focus their resource and time into reviewing patient safety incidents where there is an opportunity to learn and to avoid repetition. This requires a considered and proportionate approach to the triage and response to patient safety incidents.

The introduction of PSIRF is a major step to improving patient safety management and will greatly support MKUH to embed the key principles of a patient safety culture which include:

- Using a system-focused approach to learning (The SEIPS model[1], *Appendix 1*)
- Focusing on continuous learning and improvement
- Promoting supportive, psychologically safe teamwork
- Enabling and empowering speaking up by all

Patient safety incidents reported at MKUH (through our RADAR software system) are reviewed in a **2-stage process**; a daily Trust wide triage panel and weekly locally led patient safety huddles. The two stages allow for both Trust wide and local oversight and learning.

Trust wide triage includes a broad membership with representation from all key clinical areas (including patient safety, corporate nursing, medical, pharmacy, maternity, paediatrics,

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[1] [B1465-SEIPS-quick-reference-and-work-system-explorer-v1-FINAL.pdf (england.nhs.uk)](B1465-SEIPS-quick-reference-and-work-system-explorer-v1-FINAL.pdf)

radiology, pathology, safeguarding). Trust wide triage occurs every working morning such that all incidents should be considered by triage within 72 hours of being reported – usually within 24 hours. Of note, relevant leaders are informed of the incident at the time of reporting through an email cascade appropriate to the geographical area / category of incident. The **local patient safety huddles** (sometimes described as 'local triage') are smaller groups and include representation from patient safety, operations, medical and nursing at either divisional or clinical directorate / clinical service unit (CSU) level. Both panels are responsible for appropriately grading all patient safety incidents using the 4 MKUH response levels *(Appendix 2)*. A key role of a local patient safety huddle is to review any level 4 incidents (which require further information over and above that included in the original incident report) and determine an appropriate learning response. In such cases, a rapid review form is completed by the ward/department - this ideally occurs within 7 days of the incident being discussed at daily Trust wide triage. The questions in the form are based on the following national criteria:

    i.   potential for learning in terms of:
- enhanced knowledge and understanding
- improved efficiency and effectiveness
- opportunity for influence on wider systems improvement

   ii.   actual and potential impact of outcome of the incident (harm to people, service quality, public confidence, products, funds, etc.)

  iii.   likelihood of recurrence (including scale, scope and spread)

Based on the rapid review findings, the members of the local patient safety huddle agree to either close the incident on Radar or assign a level 1 or 2 response. For level 1 and 2 responses a learning event will be suggested. The details of the different types of learning events are described in *Appendix 3.* Broadly these events have replaced local investigations, 72-hour reports and root cause analysis (RCA).

The Trust wide triage panel formally reports to the Patient Safety Incident Review Group (PSIRG), weekly, and the Patient Safety Board monthly, for oversight. In addition, a daily update is sent to members of the executive group for their information.

Other processes exist for the review of non-patient safety incidents or for patient safety incidents where robust improvement strategies are already in place. Any complaints which may have a significant patient safety component are discussed at Trust wide triage.

Key groups driving triage, understanding and management of reported patient safety incidents

Non-patient safety incidents

Trustwide Triage (daily)

Local Patient Safety Huddles (typically at CSU level, weekly)

PSIRG (currently weekly)*
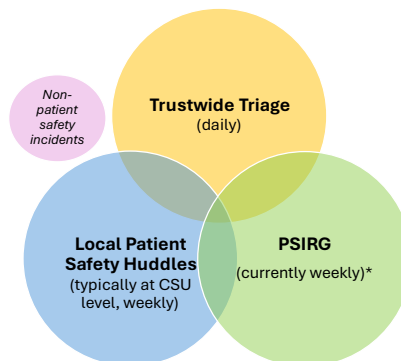
* The frequency and format of PSIRG (patient safety incident response group) will be kept under review as the transition away from historic processes completes and as we optimise our focus on learning.

Outcomes (learning and actions) from learning events are shared in several different forums including local safety huddles, team newsletters, in 'Spotlight on Safety' in the CEO newsletter as well as at the Trust wide learning forums such as PSIRG. Additional forums for sharing learning such as podcasts, drop-in learning forums and simulation are being developed and introduced.

Reporting Period (01 December 2024 – 31 January 2025)

Radar Dashboards

Launched on 04 November 2024, the newly developed Radar dashboards offer teams and individuals the opportunity to review and interact with patient safety data. There are 2 dashboards available:

1. *Divisional Dashboards* - provide an overview of all incidents and the ability to filter and interrogate the data by drilling down into PSIRF incidents by division, CSU and department as well as adjusting date periods (see ***Appendix 5*** for snapshots of the Trustwide view of the divisional dashboard). These dashboards will be widely used at Trustwide and CSU meetings.
2. *PSIRF Dashboard* – provides a more detailed overview of the PSIRF incidents, individual workflows, learning outcomes and actions (see ***Appendix 6*** for snapshots of the PSIRF dashboard). This will be predominantly used by the patient safety team.

These interactive dashboards enable teams to discuss their current patient safety data and make any changes or updates live on the system during meetings, whilst also saving time on report writing. Please note the dashboard data is not 'live' but updates every 24 hours.

Issues relating to the data populating the location widgets are yet to be resolved despite being escalated to Radar at the end of December. This is impeding the use of the dashboards at specialty and divisional meetings.

Key Data

The total number of incidents reported[2] between 01 December 2024 and 31 January 2025 increased to 2333, predominantly due to a continued rise in reported incidents relating to violence and aggression towards staff. This increase in reporting was also reflected in the number of patient safety incidents (see graph below) which remains significantly above pre-PSIRF levels, suggestive of a positive reporting culture.

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[2] Incidents reported through the RADAR system include both patient safety (typically two thirds) and non-patient safety (typically a third) events.

PSIRF Incidents Reported Per Month (since 1st May 2024)

The number of incidents with overdue workflows is currently 475 having remained stable over the past 2 months. **It is important to note that there are no national KPIs for PSIRF other than guidance that PSIIs should be completed within 3-6 months.** The KPIs agreed are to provide assurance that progress is being made and learning and action occurs within a timely manner. The patient safety team are continuing to support divisions to clear their backlogs. Women's Health currently has the largest number of overdue incidents. The planned appointment of a dedicated patient safety and learning lead in women's health will support the PSIRF processes as evidenced in the other three divisions.

The two Radar workflows contributing to the largest number of overdue incidents are the rapid reviews and the local safety huddles (described here as 'local triage').

1. Rapid reviews are required for incidents allocated as 'Level 4 – more information needed'. The process for level 4 more information includes:

    i. Identified at initial Trustwide triage that further information is required in order for an informed decision to be made regarding learning response level.
    ii. Local teams (division or CSU) are asked to clarify details and gather further information about the event (as supported by the rapid review form). The expectation is that this is completed ahead of the next weekly local safety huddle.
    iii. If more work or time is required to gather the necessary information, it remains on their local task list and therefore will appear as overdue when it exceeds the agreed KPI of 15 working days (currently 252 rapid reviews are overdue and awaiting completion).
    iv. Once more information is gathered and the rapid review form complete, the local team will either close the incident, convert it to a level 2 or 3, or ask for consideration of a Level 1 investigation (PSII). All potential PSIIs are discussed at PSIRG on a weekly basis.

2. As described above, the rapid review form needs to be completed ahead of the local safety huddle and therefore is having a knock effect on the number of overdue local safety huddles (currently described as local triage). All CSUs now have established weekly MDT meetings to review their incidents and rapid reviews. This will reduce the current local triage backlog of 220.

Level 1 Patient Safety Incident Investigations (including local PSIIs)

Since 01 December 2024, there have been eight level 1 investigations identified (three locally led PSIIs and five MNSI investigations). Two PSIIs have been completed, quality assured and approved at PSIRG and a further two are complete, just awaiting final approval at PSIRG. One is on hold and one is currently overdue. See table below for details.

INC No.	Date declared at PSIRG	Level 1 investigation type	Safety Priority (National & Local)	Description	Progress update
26824	22-Aug-24	PSII	None	Aspiration Pneumonia - Coronial case.	Completed
24787/ 26454	22-Aug-24	PSII	None	Death following e-scooter accident – Coronial case.	Completed
26781	22-Aug-24	PSII	Never Event	Bone marrow procedure done on wrong patient	Completed – awaiting PSIRG approval
25330/ 25342	05-Aug-24	PSII	Local Priority: Deteriorating Surgical Patient	Delay in escalation of deteriorating patient on Ward 20.	Completed – awaiting PSIRG approval
24659	18-Jun-24	PSII	None	30+5 neonatal death. Intrauterine rupture – Coronial case.	On hold - due to complexities around ongoing coronial process.
26540	05-Aug-24	PSII	Local Priority: Delayed Diagnosis	Management of a gynaecological malignancy was neither timely nor appropriate. Typographical error relating to diagnostics contributory.	Overdue– Initial conversations held with both Gynaecology and Radiology teams and system analysis worked through. Now requires action setting meeting with Gynaecology.
30581	01-Dec-24	MNSI*	National Priority	Term stillbirth	With MNSI
30615/ 30590	5-Dec-2024	PSII	Never Event	Replacement of a feeding nasogastric tube (NGT). Position check on chest x-ray interpreted incorrectly and NGT used resulting in patient aspirating.	Uploaded to StEIS. Immediate safety actions taken. PSII underway.

30975/30949	10-Dec-24	MNSI*	National Priority	Shoulder dystocia – broken arm and required cooling	With MNSI
31293	19-Dec-2024	MNSI*	National Priority	Term baby required transfer to tertiary centre for cooling and ongoing care.	With MNSI
31554	Created 26-Dec-2024	MNSI*	National Priority	Term intrauterine death	Awaiting MNSI acceptance due to consent delays.
31670	Created 28-Dec-2024	MNSI*	National Priority	Term intrauterine death	Awaiting acceptance from MNSI.
32366	23-Jan-25	PSII	Local Priority - Surgical Inpatients	Deteriorating surgical inpatient on ward 20	Initial engagement commenced and learning event planned
32451	23-Jan-25	PSII	Local Priority - Surgical Inpatients	Delay in transfer of care to surgical team	Initial engagement commenced and learning event planned

Please note - in addition to the MNSI investigations, these 5 cases are also being reviewed thematically with external reviewers.

Themes from reported incidents

Potential themes identified from reported patient safety incidents are actively tracked by the team. An identified theme may lead to specific actions (for example, co-ordination of an MDT meeting to discuss and improve understanding) which may not have been warranted based on a single incident. Identified themes may also assist in the identification of training needs and patient safety priorities for future years (as identified in the annual Quality Account).   The table overleaf describes themes which are continuing or newly emerging since 01 December 2024.

Category	Source	Plan / next steps
Deterioration of Surgical Inpatients	Incidents	Two recently declared PSIIs. Simulation based learning event planned. Full MDT engagement in investigations.
Discharge medications	Incidents	QIP registered and initial data analysis underway. To be linked to discharge summary QIP.
Management of Controlled Drugs (CDs)	Incidents	Medication safety team are leading a review of ICU incidents initially with aim to roll out Trust wide and developing a new tracking system for CDs to identify areas of concern.
Management of dysphagia – adherence to care plans/guidelines	Incidents, Inquest, Safeguarding	QIP now registered and commenced following extensive learning events and reviews.
Violence and aggression towards staff	Incidents	Being managed under Health & Safety.

Emergency Department – poor patient experience, care delays, poor staff experience leading to incivility, delays in documentation of speciality reviews impacting patient flow, violence and aggression towards staff.	Incidents	- Escalated to triumvirate - MDT Level 2 learning event completed January 2025 re documentation delays - ED and SCAS regular meeting for sharing incident themes - Plenary session 12/2/25 on incivility - Sepsis observation work and tabletop exercise completed Jan 2025 to support sepsis QIP and care delays

Collaborative working with the clinical skills and simulation team

The patient safety team and the clinical skills and simulation team have started working together on a new approach to learning through simulation. This is a two-pronged approach working both reactively and pro-actively in response to patient safety events and optimising how learning is shared:

- A new clinical simulation learning outcome form has been introduced to capture the rationale for the simulation session, the learning generated and any quality improvement ideas. There are a variety of prompts for clinical simulation including team training requests, post clinical events and awareness days. Up until now, the learning and ideas generated during these sessions the sharing is often limited to the attendees. The hope with the new form is that learning can be shared beyond the session and become part of the patient safety learning platforms.
- Recreation of patient safety incidents using simulation in either the area that the incident occurred or recreated in the simulation wards/suite. The teams held their first planned event in December based on an incident involving a patient with a new hip replacement who sustained a hip dislocation after a controlled slide to the floor and subsequent hoisting off the floor.
- 2 further incidents are planned to have a simulation based learning event. Both are related to the recognition and escalation of deteriorating surgical inpatients.

Learning from Patient Safety Incidents

Learning is identified at all stages of the PSIRF process:

1. Daily triage meeting when all patient safety incidents are discussed by experts representing each hospital department.
2. Locally at weekly safety huddles (local triage).
3. Weekly PSIRG meeting where learning is identified and shared.
4. Level 1 & 2 learning events.

Key learning is recorded on Radar and together with case studies, are shared via the 'Spotlight On Safety' (SOS) message each week and published on the patient safety intranet page. In the past 2 months, we have been considering how best to share learning with teams across the Trust and are appraising various options including WhatsApp and MS Teams (with appropriate safeguards in terms of information governance and security).

In January monthly patient safety forums commenced - a drop-in session for staff to come and hear about patient safety themes, share their experiences and learn from topic experts. The topics chosen for each forum is based on current safety themes, Trust safety priorities and recent learning from PSIIs. The plan from April 2025 is to triangulate intelligence and learning

from other sources including complaints, litigation, inquests and safeguarding. The first forum was held on 22nd January with a focus on inpatient diabetes management (Trust safety priority) and the second planned for 12 February with a focus on point of care testing (PSII learning). Please see *Appendix 7* for a summary of the January forum. Attendees rated it 4.62/5 in terms of benefit to them and the following world cloud illustrates what staff enjoyed about the session.

The patient safety team continues to capture learning using the Mortality and Morbidity (M&M) meeting outcome form. This is a simple Microsoft form that encourages the M&M group to identify examples of care excellence, key learning and potential quality improvement and audit opportunities. An outcome summary is developed monthly and shared across all CSUs and learning platforms for Trust wide learning. See *Appendix 8* for the latest summary of outcomes.

Level 2 Learning Events

Between 01 December 2024 and 31 January 2025, 48 level 2 learning events have been completed. This is a 30% increase from the previous 2 months. The dashboard screenshots below illustrate the type of learning events being held (since 01 Dec 2024) and the key system factors contributing to our incidents and errors since the PSIRF launch in May 2024.

Type of Learning Events Held

Learning Event Contributory Factors in relation to Severity

Contributory Factor	Severe	None	Moderate	Low	Total
Information Flows & Methods	1	5	5	7	18
Policies / Procedures		4	3	8	15
Staffing Levels		2	3	10	15
Communication Infrastructures	1	2	1	9	13
Resource Availability		5	2	5	12
Organisational Culture (Values/Commitment…	1	2	1	5	9
Training (Availability)		2	1	4	7
Workload Assignment	2	1	1	2	6
Other Organisational Factors		1	2	2	5
Leadership & Supervision	1		1	2	4
Work Schedules / Rotas			1	3	4
Management Processes		2		1	3
Financial Resources				1	1
Not Applicable				1	1
Recruitment				1	1

Legend: Low, Moderate, None, Severe

As can be seen from the contributory factors chart above, we need to improve the recording of 'contributory factors' following completion of learning events (these were only provided following a minority of those completed since May 2024). This lack of recording limits our understanding of what is causing our incidents and our ability to make systemic change. Upon further exploration, this disparity between number of learning events held and contributory factors listed can be accounted for by:

- Many MDT learning events are thematic in nature and explore multiple incidents during one event. This means that whilst several incidents were reviewed, the contributory factors are only added once onto Radar.
- Other level 2 learning event types don't currently have specific templates on Radar and therefore the systemic factors are not being captured. This is a piece of work planned for 2025, with specialist departments such as maternity and infection, prevent and control to design specific learning outcome forms on Radar where needed.

A further 112 learning events are planned over the coming 2 months. 47 are currently overdue in accordance with the local KPI of 'within 60 days'. It is important to recognise that learning events must be facilitated at a time and place that suits the people involved both logistically and emotionally. This requires detailed planning and scheduling to ensure that the right people are able to attend. PSIRF training is continuing to up-skill the ward / department teams to facilitate timely learning events such as hot debriefs and after-action reviews. This should reduce the number of delayed learning events and hence the overdue incidents. MDTs are excellent for high quality thematic learning. Reviewing multiple incidents at one MDT learning event is beneficial in terms of time and expertise but can be more challenging to arrange which can impact the overdue incidents list.

A learning event feedback form has been developed with a variety of feedback methods including satisfaction scales and open questions. Visual inquiry images (*Appendix 9*) are also provided as a well-established appreciative inquiry tool used at MKUH to help explore people's feelings and thoughts about a specific experience. So far staff completing the form have rated

learning events as either 'good' or 'excellent' and images chosen to describe how the learning events felt for them include:

Below are some quotes from staff explaining why these images were chosen:

"Everyone was given the opportunity to speak without prejudice and we were encouraged to speak freely. It was a relaxed and informative session."

"It was great to have a variety of professionals to bounce off and discuss the learning points"

"A lot to learn. Useful to discuss issues with a multidisciplinary approach"

A **3-month post learning event** feedback form has been developed to evaluate the impact of learning events. Questions have been designed to explore how people are feeling about the incident now, whether any positive change has occurred, both personally and in terms of safety culture within their area and whether any safety actions have been completed. Below are some examples of feedback gained so far from attendees 3 months post learning event:

"I am pleased that this was reported and that actions identified at the learning event and taken since appears to have reduced the incidences of torn theatre wraps."

"While it was a difficult incident and caused a lot of reflection, I am much more comfortable with my actions and reassured once I heard the experiences and opinions of my colleagues"

"It's a learning experience, am now always on the lookout on how to avoid such circumstances and it has helped me to guide my juniors."

"The learning event was useful in gaining insight into what happened and why. It allowed me to identify learning opportunities and to think about what should happen differently going forward"

How true are these statements?   More

● Yes, and I have seen a positive difference in patient safety as a result ● Not yet, but I expect to in the near future ● No ● I'm not sure

I have applied concepts and/or strategies discussed during the learning event in my daily practice.

Have you observed any changes in your own behaviour or practice since the learning event?

Have you seen any positive outcomes or actions taken as a result of the learning from the event?

Do you believe the learning event has contributed to a culture of safety or improvement within the Trust?
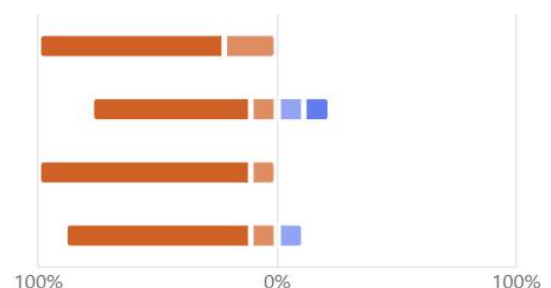
Appendices

Appendix 1 – The SEIPS model

[B1465-SEIPS-quick-reference-and-work-system-explorer-v1-FINAL.pdf (england.nhs.uk)](#)
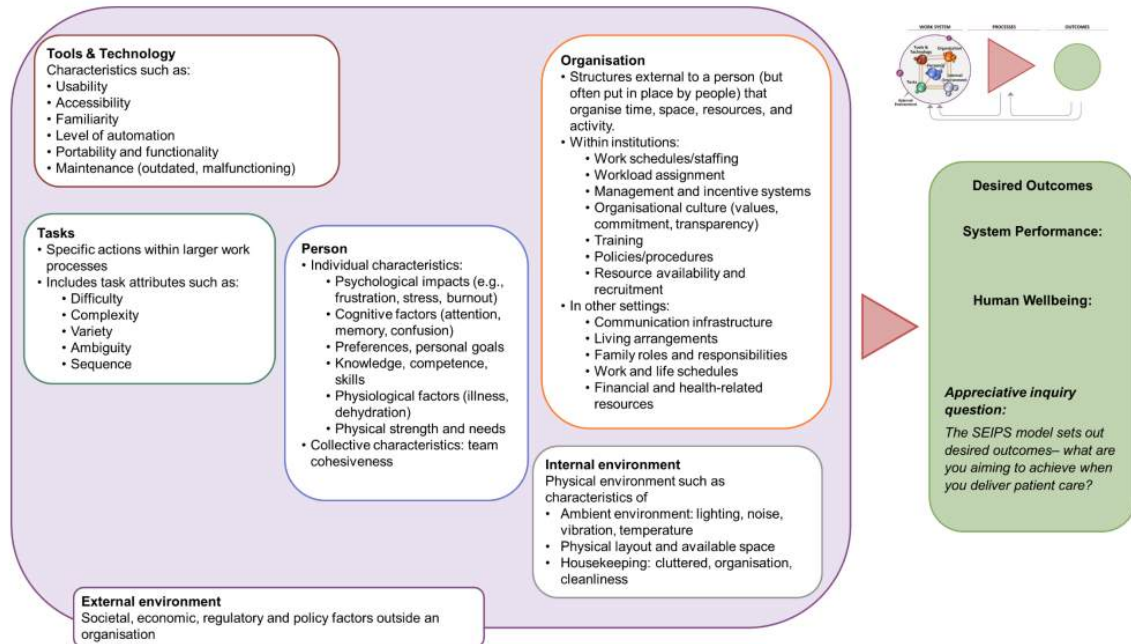
Appendix 2 – Four response levels
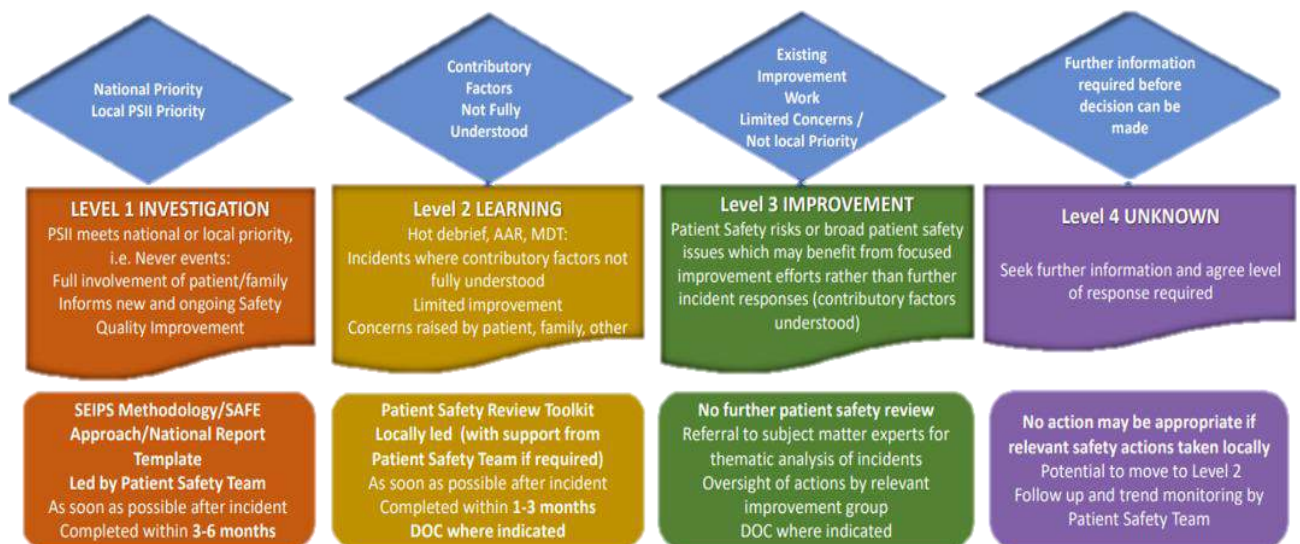
Appendix 3: Types of Investigation and Learning Response Types

Response Type	Level	Description
Patient Safety Incident Investigation (PSII)	1	A PSII offers an in-depth review of a single patient safety incident or cluster of incidents to understand what happened and how. These are led by the central patient safety team to ensure standardisation of high-quality system focused reports in collaboration with experts in the relevant fields.
Hot Debrief	2	A psychologically safe meeting with those involved to summarise a critical event, hear from those affected and identify immediate learning. These are locally led events by skilled facilitators.
After Action Review (AAR)	2	AAR is a structured facilitated discussion of an event, the outcome of which gives individuals involved in the event understanding of why the outcome differed from that expected and the learning to assist improvement. AAR generates insight from the various perspectives of the those involved and can be used to discuss both positive outcomes as well as incidents.
Multidisciplinary Team review (MDT)	2	An MDT review supports care teams to learn from patient safety incidents that have occurred. the significant past and/or where it is more difficult to collect staff recollections of events either because of the passage of time or staff availability. The aim is, through open discussion, systems analysis and other techniques to understand 'work as done', to agree the key contributory factors and system gaps that impact on safe patient care. These can be useful to learn from clusters of similar events.
Learning and Innovation From Events (LIFE) session	2	LIFE sessions aim to take stories/accounts from everyday events and incidents and promote discussions that help people to use these stories/accounts as a prompt to collaboratively talk about what stood out for them, what there is to celebrate, what we are curious about and what are the ideals and practical ideas that can be taken forward to benefit those who live, work in or visit the care setting. LIFE sessions adopt a relational approach to learning and improvement, as they create space for multiple perspectives to be heard. LIFE sessions can be used to discuss stories/accounts from patients, family members or staff.
Rapid Review	4	A simple locally led review based upon national criteria. This determines whether the incident requires a level 1 or 2 learning response or can be closed. These are reviewed weekly at the local triage meetings.

Other level 2 response types can be considered such as audit, tabletop exercises, observational studies, and local learning forums.

Appendix 4 – MKUH Patient Safety Priorities

Sepsis in the Emergency Department	Delay, or failure, to recognise and manage any adult patient presenting to the Emergency Department with signs of sepsis.
Surgical Inpatients	Delay, or failure, to recognise the deteriorating surgical patient resulting in: • Change of lead speciality team • Unexpected further surgery • Unplanned admission to ICU • Death Adult patients under surgical specialities or inpatients on wards 20, 21, 23 or 24.
Diagnostics Delays	Incidents relating to diagnosis, specifically delay or failure to follow up on abnormal scan/test results resulting in: • Unexpected progression or worsening of disease • Delay in surgical intervention • Need for additional tests or procedure
Inpatient Diabetes	Incidents relating to the prescribing and administration of insulin resulting in a patient's blood glucose of >20 mmol/l (on two consecutive readings) or < 4 mmol/l. Adult patient under acute medical care (ED, Ward 1 and ward 2)

Appendix 5 – Examples of Trustwide Overview of Divisional Dashboard (data from 01 May 2024 – 31 October 2024)
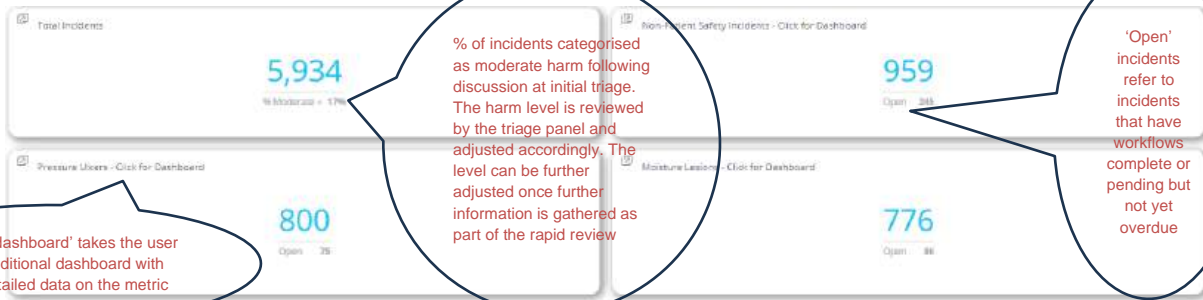
Learning Events

Number of Learning Events Completed

207

Learning Events Held Per Month

Type of Learning Events Held

MDT	155
Other	21
After Action Review (AAR)	11
Hot Debrief	11
Audit	3
Section 42	3
Mortality & Morbidity Meeting (M&M)	2
Thematic Analysis	1

Learning Event Contributory Factors in relation to Severity

Communication Infrastructures	11
Information Flows & Methods	10
Policies / Procedures	10
Resource Availability	10
Staffing Levels	9
Organisational Culture (Values/Commitment/...	7
Training (Availability)	6
Workload Assignment	3
Leadership & Supervision	3
Other Organisational Factors	3
Work Schedules / Rotas	3
Management Processes	2
Financial Resources	1
Not Applicable	1
Recruitment	1

Legend: Low · Moderate · None · Severe

Learning Event Contributory Factors

Patient Safety Incident Investigations - PSII

Total PSII Completed

2

PSII Completed Per Month

September 2024: 2

PSII Category

National or Regulatory Incident	1
Other Incident	1
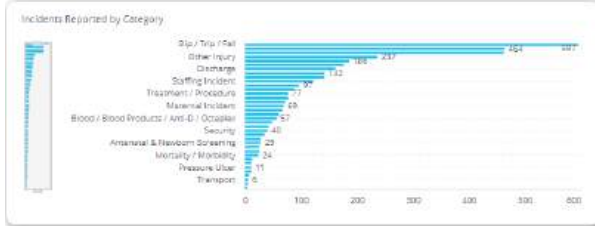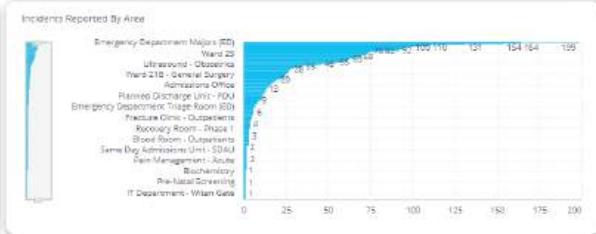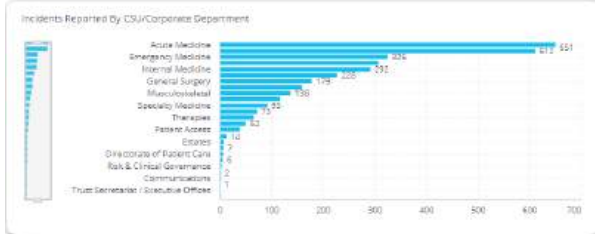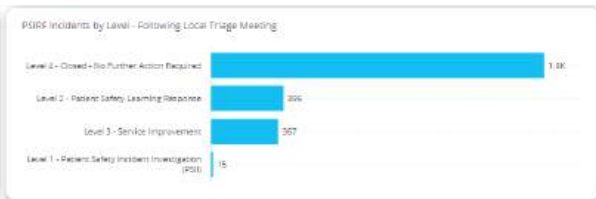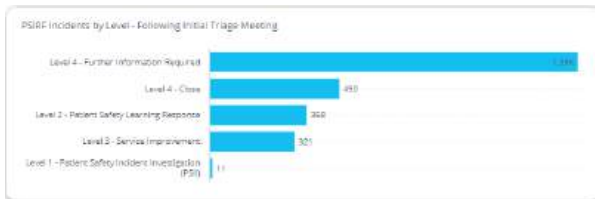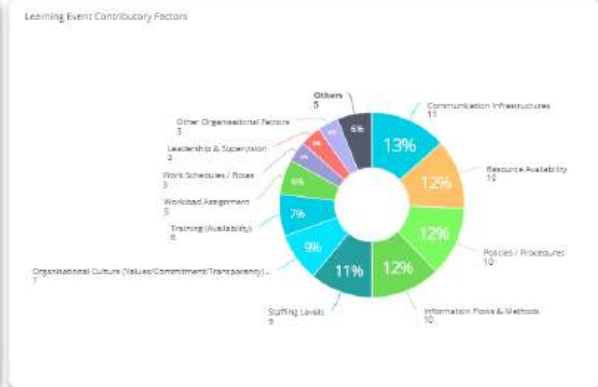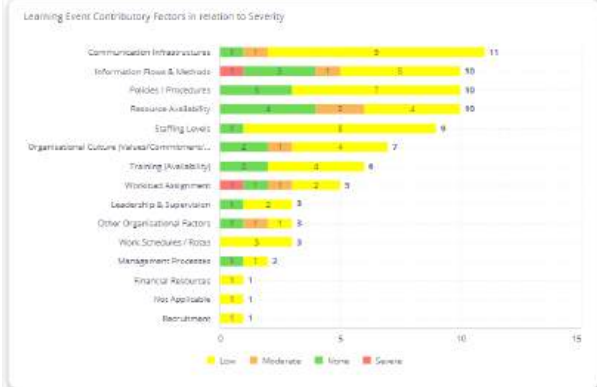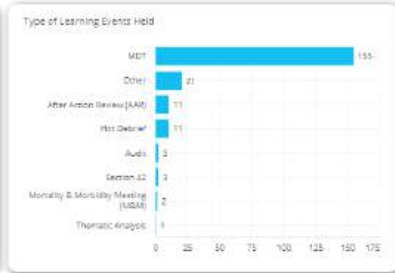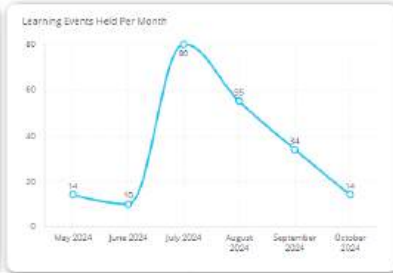
Appendix 6 – Examples of PSIRF Dashboard (data from 01 May 2024 – 31 October 2024)

Appendix 7 – Patient Safety learning Forum January 2025 (Inpatient Diabetes) LINK

https://intranet.mkuh.nhs.uk/wp-content/uploads/2025/01/Patient-Safety-Learning-Forum-Inpatient-Diabetes-004-1.pdf

Appendix 8 – M&M outcomes summary Dec 24/Jan 25

MORTALITY & MORBIDITY

OUTCOMES DEC 2024/JAN 2025

FORMS COMPLETED=7

EMERGENCY MEDICINE
2

ACUTE MEDICINE
1

GERI/STROKE
1

UROLOGY
3

EXCELLENCE ☆

REGULAR UPDATES & DOCUMENTATION
THE CONSULTANT PROVIDED WEEKLY UPDATES TO THE NEXT OF KIN LIVING IN FRANCE, & DOCUMENTED MEETINGS & DECISION-MAKING PROCESSES EXCELLENTLY.

MEDICATION MANAGEMENT
IN ONE CASE, ANTIHYPERTENSIVE & ANXIOLYTIC MEDICATIONS WERE STOPPED AFTER A COLLAPSE, DEMONSTRATING CAREFUL MEDICATION REVIEW.

END-OF-LIFE PATHWAY
THE TIMELY INITIATION OF THE END-OF-LIFE PATHWAY, WITH THE PALLIATIVE TEAM CONDUCTING FOLLOW-UPS, ENSURED COMPASSIONATE & EFFICIENT CARE FOR PATIENTS.

ACUTE DYSPHAGIA MANAGEMENT
THE SALT TEAM REVIEWED A PATIENT WITHIN 24 HOURS OF ACUTE DYSPHAGIA, SHOWCASING PROMPT INTERVENTION.

SEPSIS MANAGEMENT
- PROMPT INITIAL MANAGEMENT INCLUDING THE ADMINISTRATION OF ANTIBIOTICS FOR SEVERE SEPSIS.
- CLEAR COMMUNICATION WITH FAMILIES ABOUT CARE DECISIONS, DNACPR & TREATMENT ESCALATION.
- RECOGNITION & MANAGEMENT OF POST-OPERATIVE COMPLICATIONS, INCLUDING TIMELY ANTIBIOTICS.
- PROMPT RECOGNITION OF SEPSIS COMPLICATIONS, TREATED WITH STENT EXCHANGE & ANTIBIOTICS.

WOUND MANAGEMENT
THE PATIENT'S WOUND WAS PROPERLY MANAGED, INCLUDING TIMELY REMOVAL OF PACKING & CORRECT DRESSING AFTER PRESENTATION.

STEMI MANAGEMENT
TIMELY IDENTIFICATION OF STEMI (ST-ELEVATION MYOCARDIAL INFARCTION) & REFERRAL TO OXFORD FOR ADVANCED CARE.

QI/AUDIT OPPORTUNITIES

QIP FOR THE MANAGEMENT OF DIABETES AND DKA IN THE EMERGENCY DEPARTMENT

M&M OUTCOME FORM

KEY LEARNING

COMPREHENSIVE ASSESSMENT
ENSURE THOROUGH JOINT ASSESSMENT ABOVE & BELOW THE INJURY SITE, PARTICULARLY IN GERIATRIC PATIENTS FOLLOWING FALLS (E.G., MISSING NOF# CASE).
COMPLETE ASSESSMENTS FOR PATIENTS WITH LEARNING DIFFICULTIES OR FREQUENT ATTENDERS TO AVOID MISSING NEW SYMPTOMS OR CONDITIONS.

EARLY CONSIDERATION OF END-OF-LIFE CARE
EARLY INITIATION OF END-OF-LIFE (EOL) PLANS & ESCALATION DECISIONS ARE CRUCIAL. USE THE POWERPLAN ON ECARE & INVOLVE RELEVANT TEAMS EARLY.

SEPSIS MANAGEMENT
APPLY THE SEPSIS 6 PROTOCOL: IDENTIFY THE SOURCE, ADMINISTER APPROPRIATE ANTIBIOTICS & MANAGE FLUIDS & VITALS PROMPTLY.
IN CASES WITH A HIGH NEWS SCORE, ALWAYS CONSIDER SEPSIS AS A DIFFERENTIAL DIAGNOSIS & START ANTIBIOTICS WITHIN 1 HOUR. ENSURE COMPLETE DOCUMENTATION IF SEPSIS IS RULED OUT.

THROMBOLYSIS & ANTICOAGULATION
THROMBOLYSIS FOR CONDITIONS LIKE LARGE CENTRAL PE OR STEMI SHOULD BE CONSIDERED BASED ON GUIDELINES, WITH MDT DISCUSSION FOR COMPLEX CASES.
ENSURE CORRECT TREATMENT DURATION FOR ANTICOAGULATION, ESPECIALLY AFTER LARGE CENTRAL PE. FAMILIARISE WITH THE LOCATION AND PROTOCOLS FOR THROMBOLYSIS DRUGS IN ED AND RESUS.

SICKLE CELL CRISIS
MANAGE SICKLE CELL CRISES WITH IV FLUIDS, MORPHINE, & OXYGEN. REASSESS AFTER 30 MINUTES IF PAIN PERSISTS & CONSIDER IV ANTIBIOTICS IF INFECTION IS SUSPECTED.

ACCURATE & TIMELY DOCUMENTATION
DOCUMENT THE TIME OF PRESCRIBING & SIGNING MEDICATIONS ACCURATELY TO ALIGN WITH ACTUAL PRESCRIPTION & DISPENSING TIMES.
ECGS SHOULD BE SIGNED WITHIN 10 MINUTES OF COMPLETION BY AN ST4+ OR CONSULTANT.

PATIENT EDUCATION & SAFETY
EDUCATE PATIENTS ABOUT THE SIGNS OF STENT BLOCKAGE (E.G., SYMPTOMS AND SAFETY NETTING).
INFORM COMMUNITY NURSES TO PREVENT FUTURE INCIDENTS & ENSURE PROPER CARE CONTINUITY.

HANDLING OVERDOSES
ALWAYS REFERENCE TOXBASE FOR OVERDOSE MANAGEMENT & ENSURE ANY DEVIATION FROM THE GUIDELINES IS WELL-DOCUMENTED, WITH SENIOR DOCTOR OVERSIGHT.

TESTICULAR TORSION
CONSIDER TESTICULAR TORSION IN CASES OF ACUTE SCROTAL PAIN & ESCALATE CARE TO SENIOR ED DOCTORS OR UROLOGY AS NEEDED.

SGLT2 INHIBITORS & METABOLIC ACIDOSIS
INPATIENTS ON SGLT2 INHIBITORS (E.G., EMPAGLIFLOZIN, DAPAGLIFLOZIN), CONSIDER EUGLYCAEMIC DKA (EUDKA) IF PRESENTING WITH METABOLIC ACIDOSIS, NORMAL/SLIGHTLY RAISED BLOOD GLUCOSE & RAISED KETONES. TREAT WITH PROMPT FLUID RESUSCITATION.

MANAGEMENT IN CHALLENGING SITUATIONS
IF A PATIENT COLLAPSES IN ED MINORS OR A CORRIDOR, STABILISE THEM IMMEDIATELY ON THE FLOOR BEFORE MOVING THEM TO ANOTHER AREA.

M&M OUTCOME FORM

Appendix 9 – Visual Inquiry Images

6. Choose an image that best portrays how being part of the learning event/workshop/training made YOU feel? *

○ Option 2

○ Option 3

○ Option 4

○ Option 1

○ Option 5

○ Option 6
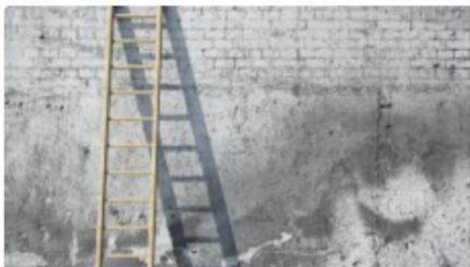
○ Option 7

○ Option 8

Meeting Title	Trust Board (Public)	Date: 6 March 2025
Report Title	Maternity Assurance Group	Agenda item Number 9
Lead Director	Ian Reckless Chief Medical Officer	
Report Author	Fiona Hoskins Chief Nursing Officer	

Introduction	The Maternity Assurance Group is chaired by Non-Executive Director Sarah Whiteman and attended by the Maternity Safety Champions and the senior maternity and neonatal team. The purpose of the group is to add scrutiny to the maternity and neonatal governance process and provide assurance to Board around maternity and neonatal care. The group adheres to an annual workplan with on-going review of key metrics.		
Key Messages to Note	All agenda items were presented as planned and reviewed. Items to be brought to the attention of the Board are presented on the Maternity Assurance Group Headlines Slide.		
Recommendation (*Tick relevant box(es)*)	For Information X	For approval	For review
Strategic Objectives Links (Please delete the objectives that are not relevant to the report	1. Keeping you safe in our hospital 2. Improving your experience of care 3. Ensuring you get the most effective treatment 4. Giving you access to timely care 5. Working with partners in MK to improve everyone's health and care 6. Spending money well on the care you receive		
Report History	All items discussed at February Maternity Assurance Group		
Next Steps			
Appendices / Attachments			

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 CBE
Chair: Heidi Travis OBE

![NHS Milton Keynes University Hospital NHS Foundation Trust]

Perinatal mortality and morbidity :
Advise: The service had a cluster of events in December 2024 with a stillbirth rate of 9.4 in this period.
5 Patient safety incident requiring to be declared and following MNSI investigations.
Alert: A thematic review was undertaken with the ICB/LMNS, EoE regional midwife and key stakeholders within the trust in February 2025.
Assure: All patient safety incidents have been reported to MNSI and DoC completed. All 5 incidents were part of the review in February 2025.

Maternity Incentive Scheme:
Advise: MIS Board Notification has been submitted and receipt from NHSR has been received for year 6.

Score Card and litigation : Advise: 5 new possible litigation claims in January . 1 case settled within this period

Maternity Dashboard :
Birthrate continues to remain at upper threshold at 334 in January for third month . Bookings increased to 476, 54 above the upper limit in January 2025.

Midwifery staffing:
Advise: Increased the number of rostered on shift midwives from 7 to 8 on the labour ward. Fill rate remains are now over 90% compared to 80% in the last update.
Midwife to birth rate increased to 1:29 since the last reporting period due to increased births during the period.

Risk Register
There are 15 maternity risks and 1 gynae registered within the division no change. One risk awaiting update RSK-610 as overdue.

Complaints:
Advise: in November, the service received 7 complaints, December 11 and January 1.
Alert : Top Three Themes: Communication, clinical care & compassion and empathy. .
Assure : There has been a decrease in complaints relating to induction of labour and delays. Quality Improvement programmes in place for the other key areas.

PREM 7, (Preterm Optimisation):
Advise: No births in the wrong place since October 2024. All elements of the neonatal aspects were met. The QIP for the antenatal aspect remain in progress

60 supportive steps (EoE review) :
The maternity service has continued to work through the areas of the regional SSS feedback from 2024. Planned visit in April 2025

Trust Overview

Milton Keynes
Planned New Town - Delivered New City
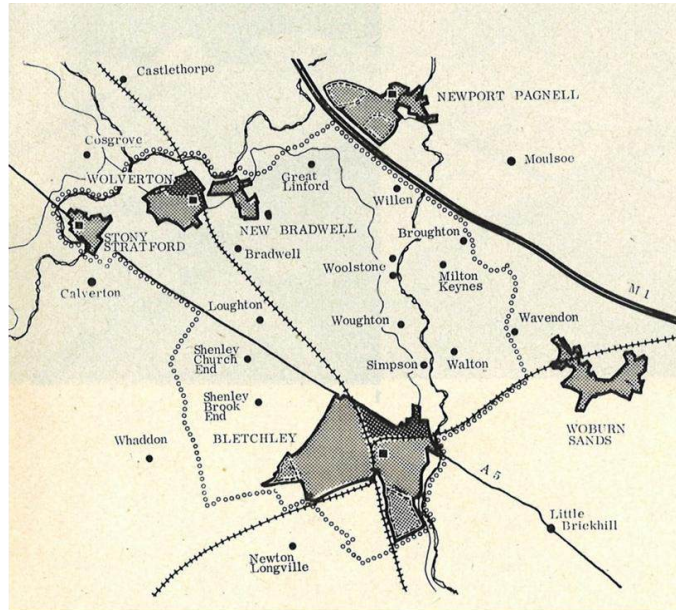
The Site
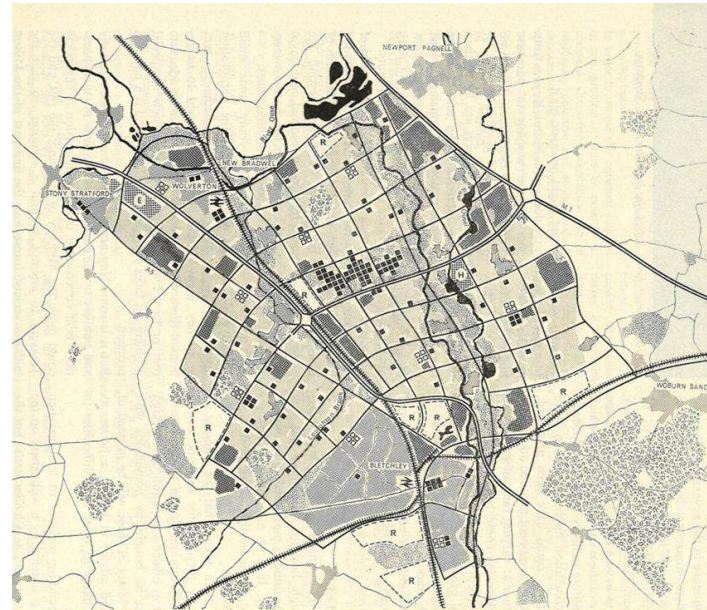
The Vision
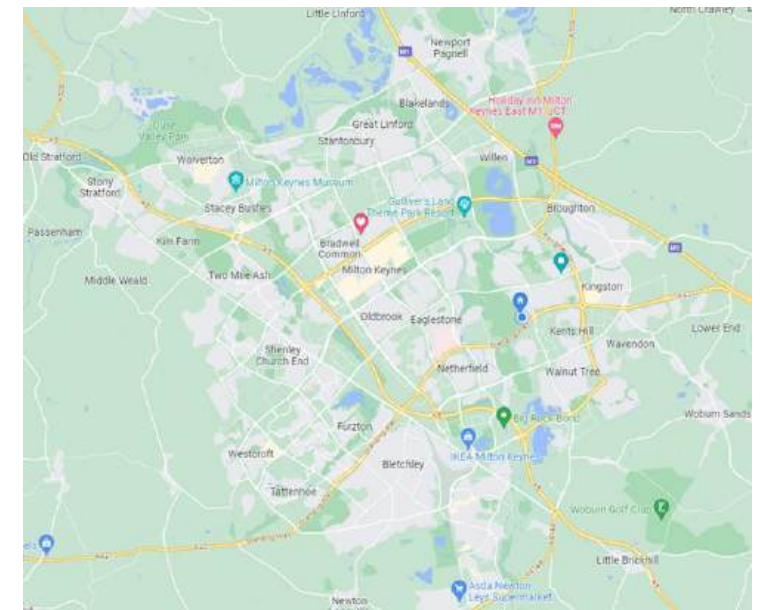
The Reality

Trust Overview

Figure 4.1: Total Population Growth in the MKUH Catchment
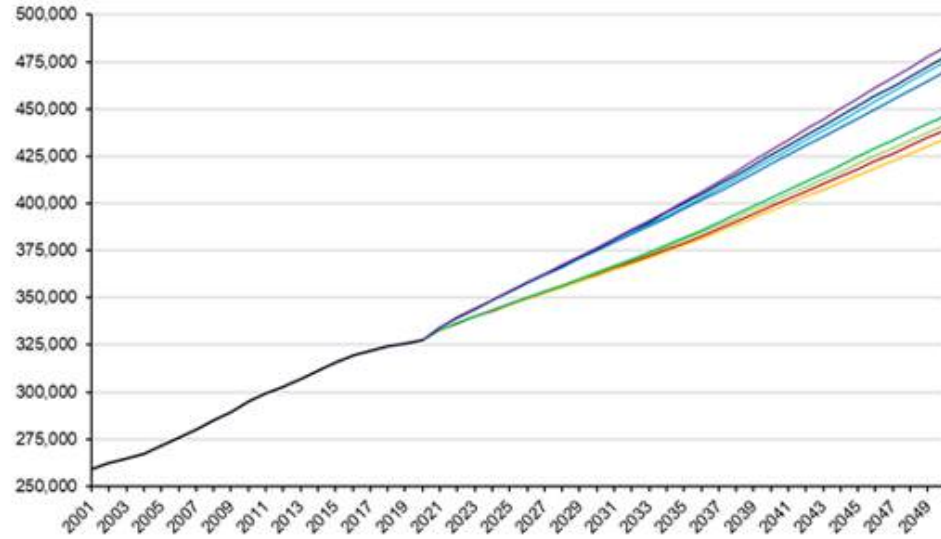
Scenario	Fertility	Life Expectancy	HRRs	Housing Growth
2	Increasing	Improving	Fixed at 2032	1,940dpa
5	Fixed	Improving	Fixed at 2032	1,940dpa
8	Fixed	Fixed	Fixed at 2032	1,940dpa
11	Increasing	Fixed	Fixed at 2032	1,940dpa
14	Increasing	Improving	Fixed at 2032	2,440dpa
17	Fixed	Improving	Fixed at 2032	2,440dpa
20	Fixed	Fixed	Fixed at 2032	2,440dpa
23	Increasing	Fixed	Fixed at 2032	2,440dpa

MKUH banded Population growth rate
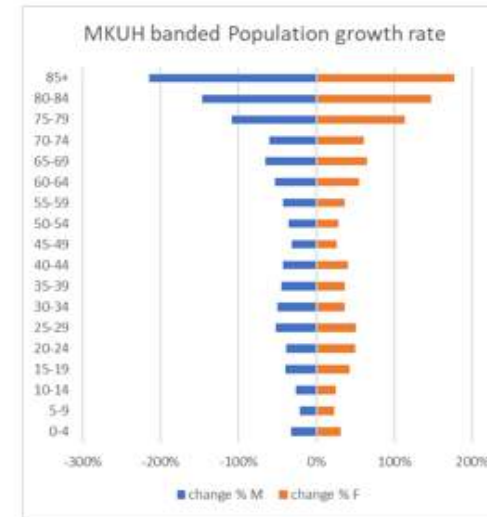
Average age of population:

2019	37.9
2050	41.1
Change	+3.2

MK has seen the largest over 65 population growth in England (UK Census 2021)

Trust Overview

- Medium size general hospital
- Full range of acute services
- 550 beds & 4000 staff
- University hospital.
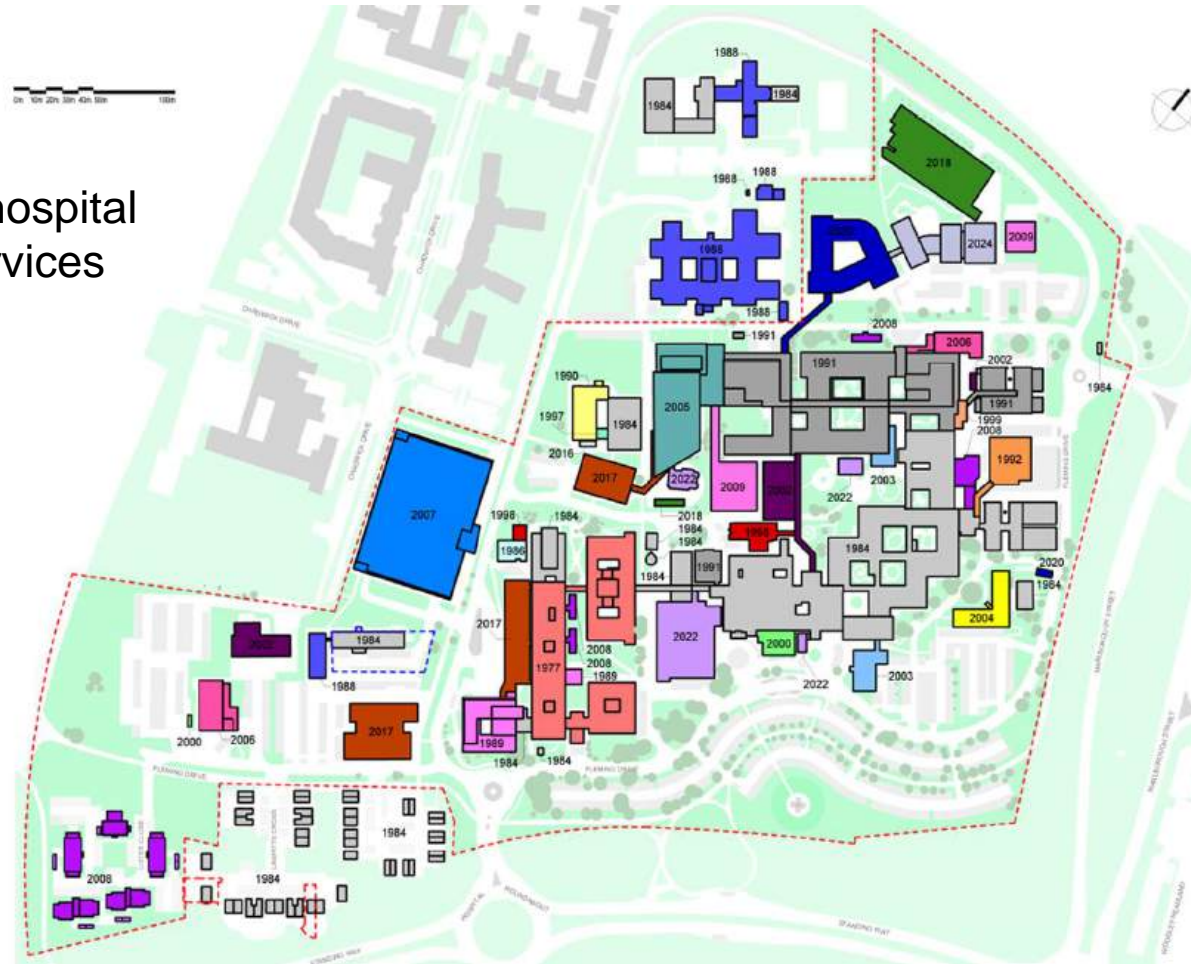
New Estate – New Hospital
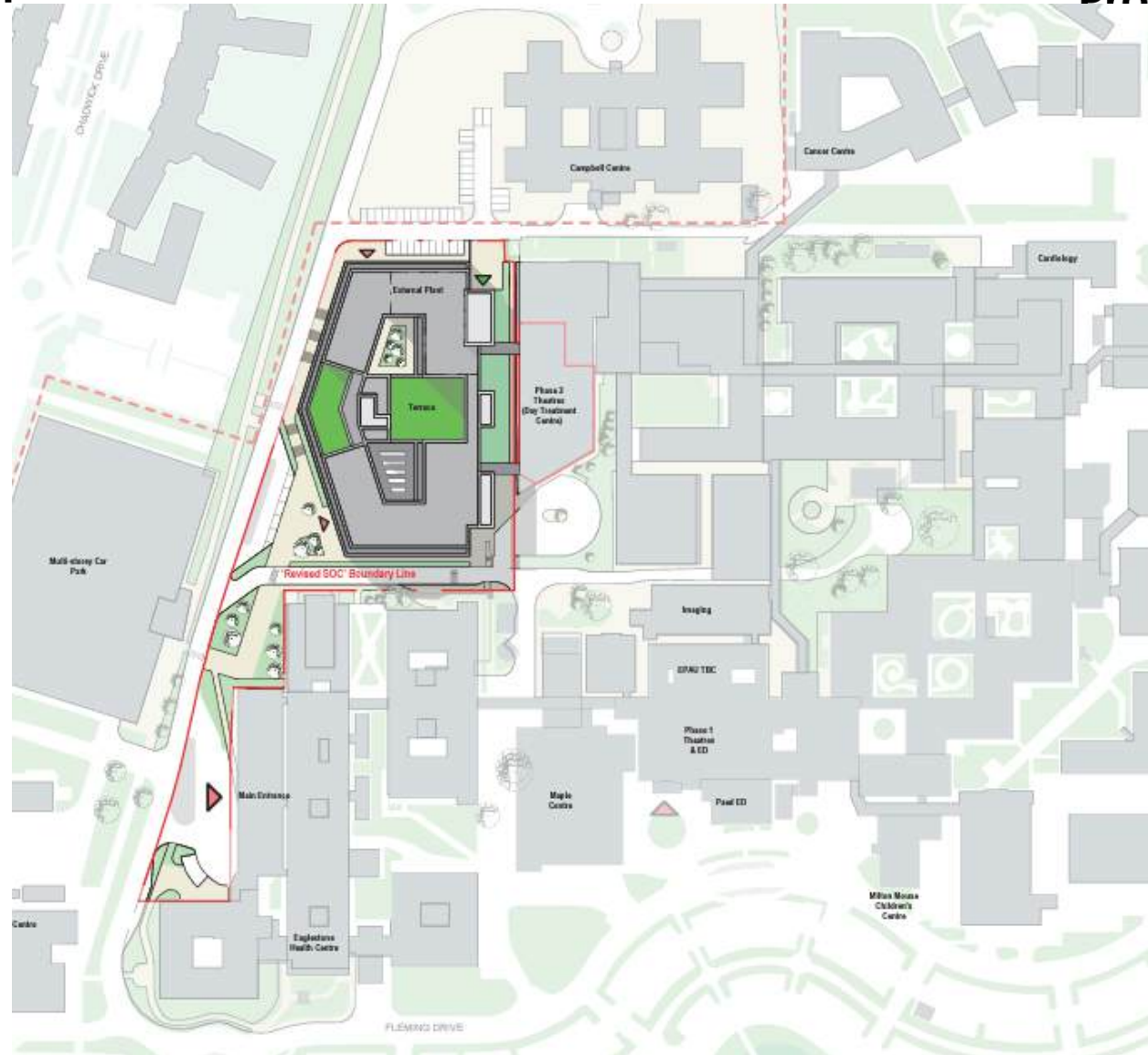
Develop and sign off 1:50 repeatable rooms and 1:500s.
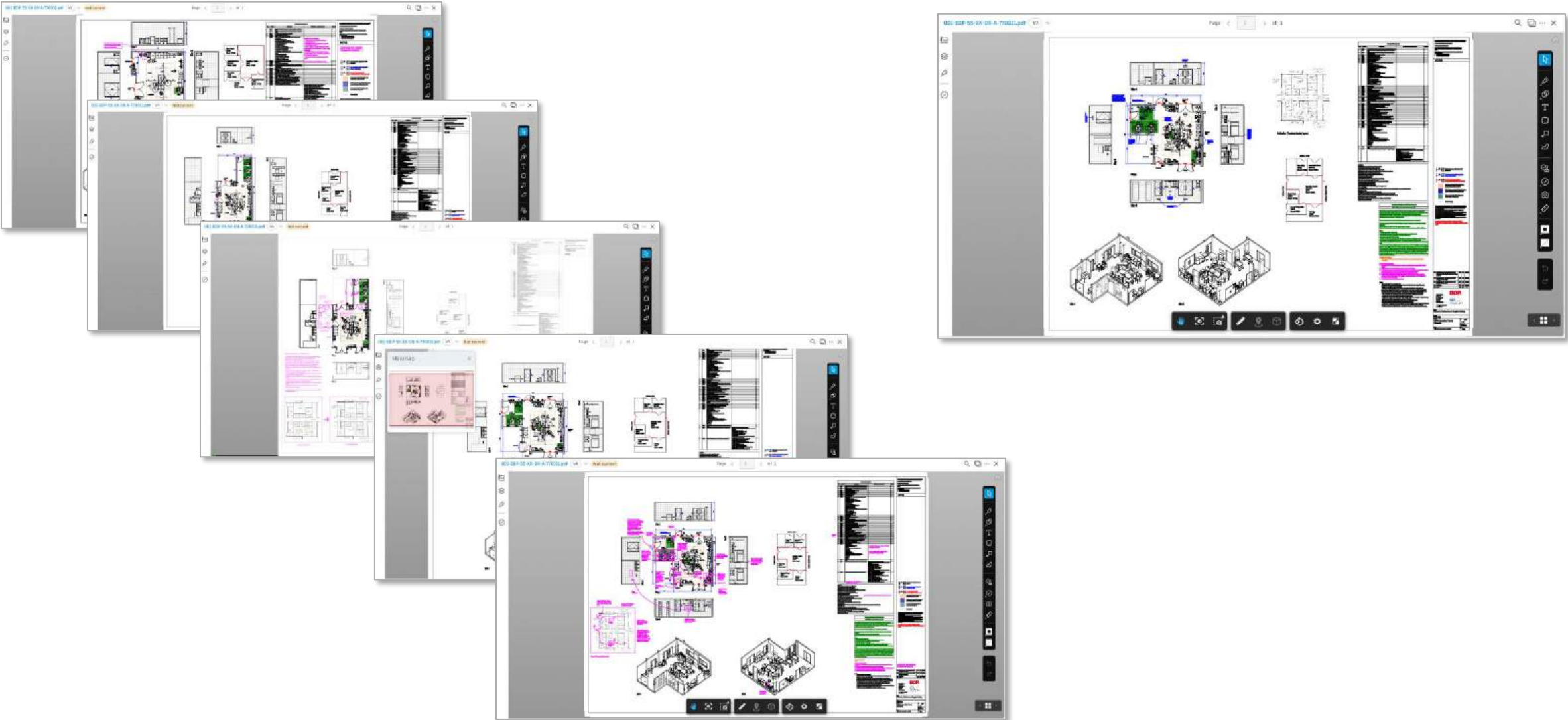
Stakeholder Engagement Design Workshops

MKVIEW

38 MKUH clinical and non clinical staff involved

- Maternity
- Paediatrics
- Surgery
- Facilities Management

Clinical advisors recruited

202 lines of internal dialogue recorded to date

15/27 workshops completed and on schedule

38 C-sheets reviewed - 3 times

Queries 20.3%

Benefits 10.9%

Principles 10.9%

Dis-Benefits 0.5%

Comments 54.5%

Programme Summary

SOC Submitted to NHP

Fee request submitted

Initial OBC funding approved to end of FY

Further OBC funding approved until June/July 2024

OBC Winter 2025/26

Start on site 2026/2027

Business Case
Consolidation, document writing and approvals

RIBA 1
Consolidation & briefing

RIBA 2
1:500 & 1:50
Standard Rooms

RIBA 2
1:200 Design

RIBA 1
Re-design

2024

| Jan | Mar | May | Jul | Sept | Nov | Jan | Mar |

2025

Summer 2025

Hospital 2.0 adoption and redesign

Government Review
MKUH as Wave 1

HV SFBC Submitted

HV SFBC Approved

MSCP SFBC Submitted

MSCP SFBC Approved

Start on site August 2024

Imaging SFBC Submitted

Imaging SFBC Approved at IC

Imaging SFBC approved by JISC

Start on site August 2024

Completion June 2025

Creating **a healthier city**

New Hospital

Imaging Centre Update

Imaging Centre Visualisation	Site Photos

MSCP Update

- Planning permission for drainage (attenuation tanks)
- Sub-station planning permission and wayleave
- Power for EV chargers

Creating **a healthier city**

Oak Wards update

Meeting Title	Trust Board in Public	Date: 6 March 2025
Report Title	2024-25 Executive Summary M10	Agenda Item Number: 11
Lead Director	John Blakesley, Deputy CEO	
Report Author	Information Team	

Introduction	Purpose of the report: Standing Agenda Item

Key Messages to Note	**Emergency Department:**
	- There were 8,936 ED attendances in January 2025, a decline of 235 attendances compared to December 2024.
	- The percentage of attendances admitted, transferred, or discharged within 4 hours was 72.4%, an increase in performance compared to 68.0% in December 2024.
	- 86.8% of ambulance handovers took less than 30 minutes in January 2025 and 99.8% took less than 60 minutes.
	
	Outpatient Transformation:
	- There were 39,670 outpatient attendances in January 2025.
	- 12.1% of these appointments were attended virtually and 6.1% of patients did not attend.
	
	Elective Recovery:
	- There were 2,563 elective spells in January 2025.
	- At the end of January 2025, 33,274 patients were on an open RTT pathway:
	     126 patients were waiting more than 65 weeks.
	     17 patients were waiting over 78 weeks.
	- At the end of January 2025, 9,980 patients were waiting for a diagnostic test. Of these, 57.7% were waiting less than 6 weeks.
	
	Inpatients:
	- Overnight bed occupancy in adult G&A beds was 95.5% in January 2025.
	- A considerable proportion of beds were unavailable due to:
	    o 90 patients not meeting the criteria to reside.
	    o 119 super stranded patients (length of stay 21 days or more).
	
	Human Resources:
	- In January 2025:
	    o Substantive staff turnover was 12.7%.
	    o Agency expenditure remained well below the threshold of 5%, at 2.8%.
	    o Appraisals achieved 92% and mandatory training 95%.
	
	Patient Safety:
	- In January 2025, the following infections were reported:
	    o E-Coli: 3
	    o C.Diff: 2

Recommendation *(Tick the relevant box(es))*	For Information [x]	For Approval [ ]	For Assurance [ ]

Strategic Objectives Links	1. *Keeping you safe in our hospital*

(Please delete the objectives that are not relevant to the report)	2. Improving your experience of care 3. Ensuring you get the most effective treatment 4. Giving you access to timely care 5. Working with partners in MK to improve everyone's health and care 6. Increasing access to clinical research and trials 7. Spending money well on the care you receive 8. Employ the best people to care for you 9. Expanding and improving your environment 10. Innovating and investing in the future of your hospital

Report History	Standing Agenda Item
Next Steps	Standing Agenda Item
Appendices/Attachments	ED Performance – Peer Group Comparison

Trust Performance Summary: M10 (January 2025)

1.0 Summary

This report summarises performance against key performance indicators and provides an update on actions to sustain or improve upon Trust and system-wide performance.

This commentary is intended only to highlight areas of performance that have changed or are in some way noteworthy. It is important to highlight that some local transitional or phased targets have been agreed to measure progress in recovering performance. It should however also be noted that NHS Constitutional Targets remain, as highlighted in the table below:

Indicator Description	Transitional Target	Constitutional Target
ED 4 hour target (includes UCS)	73.6%	95%
RTT Incomplete Pathways <18 weeks	92%	92%
RTT Patients waiting over 65 weeks	0	0
Diagnostic Waits <6 weeks	95%	99%

To ensure that the continued impact of COVID-19 is reflected, monthly trajectories are in place to ensure that they are reasonable and reflect a realistic level of recovery for the Trust to achieve.

2.0 Operational Performance Targets

January 2025 performance against transitional targets and recovery trajectories:

Indicator	Threshold 2024-25	Month/YTD Threshold	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
ED 4 hour target (includes UCS)	78.2%	73.6%	73.0%	72.4%	✗	▲	✗	
RTT Incomplete Pathways <18 weeks	92.0%	92.0%		44.7%	✗	▲		
RTT Patients waiting over 65 weeks (Total)	0	0		126	✗	▲		
Diagnostic Waits <6 weeks	95.0%	95.0%		57.7%	✗	▲		
62 day standard (Quarterly)	70.3%	69.7%		59.1%	✗	▲		

The percentage of ED attendances that were admitted, transferred, or discharged within four hours was 72.4%, an improvement in performance compared to 68.0% in December 2024. However, this was below the national performance of 73.0% and middle performing within the MKUH peer group (see Appendix 1).

The volume of open RTT pathways was 33,274, a reduction of 427 compared to December 2024. Of this total, 126 patients had waited more than 65 weeks for treatment. The Trust has robust recovery plans in place to support an improvement in RTT performance and to reduce patient waiting times. The cancellation of non-urgent elective activity and treatment for patients on an incomplete RTT pathway is also being proactively managed.

Cancer waiting times are reported quarterly, six weeks after the end of a quarter. They are initially published as provisional data and later finalised in line with the NHSE revisions policy.

In Q3 2024/25, the 62-day standard performance (from receipt of an urgent GP referral for suspected cancer to first treatment) was 59.1% against a national target of 85%, an improvement from 52.8% in the previous quarter. The percentage of patients to begin cancer treatment within 31 days of a decision to treat increased from 95.2% to 96.2%, which is above the national target of 96%. The 28 Day Faster Diagnosis performance was 75.1%, up from 72.9% in the previous quarter.

3.0 Urgent and Emergency Care

During January 2025, one of these indicators saw a month-on-month improvement:

Indicator	Threshold 2024-25	Month/YTD Threshold	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
Cancelled Ops - On Day	1%	1%	0.58%	1.12%	x	▼	✓	
Ward Discharges by Midday	25%	25%	17.5%	17.5%	x	▼	x	
Patients not meeting Criteria to Reside		50		90	x	▼		
Number of Super Stranded Patients (LOS>=21 Days)		50		119	x	▼		
Ambulance Handovers <60 mins (%)	100%	100%	97.0%	99.8%	x	▲	x	

Cancelled Operations on the Day

In January 2025, 35 operations were cancelled on the day for non-clinical reasons. The majority were due to bed and theatre staff availability.

Patients not Meeting Criteria to Reside

The number of inpatients not meeting the criteria to reside at the end of January 2025 was 90 against a threshold of 50. This was a deterioration compared to 68 reported last month.

Length of Stay (Stranded and Super Stranded Patients)

The number of super stranded patients (e.g. length of stay of 21 days or more) at the end of the month was 119, a deterioration compared to 90 in December 2024.

Ambulance Handovers

In January 2025, the percentage of ambulance handovers to the Emergency Department taking less than 30 minutes was 86.8%. This was an improvement in performance compared to 79.5% in the previous month.

The percentage of ambulance handovers to the Emergency Department taking less than 60 minutes was 99.8%, the best performance year to date.

4.0 Elective Pathways

Indicator	Threshold 2024-25	Month/YTD Threshold	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
Overnight Bed Occupancy - Adult G&A	95.4%	97.4%	92.1%	95.5%	✓	▼	✓	
RTT Incomplete Pathways <18 weeks	92.0%	92.0%		44.7%	x	▲		
RTT Total Open Pathways (Inluding ASIs)	32,549	33,111		33,274	x	▲		
Diagnostic Waits <6 weeks	95.0%	95.0%		57.7%	x	▲		

Overnight Bed Occupancy

Overnight bed occupancy was 95.5% in January 2025, below the threshold of 97.4%.

RTT Incomplete Pathways

The Trust's RTT 18 week performance at the end of January 2025 was 44.7% and the number of patients waiting over 65 weeks was 126. Total RTT open pathways was 33,274.

Diagnostic Waits <6 weeks

At the end of January 2025, performance was 57.7%, a slight improvement from 56.3% last month.

5.0 Patient Safety

Infection Control

In January 2025 the following infections were reported:

Infection	Number of Infections
E-Coli	3
C.Diff	2
MSSA	0
P. aeruginosa bacteraemia	0
Klebsiella Spp bacteraemia	0
MRSA bacteraemia	0

ENDS

Chief Executive: Joe Harrison CBE

Chair: Heidi Travis OBE

Appendix 1: ED Performance - Peer Group Comparison

Several other NHS Acute Trusts have historically been considered as peers of MKUH. Their ED performance compared to MKUH over the past three-months can be found below:

November 2024 to January 2025 ED Performance Ranking

MKUH Peer Group Comparison - ED Performance	Nov-24	Dec-24	Jan-25
Homerton Healthcare NHS Foundation Trust	77.3%	74.0%	78.3%
Buckinghamshire Healthcare NHS Trust	68.1%	68.4%	76.6%
Mersey and West Lancashire Teaching Hospital (Formerly Southport and Ormskirk)	73.3%	71.4%	73.1%
Oxford University Hospitals NHS Foundation Trust	68.8%	66.7%	72.7%
Milton Keynes University Hospital NHS Foundation Trust	73.0%	73.8%	72.4%
The Hillingdon Hospitals NHS Foundation Trust	70.1%	69.6%	70.6%
Northampton General Hospital NHS Trust	62.7%	64.4%	67.8%
The Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust	63.7%	58.7%	60.6%
Barnsley Hospital NHS Foundation Trust	61.0%	62.1%	60.2%
The Princess Alexandra Hospital NHS Trust	54.9%	55.2%	56.8%
Mid Cheshire Hospitals NHS Foundation Trust	56.6%	54.5%	56.7%
North Middlesex University Hospital NHS Trust	63.6%	63.6%	NA

Board Performance Report 2024/25
January 2025 (M10)

NHS
Milton Keynes
University Hospital
NHS Foundation Trust

OBJECTIVE 1 - PATIENT SAFETY

Indicator	DQ Assurance	Threshold 2024-25	Month/YTD Threshold	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
Mortality - (HSMR) ★					Not Available				
Mortality - (SHMI)		100.0	100.0		111.4	✗	▼		
Never Events		0	0	2	0	✓	▲	✗	
Clostridium Difficile		47	<40	25	2	✓	▬	✓	
MRSA bacteraemia (avoidable)		0	0	3	0	✓	▬	✗	
Falls with harm (per 1,000 bed days)		0.12	0.12	0.15	0.06	✓	▲	✗	
Incident Rate (per 1,000 bed days)		60	60	56.00	62.17	✓	▲	✗	
Duty of Candour Breaches (Quarterly)		0	0	3	2	✗	▼	✗	
E-Coli		57	<48	16	3	✓	▼	✓	
MSSA		17	<15	8	0	✓	▼	✓	
VTE Assessment		95%	95%	97.4%	96.8%	✓	▼	✓	
Klebsiella Spp bacteraemia		17	<15	14	0	✓	▬	✓	
P.aeruginosa bacteraemia		10	<9	3	0	✓	▲	✓	

OBJECTIVE 2 - PATIENT EXPERIENCE

Indicator	DQ Assurance	Threshold 2024-25	Month/YTD Threshold	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
RED Complaints Received		0	0	0	0	✓	▬	✓	
Formal Complaints responded in agreed time		90%	90%	61.7%	84.2%	✗	▲	✗	
Cancelled Ops - On Day		1%	1%	0.58%	1.12%	✗	▼	✓	
Over 75s Ward Moves at Night		1,500	1,250	1,403	167	✗	▼	✗	

OBJECTIVE 3 - CLINICAL EFFECTIVENESS

Indicator	DQ Assurance	Threshold 2024-25	Month/YTD Threshold	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
Overnight Bed Occupancy - Adult G&A		95.4%	97.4%	92.1%	95.5%	✓	▼	✓	
Ward Discharges by Midday		25%	25%	17.5%	17.5%	✗	▼	✗	
Weekend Discharges		63%	63%	62.3%	73.2%	✗	▲	✗	
Patients not meeting Criteria to Reside		50			90	✗	▼		
Number of Stranded Patients (LOS>=7 Days)		184			262	✗	▼		
Number of Super Stranded Patients (LOS>=21 Days)		50			119	✗	▼		
Discharges from PDU (%)		12.5%	12.5%	10.9%	13.9%	✓	▲	✗	
Ambulance Handovers <30 mins (%)		95%	95%	79.4%	86.8%	✗	▲	✗	
Ambulance Handovers <60 mins (%)		100%	100%	97.0%	99.8%	✗	▲	✗	

OBJECTIVE 4 - KEY TARGETS

Indicator	DQ Assurance	Threshold 2024-25	Month/YTD Threshold	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
ED 4 hour target (includes UCS)		78.2%	73.6%	73.0%	72.4%	✗	▲	✗	
Total time in ED no more than 12 hours		95%	95%	94.0%	91.1%	✗	▼	✗	
Triage within 15 Minutes		90%	90%	67.6%	68.6%	✗	▲	✗	
RTT Incomplete Pathways <18 weeks		92.0%	92.0%		44.7%	✗	▲		
RTT Total Open Pathways (inluding ASIs)		32,549	33,111		33,274	✗			
Open AFBs					4,089		▼		
Referrals Waiting for Triage					1,819		▲		
RTT Patients waiting over 65 weeks (Total)		0	0		126	✗	▲		
RTT Patients waiting over 65 weeks - Non-Admitted					72		▲		
RTT Patients waiting over 65 weeks - Admitted					54		▲		
RTT Patients waiting over 78 weeks (Total)		0	0		17	✗	▲		
Diagnostic Waits <6 weeks		95.0%	95.0%		57.7%	✗	▲		
31 days Diagnosis to Treatment (Quarterly)		96.0%	96.0%		96.2%	✓	▲		
62 day standard (Quarterly)		70.3%	69.7%		59.1%	✗	▲		
28 Day Faster Diagnosis (Quarterly)		78.0%	77.0%		75.1%	✗	▲		

OBJECTIVE 5 - SUSTAINABILITY

Indicator	DQ Assurance	Threshold 2024-25	Month/YTD Threshold	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
Total Referrals Received		Not Available		178,760	15,937	Not Available	▲	Not Available	
Total ASIs		0	0		637	✗	▼		
Total RTT Non-Admitted Open Pathways					28,359		▲		
Total RTT Admitted Open Pathways					4,915		▲		
A&E Attendances		101,918	84,689	88,570	8,936	✗	▲	✗	
Elective Spells		26,032	20,965	25,441	2,563	✓	▲	✓	
Non-Elective Spells		28,831	23,894	25,979	2,646	✓	▲	✗	
OP Attendances / Procs (Total)		443,414	366,607	407,767	39,670	✗	▲	✓	
Outpatient DNA Rate		5%	5%	6.9%	6.1%	✗	▲	✗	
Virtual Outpatient Activity		25%	25%	13.8%	12.1%	✗	▼	✗	

OBJECTIVE 7 - FINANCIAL PERFORMANCE

Indicator	DQ Assurance	Threshold 2024-25	Month/YTD Threshold	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
Income £'000		393,248	328,613	343,297	35,088	✗	▲	✓	
Pay £'000		(246,892)	(205,884)	(218,848)	(22,678)	✗	▲	✗	
Non-pay £'000		(115,359)	(95,998)	(110,200)	(11,543)	✗	▼	✗	
Non-operating costs £'000		(30,997)	(26,828)	(19,741)	(1,908)	✓	▲	✓	
I&E Total £'000		0	(97)	(5,491)	(1,041)	✗	▼	✗	
Cash Balance £'000			15,101		10,863	✗	▼	✗	
Savings Delivered £'000		23,822	19,850	18,196	1,790	✗	▼	✗	
Capital Expenditure £'000		(28,670)	(22,291)	(29,478)	(5,254)	✗	▼	✗	
Elective Spells (% of 2019/20 performance)		130%	130%	120.2%	119.8%	✗	▼	✗	
OP Attendances (% of 2019/20 performance)		130%	130%	118.6%	115.9%	✗	▼	✗	

OBJECTIVE 8 - WORKFORCE PERFORMANCE

Indicator	DQ Assurance	Threshold 2024-25	Month/YTD Threshold	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
Staff Vacancies % of establishment		7.5%	7.5%		6.5%	✓	▬		
Agency Expenditure %		5.0%	5.0%	3.4%	2.8%	✓	▲		
Staff Sickness % - Days Lost (Rolling 12 months)		5.0%	5.0%		4.9%	✓	▬		
Appraisals (excluding doctors)		90%	90%		92.0%	✓	▬		
Statutory Mandatory training		90%	90%		95.0%	✓	▬		
Substantive Staff Turnover		12.5%	12.5%		12.7%	✗	▲		

OBJECTIVES - OTHER

Indicator	DQ Assurance	Threshold 2024-25	Month/YTD Threshold	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
Total Number of NICE Breaches		8	8		8	✓	▼		
Rebooked cancelled OPs - 28 day rule		90%	90%	85.9%	63.2%	✗	▼	✗	
Patient Safety Incidents (Reported)		9876	8230	8262	964	✗	▲	✓	
Patient Safety Incidents which resulted in moderate harm or above		1716	1430	1606	217	✗	▼	✗	

Key: Monthly/Quarterly Change

▲	Improvement in monthly / quarterly performance
▬	Monthly performance remains constant
▼	Deterioration in monthly / quarterly performance
	NHS Improvement target (as represented in the ID columns)
✎	Reported one month/quarter in arrears

YTD Position

✓	Achieving YTD Target
	Within Agreed Tolerance*
✗	Not achieving YTD Target
✗	Annual Target breached

Data Quality Assurance Definitions

Rating	Data Quality Assurance
Green	Satisfactory and independently audited (indicator represents an accurate reflection of performance)
Amber	Acceptable levels of assurance but minor areas for improvement identified and potentially independently audited * /No Independent Assurance
Red	Unsatisfactory and potentially significant areas of improvement with/without independent audit

* Independently Audited – refers to an independent audit undertaken by either the Internal Auditor, External Auditors or the Data Quality Audit team.

Meeting Title	Public Board	Date: 6 March 2025
Report Title	Finance Paper Month 10 2024-25	Agenda Item Number: 12
Lead Director	Jonathan Dunk	Chief Finance Officer
Report Authors	Sue Fox Cheryl Williams	Head of Financial Management Head of Financial Control and Capital

Introduction	This report provides an update on the financial position of the Trust at Month 10 (Jan 2025).
Key Messages to Note	➢ The Trust is reporting a deficit position of £5.5m (on a Control Total basis) to the end of January, adverse to plan by £5.4m. The in-month position is a deficit of £1m (adverse to plan by £2m). Forecast year-end position however remains for delivery of planned break-even. ➢ Elective Recovery Fund (ERF) performance is 141% above pre-Covid levels, which is above the 106% national target and our internal budget target of 124%. As a result, ERF income is £17.2m above the national target as at M10 giving rise to a favourable variance to plan of £7m including prior year benefit of £1m. ➢ The Trust financial plan includes a savings target of 6% (£23.8m). £18.2m has been achieved to date against a year-to-date plan of £19.8m. The key issues are as follows: • The adverse to plan position is driven primarily by £1m of pay award pressure (costs outstripping income uplifts) and unfunded support for RTT premium costs • The year-to-date reported position has benefited from non-recurrent elements (most notably prior year ERF income settlement) • Further extended RTT recovery premium costs represents an increasing pressure on the financial position • Unfunded escalation capacity costs incurred because of discharge challenges/emerging winter pressure

Recommendation *Tick the relevant box(es)*	For Information	☐	For Approval	☐	For Assurance	x

Strategic Objectives Links	7. *Spending money well on the care you receive* 10. *Innovating and investing in the future of your hospital*

Report history	None
Next steps	To note the contents of this report.
Appendices	Pages 8-10

FINANCE REPORT FOR THE MONTH TO 31st JANUARY 2025

PUBLIC BOARD

CONTENTS

Measures

Ref	All Figures in £'000	In Month Plan	In Month Actual	In Month Var	YTD Plan	YTD Actual	YTD Var	Full Year Plan	Full Year Forecast	Full Year Var	RAG
1	Clinical Revenue	30,761	32,671	1,910	306,032	320,788	14,756	367,434	384,168	16,734	🟩
2	Other Revenue	7,124	2,417	(4,707)	27,616	27,522	(94)	31,856	37,609	5,753	
3	Pay	(20,646)	(22,678)	(2,033)	(209,736)	(218,849)	(9,113)	(251,560)	(261,283)	(9,723)	🟥
4	Non Pay	(9,255)	(11,543)	(2,288)	(97,579)	(110,200)	(12,621)	(117,213)	(130,644)	(13,431)	
5	Financing & Non-Ops	(2,086)	(2,013)	73	(20,719)	(20,303)	415	(24,931)	(24,264)	667	🟩
6	Surplus/(Deficit)	5,898	(1,147)	(7,044)	5,615	(1,042)	(6,657)	5,586	5,586	-	🟥
7	Control Total Surplus/(Deficit)	956	(1,042)	(1,997)	(94)	(5,493)	(5,399)	-	-	-	🟥

Memos

Ref		In Month Plan	In Month Actual	In Month Var	YTD Plan	YTD Actual	YTD Var	Full Year Plan	Full Year Forecast	Full Year Var	RAG
8	IA Cost	-	-	-	-	(153)	(153)	-	(153)	(153)	🟥
9	High Cost Drugs	(2,108)	(2,690)	(582)	(20,962)	(24,601)	(3,639)	(25,096)	(29,521)	(4,425)	🟥
10	Financial Efficiency	1,985	1,790	(195)	19,852	18,196	(1,656)	23,822	23,822	-	🟩
11	Cash	13,702	10,863	(2,839)	13,702	10,863	(2,839)	12,356	12,356	-	🟩
12	Capital Plan - CDEL (excluding donated)	(6,260)	(5,254)	1,006	(23,291)	(24,465)	(1,174)	(35,287)	(48,939)	(13,652)	🟧

Key messages

The Trust is reporting a deficit position of £5.5m (on a Control Total basis) to the end of January 2025. This is adverse to plan by £5.4m. Delivery of planned break even position at year end remains the formal forecast position.

At month 10 the Trust is behind its savings plan by £1.6m which is reflected in the pressure on the expenditure budgets.

ERF performance is currently above the 106% target, with estimated income showing £17.2m above the national target as at M10 which is £7.2m above plan.

The capital expenditure programme is £1.2m above plan YTD, no risk has been identified to scheme expenditure at year-end.

(1 & 2.) Revenue – Clinical revenue for Integrated Care Board (ICB), NHS England (NHSE) contracts, and variable (non-ICB income) is above plan, due to Elective Recovery Fund (ERF), high-cost drugs (HCD) over performance and unbudgeted income from CDC and SDF (offset by delivery costs). Other revenue is above plan due principally to donated income received.

(3. & 4.) Operating expenses – Pay costs are higher than plan due to the wage award funding gap (£1m), cost of temporary staff in escalation wards and additional hours carried out to reduce elective backlogs. Agency expenditure has reduced in January. Non-pay is overspent with an overspend on drugs (partly offset by income for high-cost drugs), outsourcing, clinical supplies and services and utilities.

(7.) Control Total Deficit - The Trust is reporting a deficit position to the end of January.

(8.) Industrial Action costs – Industrial action took place in June and July and costs were reflected in the month 3 position.

(10.) Financial Efficiency – £18.2m delivered against an annual target of £23.8m. This increases the year-to-date position by £1.8m in month.

(11.) Cash – Cash balance is £10.9m, equivalent to 10 days cash to cover operating expenses.

(12.) Capital – Capital expenditure is currently above the year-to-date plan due to the timing of capital schemes. The Trust is forecasting expenditure above its original plan following the approval of an additional £9 million in national scheme funding and a further £5.7 million in ICS CDEL received in January 2025. The forecast has also been adjusted to reflect the deferral of NHP schemes to FY26, including £2.9 million for NHP HV and £1.4 million for NHP, as agreed with the National NHP Team.

2. Forecast

The forecast position of breakeven is unchanged from last month's report.

There are a number of actions being progressed to reach break-even:

- settling of prior year outstanding issues
- agreeing all commissioner funding due this financial year
- restricting discretionary expenditure
- continuing the tight financial management of vacancies and temporary staffing
- maximising our income opportunities in the final weeks of the financial year
- Use of non-recurrent measures

The SDEC (Same Day Emergency service attendances) risk referenced in previous reports arising from a nationally mandated change of coding and reporting is now expected to be neutralised following a successful appeal to the regional and national team.

Whilst some risk remains to the delivery of a break-even financial position, balanced judgement is that this will be achieved.

Key message
The forecast to achieve break-even remains unchanged and actions are being progressed to ensure this is safely delivered both within the Trust and externally with commissioners.

CASH

3. <u>Summary of Cash Flow</u>
The cash balance at the end of January was £10.9m, £2.8m behind the planned figure of £13.7m. It is an £11.4m decrease on last month's figure of £22.3m (see opposite). This reflects the increase in supplier payments of £8.5m for the month, plus the adverse I&E deficit position.

4. <u>Cash arrangements 2024/25</u>
The Trust will continue to receive block funding for FY25 which includes an uplift for growth plus any additional incentive funding linked to activity delivery and funding for high-cost drugs on a pass-through basis.

5. <u>Better Payment Practice</u>
The Trust has fallen below the national target of 95% of all bills paid within the target timeframe in terms of value and volume. This is due the ongoing issues with agency invoicing, NHS approvals and the current creditor stretching to meet the cash envelope available. This metric will continue to be monitored in accordance with national guidance and best practice.

Cash Flow Forecast for 2024-25

Better payment practice code	Actual M10 YTD Number	Actual M10 YTD £'000	Actual M9 YTD Number	Actual M9 YTD £'000
Non NHS				
Total bills paid in the year	51,375	184,919	44,182	164,182
Total bills paid within target	36,603	156,456	35,272	143,781
Percentage of bills paid within target	**71.2%**	**84.6%**	**79.8%**	**87.6%**
NHS				
Total bills paid in the year	1,868	9,950	1,688	8,608
Total bills paid within target	1,681	7,441	1,548	6,575
Percentage of bills paid within target	**90.0%**	**74.8%**	**91.7%**	**76.4%**
Total				
Total bills paid in the year	53,243	194,869	45,870	172,790
Total bills paid within target	38,284	163,897	36,820	150,356
Percentage of bills paid within target	**71.9%**	**84.1%**	**80.3%**	**87.0%**

Key message
Cash at the end of January was £2.8m behind plan, mostly due to additional in-month supplier payments. There was a month on month decrease of £11.4m from December.

Although M10 included an in-month £8.5m increase to supplier payments, BPPC performance has not improved in the month. This is due to additional monies paying the older invoices, previously held back to maintain cash balances.

BALANCE SHEET

6. Statement of Financial Position
   The statement of financial position is set out in Appendix 3. The key YTD movements include:
   - Non-Current Assets have increased from March 24 by £14.9m; this is driven by a £17.9m increase in tangible assets, offset by a £1.4m decrease in the Right of Use assets, and a £1.8m decrease in Intangible assets.
   - Current assets have increased by £5.8m; this includes increases in other receivables of £17.7m (mostly due to a £17.4m increase in prepayments) and in NHS receivables of £4.4m, offset by a decrease in cash of £16.3m.
   - Current liabilities have decreased by £0.4m; this is due to £0.8m increase in deferred income, offset by the £1.1m decrease in Right of Use assets liability.
   - Non-Current Liabilities have increased from March 24 by £0.6m; this is due to the Right of Use assets, related to IFRS 16.

7. Aged debt
   - The debtors position as of January 25 is £6.0m, which is an increase of £1.8m from the prior month. Of this total £1.2m is over 121 days old.

8. Creditors
   - The creditors position as of January 25 is £10.05m, which is a decrease of £4.1m from the prior month. £0.8m is over 30 days of ageing with £0.2m approved for payment.

Key message
Main movements in year on the statement of financial position are the reduction in cash of £16.3m and increase in supplier payables £5.5m; offset by increases in receivables of £22.1m and reduction in provisions of £5.5m.

RECOMMENDATIONS TO BOARD OF DIRECTORS

9. The Board is asked to note the financial position of the Trust as of 31st January 2025 and the proposed actions and risks therein.

Milton Keynes University Hospital NHS Foundation Trust

Appendix 1

Statement of Comprehensive Income
For the period ending 31st January 2025

	FY25	M10 CUMULATIVE			M10			PRIOR MONTH	
	Annual Budget £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000	M9 Actual £'000	Change £'000
INCOME									
Outpatient First	34,746	28,726	29,455	729	3,149	2,308	(841)	2,878 ▼	(570)
Outpatient Procedures	5,250	4,138	5,544	1,406	529	1,002	473	533 ▲	468
Chemotherapy delivery	2,512	2,119	1,964	(155)	207	227	20	195 ▲	32
Day Case Admissions	21,868	17,633	20,800	3,167	1,874	1,746	(128)	1,795 ▼	(48)
Elecitve Admissions	17,174	13,715	14,540	825	1,264	1,859	595	1,778 ▲	82
High Cost Drugs & Devices	26,195	21,971	22,220	248	2,666	2,703	37	1,905 ▲	797
Total Variable Income	*107,746*	*88,302*	*94,524*	*6,222*	*9,689*	*9,846*	*156*	*9,084* ▲	*761*
Outpatient Follow up	25,166	20,884	20,885	1	2,222	2,223	0	1,829 ▲	393
Emergency Admissions	95,445	79,106	79,118	13	8,656	8,664	7	7,950 ▲	714
A&E	21,137	17,564	17,564	0	1,772	1,772	(0)	1,750 ▲	22
Other Admissions	17,492	14,713	2,098	(12,615)	1,686	239	(1,447)	195 ▲	44
Maternity Other (including Deliveries)	0	0	12,622	12,622	0	1,445	1,445	1,214 ▲	231
Maternity pahtway (ante/post natal)	9,318	7,915	7,921	6	823	823	0	755 ▲	68
Critical Care (adult)	4,289	3,570	3,566	(5)	434	434	(1)	347 ▲	87
Neonatal	3,840	3,295	3,295	0	371	371	0	373 ▼	(1)
Imaging	7,587	6,241	6,241	0	655	655	(0)	691 ▼	(38)
Direct Access Pathology	6,307	5,246	5,246	0	569	569	(0)	459 ▲	110
Best Practice Tariffs	646	534	534	(0)	56	56	(0)	55 ▲	1
Other block income	8,806	7,351	7,351	(0)	734	734	(0)	730 ▲	4
Total Block / Fixed Income	*200,033*	*166,421*	*166,443*	*22*	*17,980*	*17,985*	*5*	*16,347* ▲	*1,638*
Non-recurent & additional income	0	(4,289)	3,377	7,666	(2,409)	(1,504)	905	151 ▼	(1,715)
National Block	59,655	55,598	55,598	(0)	5,560	5,560	(0)	5,560 ▼	(0)
Clinical Income	**367,434**	**306,032**	**320,788**	**14,756**	**30,761**	**32,671**	**1,910**	**31,141** ▲	**1,530**
Non-Patient Income	25,563	21,323	22,509	1,186	2,124	2,417	293	2,361 ▲	56
Donations	6,293	6,293	5,013	(1,280)	5,000	0	(5,000)	(7) ▲	7
Non-Patient Income	**31,856**	**27,616**	**27,522**	**(94)**	**7,124**	**2,417**	**(4,707)**	**2,354** ▲	**63**
TOTAL INCOME	**399,290**	**333,648**	**348,310**	**14,662**	**37,885**	**35,088**	**(2,797)**	**33,495** ▲	**1,593**
EXPENDITURE									
Pay - Substantive	(234,049)	(195,056)	(190,574)	4,482	(19,226)	(19,614)	(389)	(19,030) ▼	(584)
Pay - Bank	(10,573)	(8,814)	(16,723)	(7,909)	(885)	(1,700)	(816)	(1,565) ▼	(135)
Pay - Locum	(2,235)	(1,862)	(6,029)	(4,167)	(186)	(624)	(438)	(689) ▲	65
Pay - Agency	(5,123)	(4,354)	(7,477)	(3,122)	(384)	(643)	(259)	(749) ▲	106
Pay - Other	(942)	(785)	(897)	(112)	(78)	(96)	(18)	(101) ▲	4
Pay CIP	1,312	1,093	2,850	1,757	109	0	(109)	1,287 ▼	(1,287)
Vacancy Factor	50	42	0	(42)	4	0	(4)	0 ▲	0
Pay	**(251,560)**	**(209,736)**	**(218,849)**	**(9,113)**	**(20,646)**	**(22,678)**	**(2,033)**	**(20,847)** ▼	**(1,831)**
Non Pay	(92,117)	(76,617)	(85,598)	(8,981)	(7,147)	(8,853)	(1,706)	(8,671) ▼	(182)
Non Tariff Drugs (high cost/individual drugs)	(25,096)	(20,962)	(24,601)	(3,640)	(2,108)	(2,690)	(582)	(2,456) ▼	(235)
Non Pay	**(117,213)**	**(97,579)**	**(110,200)**	**(12,621)**	**(9,255)**	**(11,543)**	**(2,288)**	**(11,127)** ▼	**(416)**
TOTAL EXPENDITURE	**(368,773)**	**(307,315)**	**(329,049)**	**(21,734)**	**(29,901)**	**(34,222)**	**(4,321)**	**(31,974)** ▼	**(2,248)**
EARNINGS BEFORE INTEREST, TAXATION, DEPRECIATION AND AMORTISATION (EBITDA)	**30,517**	**26,334**	**19,261**	**(7,072)**	**7,984**	**866**	**(7,117)**	**1,521** ▼	**(654)**
Interest Receivable	480	400	945	545	40	105	65	76 ▲	28
Interest Payable	(1,268)	(1,056)	(484)	572	(106)	(48)	57	(48) ▲	0
Depreciation, Impairments & Profit/Loss on Asset Disposal	(16,979)	(14,097)	(14,097)	0	(1,424)	(1,354)	71	(1,455) ▲	101
Donated Asset Depreciation	(707)	(584)	(562)	22	(58)	(105)	(47)	(51) ▼	(54)
Profit/Loss on Asset Disposal & Impairments	0	0	0	0	0	0	0	0 ▲	0
DEL Impairments	0	0	(580)	(580)	0	(58)	(58)	(58) ▲	0
AME Impairments	0	0	0	0	0	0	0	0 ▲	0
Unwinding of Discounts	0	0	0	0	0	0	0	0 ▲	0
OPERATING SURPLUS/(DEFICIT) BEFORE DIVIDENDS	**12,044**	**10,996**	**4,483**	**(6,513)**	**6,436**	**(594)**	**(7,030)**	**(15)** ▼	**(579)**
Dividends Payable	(6,457)	(5,381)	(5,525)	(144)	(538)	(552)	(14)	(552) ▼	(0)
OPERATING SURPLUS/(DEFICIT) AFTER DIVIDENDS	**5,586**	**5,615**	**(1,042)**	**(6,657)**	**5,898**	**(1,147)**	**(7,044)**	**(568)** ▼	**(579)**

Statement of Cash Flow
As of 31st January 2025

	Mth12 2023-24 £000	Mth 10 £000	Mth 9 £000	In Month Movement £000
Cash flows from operating activities				
Operating (deficit)/surplus from continuing operations	13,970	4,603	5,195	(592)
Operating surplus/(deficit) of discontinued operations				
Operating (deficit)/surplus from continuing operations	**13,970**	**4,603**	**5,195**	**(592)**
Non-cash income and expense:				
Depreciation and amortisation	17,229	14,658	13,200	1,458
(Increase)/Decrease in Trade and Other Receivables	(3,720)	(22,170)	(16,887)	(5,283)
(Increase)/Decrease in Inventories	(127)	(49)	(52)	3
Increase/(Decrease) in Trade and Other Payables	544	(8,454)	4,220	(12,674)
Increase/(Decrease) in Other Liabilities	(6,967)	886	1,291	(405)
Increase/(Decrease) in Provisions	8,698	(5,559)	(5,550)	(9)
Income in respect of capital donations	(8,415)	(5,014)	(5,014)	0
Other movements in operating cash flows	891	(2)	(5)	3
NET CASH (USED IN) GENERATED FROM OPERATIONS	**22,103**	**(21,101)**	**(3,602)**	**(17,499)**
Cash flows from investing activities				
Interest received	1,399	945	840	105
Purchase of intangible assets	(425)	(41)	(40)	(1)
Purchase of Property, Plant and Equipment	(34,087)	(19,751)	(21,593)	1,842
Process from sale of Property, Plant and Equipment	252			0
Receipt of cash donations to purchase capital assets	8,415	5,014	5,014	0
Net cash (used in) investing activities	**(32,861)**	**(13,833)**	**(15,779)**	**1,946**
Cash flows from financing activities				
Public dividend capital received	11,039	21,397	17,639	3,758
Capital element of finance lease rental payments	(5,078)	1,654	1,158	496
Unwinding of discount	0	(580)	(522)	(58)
Interest element of finance lease	(680)	(484)	(435)	(49)
PDC Dividend paid	(5,725)	(3,398)	(3,398)	0
Cash flows from (used in) other financing activities	0	0	0	0
Net cash generated from/(used in) financing activities	**7,971**	**18,589**	**14,442**	**4,147**
(Decrease)/increase in cash and cash equivalents	**(2,787)**	**(16,345)**	**(4,939)**	**(11,406)**
Opening Cash and Cash equivalents	**27,208**	**27,208**	**27,208**	
Closing Cash and Cash equivalents	**27,208**	**10,863**	**22,269**	**(11,406)**

Statement of Financial Position as of 31st January 2025

	Mar-24 Audited	Jan-25 YTD Actual	YTD Mvmt	% Variance
Assets Non-Current				
Tangible Assets	241.4	259.3	17.9	7.4%
Intangible Assets	16.6	14.8	(1.8)	(10.6%)
ROU Assets	18.6	17.2	(1.4)	(7.5%)
Other Assets	3.2	3.3	0.1	2.1%
Total Non Current Assets	**279.8**	**294.7**	**14.9**	**5.3%**
Assets Current				
Inventory	5.3	5.3	0.0	0.5%
NHS Receivables	12.0	16.4	4.4	36.9%
Other Receivables	7.5	25.2	17.7	235.8%
Cash	27.2	10.9	(16.3)	(60.1%)
Total Current Assets	**52.0**	**57.8**	**5.8**	**11.2%**
Liabilities Current				
Interest -bearing borrowings	(1.5)	(0.4)	1.1	(73.8%)
Deferred Income	(11.6)	(12.4)	(0.8)	6.6%
Provisions	(11.7)	(6.2)	5.5	(47.1%)
Trade & other Creditors (incl NHS)	(60.8)	(66.3)	(5.5)	9.0%
Total Current Liabilities	**(85.6)**	**(85.2)**	**0.4**	**(0.4%)**
Net current assets	**(33.6)**	**(27.4)**	**6.2**	**(18.3%)**
Liabilities Non-Current				
Long-term Interest bearing borrowings	(18.2)	(18.8)	(0.6)	3.5%
Deferred Income	(0.5)	(0.5)	0.0	0.0%
Provisions for liabilities and charges	(1.6)	(1.6)	(0.0)	0.7%
Total non-current liabilities	**(20.3)**	**(20.9)**	**(0.6)**	**3.2%**
Total Assets Employed	**225.9**	**246.3**	**20.4**	**9.0%**
Taxpayers Equity				
Public Dividend Capital (PDC)	294.2	315.6	21.4	7.3%
Revaluation Reserve	64.6	64.6	(0.0)	(0.0%)
Financial assets at FV through OCI reserve	(2.6)	(2.6)	0.0	0.0%
I&E Reserve	(130.3)	(131.3)	(1.0)	0.8%
Total Taxpayers Equity	**225.9**	**246.3**	**20.4**	**9.0%**

GLOSSARY OF TERMS

Abbreviation	Full name	Explanation
A/L	Annual Leave	Impact of staff annual leave
BAU	Business as usual	In the context of capital expenditure, this is the replacement of existing capital assets on a like for like basis.
BPP	Better payment practice	This requires all NHS Organisations to achieve a public sector payment standard for valid invoices to be paid within 30 days of their receipt or the receipt of the goods or services – the target for this is 95%
CDEL	Capital Departmental Expenditure Limit	Trusts maximum amount of capital expenditure available to be spent for the current year set by Regional NHS team and reviewed every financial year.
CIP	Cost Improvement Programme	Scheme designed to improve efficiency or reduce expenditure
COVID	COVID-19	Costs associated with COVID-19 virus
E&T	Education & Training	
ERF	Elective Recovery Fund	Additional non recurrent funding linked to recovery
HCD	High Cost/Individual Drugs	
NHP	New Hospital Programme	National capital funding for major hospital redevelopments
PDC	Public Dividend Capital	A form of long-term government finance which was initially provided to NHS trusts when they were first formed to enable them to purchase the Trust's assets from the Secretary of State. Public dividend capital (PDC) represents the Department of Health's (DH's) equity interest in defined public assets across the NHS.
R&D	Research & Development	
YTD	Year to date	Cumulative costs for the year
Other frequently used abbreviations		
Accelerator	Accelerator Funding	Additional funding linked to recovery
Block	Block value	Block income value linked to 19/20 values
Top-up	Top up Funding	Additional block income linked to 19/20 values
Covid	COVID Funding	Additional block funding to cover incremental COIVD-19 expenditure

Meeting Title	Trust Board in Public	Date: 6 March 2025
Report Title	Progress Against Environmental Sustainability Strategy / Green Plan	Agenda Item Number: 13
Lead Director	Jonathan Dunk, Chief Finance Officer	
Report Authors	Nisha Dutta-Plummer, Project Manager - Transformation Heather Titcombe, Programme Lead - Transformation	

Introduction	The current MKUH Green Plan was established in 2021, in alignment with the National NHSE Green Plan, as a three-year programme running until 2024. It set key targets across eleven themed areas, the majority of which have been successfully achieved over this period. This paper is intended to provide an overview of progress during the plan term. The focus of the next iteration of the Green Plan is evolving, following discussions with NHS England, the East of England region, and BLMK ICS colleagues. The approach will see a single system strategic green plan, supported by deliverables set and managed at organisational level. The new plan will be consistent with recently published NHS Green Plan guidance. It is expected this plan will be shared with Trust Board for approvals by June 2025. MKUH continues to target Net Zero (NZ) by 2030 for Scope 1 and 2 emissions, ahead of the NHS targets of 2040-2045 for direct and indirect emissions.
Key Messages to Note	Key points to note: • Achievements against objectives in the MKUH Green Plan for 2021/24 are outlined in the appendices, along with additional achievements by Estates/ Facilities and Procurement during the last 12 months - Appendix 1,2 and 3. • BLMK Leading Sustainability Plan: A system-wide approach is in place to ensure sustainability planning aligns with national targets (2025-2045), covering both direct control measures and areas of influence. • MKUH's Plan: MKUH is fully engaged in regional and system-wide sustainability initiatives, with dedicated leadership and collaboration across BLMK ICS. • The 2025-2028 ICS plan is being developed with input from all key stakeholders. The final version expected to be shared publicly in June 2025. • Integrated Approach: The ICS Green Plan will serve as an overarching framework, linking together various health providers in BLMK while facilitating shared learning and collaboration. • MKUH Net Zero Target: MKUH remains committed to achieving Net Zero for Scope 1 and 2 emissions by 2030, with significant progress made to date. • Updated NHS Guidance: National NHSE sustainability guidance was published in February 2025, with the first BLMK planning session held on 28 February 2025. The BLMK Green plan will align with this guidance across the key areas for development and compliance. • Strengthened Transformation Team: MKUH has restructured its Transformation Team, adding new more senior roles to enhance leadership and drive progress for the Green Plan 2025-30.

Recommendation	For Information	x	For Approval		For Assurance	

Chief Executive: Joe Harrison CBE
Chair: Heidi Travis OBE

Strategic Objectives Links	1. Keeping you safe in our hospital
	2. Improving your experience of care
	3. Working with partners in MK to improve everyone's health and care
	4. Spending money well on the care you receive
	5. Expanding and improving your environment
	6. Innovating and investing in the future of your hospital

Report History	*This report follows on from previous Finance & Investment Committee updates as to the MKUH position with regards to the Green Plan up until 2024 and proposed next steps to keep on track with 2030 target – MKUH Green Plan / Net Zero November 2024: paper to Finance & Investment Committee July 2024*
Next Steps	*N/A*
Appendices/Attachments	*The following items can be found in the supplementary shelf under item:*
	• *Appendix 1 – Achievements against objectives 2021/2024*
	• *Appendix 2 – Estates and Facilities additional achievements in 2024*
	• *Appendix 3 – Procurement additional achievements in 2024*

Glossary of Acronyms

Acronyms	
NZ	Net Zero
BC	Business case
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
NHSE	National Health Service Executive
VCSE	Voluntary, Community, and Social Enterprise Sector
AFC	Agenda For Change

Chief Executive: Joe Harrison CBE

Chair: Heidi Travis OBE

Executive Summary

This report provides an update on MKUH's sustainability planning and collaboration with the Bedford, Luton, and Milton Keynes Integrated Care Board (BLMK ICS) to develop a system-wide Green Plan. The plan aligns with national sustainability targets (2025-2045), with a focus on achieving Net Zero (NZ) by 2030 for MKUH.

A BLMK-wide Green Plan (2025-2028) is under development, with a final version submitted to NHS England by July 2025. This umbrella plan will coordinate sustainability efforts across multiple NHS providers, allowing for shared learning and the replication of successful schemes.

At MKUH, Green Plan activities were scaled back in FY 2024 to prioritise the Trust's Efficiency Programme, but efforts continued in Estates and Procurement and the Green Group will resume fully in April 2025. The MKUH Green Group will drive both local and system-wide sustainability initiatives, guided by updated NHS England policy released in February 2025.

Key Areas of Focus in the ICS Green Plan

- Shared Sustainability Priorities: Aligning NHS providers in BLMK on common goals.
- Collaborative Workstreams: Partnering with ICS organisations on cross-cutting sustainability themes.
- Integration with Individual Green Plans: Supporting Trust-specific initiatives while ensuring collective progress.
- Broader Sustainability Objectives: Beyond Net Zero, aiming for a fully sustainable healthcare system that enhances population health and reduces inequalities.

Core Commitments:

1. Health Improvement and Protection– Reducing environmental risks to public health.
2. Caring for Our Surroundings - Managing NHS estates and operations sustainably.
3. Reducing Health-Associated Greenhouse Gas Emissions – Cutting carbon across the healthcare system.

Key Enablers:

- Staff Education – Embedding sustainability training.
- Innovation & Trials – Testing and scaling sustainable healthcare solutions.
- Data & Monitoring – Developing dashboards to track progress.
- Environmental Impact Assessments – Supporting informed decision-making.
- Sustainability Networks – Engaging staff and the wider community in sustainability efforts.

Chief Executive: Joe Harrison CBE
Chair: Heidi Travis OBE

Next Steps for MKUH (2025-2028):

1. Develop an MKUH-Specific Action Plan aligned with the ICS Green Plan.
2. Meet National Targets & Report Progress bi-annually to the ICS
3. Actively Contribute to the ICS Green Plan while driving local sustainability efforts.

MKUH's sustainability strategy follows a 'dual approach':

- Meeting the 2030 Net Zero target for Scope 1 and 2 emissions.

- Collaborating with ICS partners to achieve the wider system-wide Net Zero goal by 2040.

Key MKUH initiatives for carbon reduction:

- Transitioning to cleaner fuels, facilities, and fleet operations.

- Expanding Patient Initiated Follow-Up (PIFU) to reduce travel.

- Salix-funded decarbonisation projects (e.g., HVAC, LED lighting, energy-efficient buildings).

- Decommissioning high-carbon footprint medical gases (e.g. nitrous oxide).

- Improving waste management and sustainable procurement.

The MKUH Transformation Team will continue driving sustainability initiatives, focusing on carbon baselining, energy efficiency, and waste reduction to meet the 2030 targets.

This update affirms MKUH's commitment to sustainability, balancing financial efficiency with environmental responsibility while ensuring high-quality patient care.

1. Background

In October 2020, the Greener NHS National Programme published the strategy 'Delivering a Net Zero NHS,' emphasizing that climate change, if left unaddressed, will disrupt healthcare, increase disease burden, and affect patient outcomes. The NHS became the first healthcare system to embed NZ targets into legislation through the Health and Care Act 2022.

MKUH developed its first Green Plan in 2021/22, followed by the ICS-wide plan in 2022. Since then, the Trust has been working proactively to meet its ambitious 2030 Net Zero goal through various sustainability initiatives across 11 focus areas.

The focus of the Green Plan has changed following a series of conversations between East of England, BLMK ICS and partners and MK Place colleagues. The focus is to develop an overarching unified Green Plan for 2025- 2030 for BLMK ICS and key partners. There will still be local Sustainability plans for each organisation where the developments are specifically for the direct NZ changes and as per local set NZ target. This is so that we can make progress across the system and align to the next iteration of the NHS Green Plan guidance published in February 2025. There is also a necessity to pool expertise and

resources, and this will be more effective at scale and across the ICS. However, also noting that MKUH has its own NZ trajectory, and this will remain our key focus. Key achievements against the MKUH 2021/24 Green Plan are outlined in appendix one. This progress was commended on during the Bi-annual review meeting with BLMK, recognising the significant achievements made.

The Integrated Plan is progressing with a draft version in review. There will need to be a fine balance between the overall ambition and the individual requirements for each organisation and their own plans; it would be potentially disadvantageous to MKUH if this approach were to hinder or slow the pace of the MKUH Green Plan, which has made such good progress.

There is also a requirement to provide an actionable plan and focus on key areas which will have the greatest impact on reducing carbon emissions – some of these were highlighted at the Leading for a Sustainable Health and Care System, Joint ICB and ICP, BLMK seminar in November 2024:

- Climate change and health impact education
- Commitment and leadership to enable the development and success of an Integrated Green Plan, with key metrics, roles, and responsibilities.
- Governance processes embedded in organisations and across BLMK that emphasise environmental and social impacts of decision making.
- Funding resources identified for sustainability programme and projects.
- Using the knowledge, innovation and influencing power of anchor institutions (large organisations, with a connection to the local community, either through history, size or influence) to build a larger 'body' and economies of scale for change, purchasing power, innovation etc.
- Major focus on prevention and enablement of healthier lifestyles
- Collaborative working across linked organisations, VCSE's and Healthwatch

There is also an opportunity for MKUH to start normalising and streamlining the sustainability agenda as part of the usual running of the organisation and to highlight any financial and other benefits of meeting the sustainability targets. There is also a requirement to mainstream the Green agenda into the operational planning schedule so that it is seen as an integral issue to be addressed for decision making, rather than a separate add on.

2. **Impact of Recommendations on Trust's Strategic Objectives**

- The proposed Integrated Green Plan will be for the NHSE target for NZ.
- The proposed national guidance and the BLMK plan will support MKUH's Net Zero Emissions target for 2030, although it aligns with the broader NHS carbon emissions reduction targets of 2040 and 2045.
- To achieve this target, MKUH is collaborating with ICB and partner organisations. A local plan focusing on Scope 1 and 2 emissions reductions will be required for 2030.
- Resources will need to be allocated to identify key areas for emissions reduction, implement necessary changes, and track carbon emissions—a process that is proving challenging across BLMK.

- Meeting MKUH's carbon net zero target by 2030 will be a significant challenge. It is therefore likely that MKUH will need to enlist some external expertise to provide a baseline of where we are now versus NZ achievement and advise as to what key areas to focus on from 2025 to 2030. A tracking and monitoring tool will also be required to measure carbon emissions versus plan, with a contingency plan to stay on target. This will also require an overview of the costs versus benefits and funding streams to support the plan and how this aligns with the overall efficiency / productivity plan for the organisation.
- Resource will be necessary to achieve the 2030 target. An investment has been made to the Transformation Team with the introduction of an AFC 8b post which will be aligned to lead the Green/ Sustainability programme. There is of course risk as to whether this level of capacity will be sufficient but it is hoped that this, alongside greater system pooling of resource, will progress position significantly.

4. **Action/ Recommendations**

The Committee is asked to note and approve the direction of travel for the MKUH Green Plan and the proposed integrated BLMK / key stakeholders' approach / plan.

- MKUH will continue with the 2030 NZ target for scope 1 and 2 of the National Green Plan (NHSE and BLMK target is 2040) with a local MKUH plan.
- The Trust and the ICS have prepared a draft overarching plan for Sustainability which is being reviewed at MKUH Trust board prior to ICB submission in June 2025 for approval.
- The Trust and ICS have agreed that collaborating with key stakeholders is the right approach in using resources wisely and supporting the meeting of the 2040 NZ target.
- To resume the Green Group / 11 themes/ leads and continue to progress meeting NZ by 2030. A relaunch of the Green Group has been set up for early April 2025, and ongoing governance and programme plan.
- Subject to affordability, external expertise be enlisted to support the setting of the carbon baseline and key areas of focus for 2025-2030, given that neither MKUH nor the ICS has this expertise. This will also include carbon audit, carbon offsetting, in setting and reducing supply chain emissions.

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Appendix one

Achievements against objectives for 2021/2024:

1. Leadership

Leadership: 3-year plan progress	Status achieved 🟢 / ongoing 🟡
• We will provide oversight to our Green agenda by embedding this into our core business, starting with the formal adoption of our #MKUHGreenerFuture plan.	🟢
• Introduction of a dedicated intranet page for MKUH Green Plan	🟢
• MKUH Green Working group platform led by the Chief Finance Officer as the Senior Responsible Officer to implement the sustainability goals.	🟢
• Proactive approach and leadership for each of the focus areas and regular meetings at MKUH level, BLMK and Regional level. The BLMK Green lead attends the MKUH Green Plan working group meetings, and we have excellent engagement from key stakeholders	🟢

2. Workforce

Workforce -Progress of the 3-year plan	Achieved 🟢 / ongoing 🟡
• Move to home working / agile working model – policy approved October 2023	🟢
• Provided flexible Estate task-based accommodation to a high environmental standard on and off site – Pines Suite and Witan Gate	🟢
• Use as little space as possible and access to space that supports the way staff work. Hot desk areas introduced to effectively utilise the office working spaces.	🟢
• Working with Estates, a system has been introduced in the Cancer Centre, Pines and Witan Gate with intelligent heating, ventilation, and light control. Estates are using the data to manage heating and ventilation during busy and unoccupied periods.	🟢
• Specified courtyards have been introduced across the site enhancing wellbeing by improving access to courtyards and green spaces encouraging interaction with nature, for patients, visitors and staff.	🟢
• A Space Committee has been set up to utilise the estate effectively for clinical and non-clinical use.	🟢
• Better access to staff training for improving Carbon literacy and understanding climate change via the staff newsletter.	🟡

• Utilising full suite of internal communication channels to promote the latest news and initiatives via a dedicated page in the intranet, links for staff to subscribe to NHS Greener and running Green events.	🟡
• Introduced wellbeing challenges e.g. walking challenge – *how to sustain this*	🟡
• Worked with different teams to trial flexible working arrangements, specifically Work from Home and dedicated hot desks.	🟢
• Staff engagement 'Event in the tent' showcasing current projects within MKUH and our partners MKCC. This resulted in more members joining the Green Plan community and generation of further ideas.	🟡

Other workforce improvements:

Additional Workforce Improvements achieved
• Free staff car parking • Programme commenced to refurbish staff rooms • Brand new staff hub with amenities, breakfast, drinks • Provide night staff with access to freshly cooked food with healthy options. • Free staff breakfast, hot drinks and reusable cups and cutlery • Healthy food options in the restaurant at a reduced price

3. Sustainable Models of Care:

Sustainable Models of Care: Progress of the 3-year plan	Achieved 🟢 / ongoing 🟡
• New Hospital Programme –funding from government to support and develop new estate and modern facilities at MKUH for Surgery, Women, Children and Theatres. Delivering services in building**s** that have low energy requirements.	🟢
• Established new pathways for Same Day Emergency Care (SDEC) utilising the new Maple Centre facility to reduce the number of avoidable admissions. This building is a low energy building which significantly reduces the energy bill for the Trust, at a time of higher energy prices.	🟢
• Working with teams to develop further community care services which are based off site offsite, for example, Lloyds Court, Whitehouse surgery and Brooklands surgery and reduce travel to the hospital.	🟢
• Running 'Super surgery days' for Paediatrics, consolidating other services in the Trust to support the management of delivery.	🟢

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.

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Other Sustainable Models of care improvements:

> **Additional Sustainable Models of care improvements achieved:**
> - New Hospital Programme: The Trust gained Government Decarbonisation grant funding (Salix), which will enable Phase 2 gas boilers and steam generators to be replaced with electrically powered alternatives.
> - Dentistry Maxillofacial team have commenced improvements to dental services reviewing dental consumables and equipment to reduce waste and the reduction of single use plastics. MKUH are keen to roll this approach out across the Trust, service by service.
> - Applying for accreditation scheme: Green Impact, developed by the Charity Students Organising for Sustainability (SOS UK), is a sustainability accreditation scheme with an audit and awards element. The team will work towards a bronze, silver or gold level accreditation, evidencing their commitment to being a responsible healthcare business.
> - **Refurbishment of Milton Mouse Paediatric Unit -** reconfiguration of the available footprint to enable a good practice pathway, increase clinical capacity and provide a much-improved child and family environment. Introduced 6 bedded bay and two side rooms and 5 clinic rooms with waiting area and a dedicated Phlebtotmy room.

4. Digital

Digital - Progress of the 3 year plan	Achieved 🟢 / ongoing 🟡
• Over the past year the digital agenda has supported the move to remote outpatient appointments and supported the necessary access and devices to regularly work remotely. The patient portal had a major upgrade and provides significantly more information for patients, we have capability for clinics to be remote.	🟡
• Smart buildings - Implemented empathic building and building management systems in our Pines Suite offices, which will allow us to better manage the environment. Early indicators have suggested a carbon reduction by turning off heating in unoccupied areas, monitoring of CO2 levels which support improved ventilation and air quality for staff. We have significant deployment of tracking devices across buildings and continue to expand.	🟢
• My Care – patient access to hospital letters online which has reduced paper and postal carbon footprint.	🟢
• Investigate how sensor technology can enable us to take control of our buildings, creating opportunities for all users to personalise the care environment and beyond. Digital sensors have been installed in the Cancer **C**entre, Pines and Witan Gate. These monitor desk / room occupancy	🟢

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and allows users to diarise their attendance or free up space by working on another site or from home when the office space is required.	
• Provide IT support and access to encourage remote working on Teams platform. Allowing users to stay at their base for meetings or to work off site if the work allows and reduce travel carbon impact.	🟢

5. Travel and Transport

Travel and Transport - Progress of the 3 year plan	Achieved 🟢 / ongoing 🟠

• Offered VIVUP app to staff for employee benefits:
  o Salary sacrifice Car lease scheme
  o Salary sacrifice bike scheme
	🟢

• EV chargers installed in staff and public car parks, which provides free charging for staff.	🟢
• Newly refurbished office areas to support agile working and working from home.	🟢
• Installed a NextBike station with 20 bikes outside the main entrance for use by staff and patients.	🟢

2. Estates and Facilities

Estates and Facilities - Progress of the 3 year plan	Achieved 🟢 / ongoing 🟠
• Improve energy efficiency and reduce energy usage by trialling the installation of ambient Light sensors – to automatically dim lights when there is sufficient 'borrowed light' from windows and/or dim down the lights when spaces are empty. A significant investment in conversion to LED lighting was undertaken in FY23 with 4 wards being converted. Outcome of trial and carbon impact due April 2024 ahead of possible further roll out.	🟢
• Replaced roofing across Phase 1 of the hospital including the installation of highly efficient insulation.	🟢
• Installed a further 600 solar panels to generate more energy on site.	🟢
• Trialled the use of waterless urinals to reduce water consumption – awaiting trial outcome	🟢
• Linked with CollectCo to obtain good quality second-hand furniture for use in offices	🟢
• Implemented a policy of refurbish-first approach to our site.	🟢
• Replaced estates maintenance vans with electric vehicle alternative	🟢
• Implementation of Sharp smart safe engineered device; over the last 12 months MKUH has prevented 27,592 single use containers from being manufactured, meaning 18.20 tonnes of single use plastics will not be produced and incinerated. This is saving 105.78 tonnes of CO2	🟢

	Status
emissions, which is a 91% CO_2 reduction from a disposable sharp container. This is the equivalent of a London bus travelling 46,039 miles per year.	
• MKUH has partnered with specialist contractors to increase the reuse and recycling of materials and our waste. This will support the circular economy and reduce landfill.	🟢
• Glass, cardboard, and dry mixed recycling waste reprocessed as construction materials.	🟢
• Plastics are recycled.	🟢
• Food waste anaerobically digested to produce fertiliser and captured methane is converted to green electricity. Composting is being explored as an alternative.	🟡
• General waste sorted with approx. 21% recycled	🟢
• High Temperature Incineration (HTI) for clinical waste is used to power the Princess Alexandria Hospital. MKUH is looking at this approach.	🟢
• Staff room refurbishments 9 completed	🟢
• Reuse of furniture from Collecteco	🟢

3. Medicines

Medicines - Progress of the 3 year plan	Achieved 🟢 / ongoing 🟡
• Anaesthetists have reduced the clinical use of nitrous oxide gas and the objective is to move from piped supply to cylinder use. There has also been significant work and systems put in place to reduce effect of air borne nitrous oxide for staff.	🟡
• Desflurane, a high carbon-footprint anaesthetic gas, will be decommissioned for use across NHS England by early 2024. The clinical use of the Desflurane Volatile Anaesthetic at MKUH is being reduced to decommission by March 2024	🟢
• A process has begun to educate and inform patients and staff to dispose of inhalers via Community Pharmacies, for recycling.	🟡

4. Procurement

Procurement - Progress of the 3 year plan	Achieved 🟢 / ongoing 🟡
• Suppliers with contracts over £5m will need to supply their carbon reduction plan.	🟢
• Review of Theatres procedure packs has resulted in waste reduction with individual components now available in a single pack	🟡
• Reviews are taking place to purchase primarily from a single supplier to achieve a reduction in deliveries to reduce carbon emissions and waste pollution.	🟡

• Replacement of bed frames and mattresses across the Trust. New beds frames are more energy efficient and use less electricity to inflate mattresses.	🟢
• Purchased reusable cold sticks to replace the use of aerosol-based chemicals to test for sensation post spinal/epidural anaesthetic or local block.	🟢

5. Food and Nutrition

Food and Nutrition - Progress of the 3 year plan	Achieved 🟢 / ongoing 🟠
• Continue to keep our food waste at 2% for in patients' food service.	🟢
• Introduce patient electronic meal ordering across all in-patient wards following a trial period	🟢
• The introduction of the electronic food ordering system has continued to see reduction in food ordered and waste, as patients have a good selection and choice.	🟢
• Identify local suppliers for meat and dairy. Fruit and veg supplier underway in Bedford	🟢
• Achieve Soil Association bronze award for staff restaurant - underway	🟠
• Establish a process for recycling of all steamplicity packaging. To undertake pilot with supplier in Q1 2022	🟢
• Move from Cook-chill bulk food re-generation patient food service system to steamed plated meals (cooked / steamed by microwave). Ascertain energy savings	🟠
• The introduction and use of digital tablets has reduced the amount of paper menus printed each day. This change has saved the equivalent of 758 reams of paper, which equates to a total of 47 trees' a year.	🟢
• Removed single use plastic cutlery in the restaurant and replaced with wooden cutlery. The Trust will save disposal of approx. 230000 individual spoons, forks and knives per year, with a financial saving of £4,200 per year	🟢
• Patients' food service packaging – working with the manufacturers to reduce food packaging and being recyclable	🟢
• Partnering with Guardians of Grub Initiative and continually monitoring food waste	🟢
• Introduce a food waste reduction programme: completed for in patients	🟢
• Replace all gas ovens with electric	🟢

6. Adaptation

Adaptation: Progress of the 12 month Action plan	achieved 🟢 / ongoing 🟠
• Conduct an adaptation risk assessment and action plan	🟢

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	Achieved
• To develop an adaptation plan that is aligned to the Trust Green Plan	🟡
• To develop a Trust Environmental Sustainability Manager to support Adaptation and Green Plan implementation oversight	🟡

Adaptation - Progress of the 3 year plan	Achieved 🟢 / ongoing 🟡
• As part of national expectation, the Trust has been developing adaptation measures to meet future Climate Change impacts of extreme weather. These measures look at how the Trust will plan and mitigate a response to extreme heat, cold and inclement weather to minimise impact on services, patient care, and staff, whilst looking at future innovation to meet longer term impacts on health services from climate change. This is in addition to the likely changing impact of disease and any planning for a future pandemic. A new Climate Change risk register is in place.	🟢
• Looking at specific risk factors and mapping recommended actions across the system to reduce impact of climate change on health of residents and on service delivery.	🟢
• Climate Change Adaptation risk assessment has been approved by the Emergency Planning steering committee June 2023.	🟢
• Trust approved its Adverse Weather and Health Policy outlining how the hospital will respond to national health weather alerts aligned to national planning arrangements.	🟢

7. Our role as an anchor institution

Described by The King's Fund, the concept of 'anchor institutions' refers to large organisations that are intricately linked to their local areas and leverage their assets and resources to enhance the well-being of the surrounding communities. As one of the primary employers in Milton Keynes and a key contributor to the health and welfare of our residents, we are dedicated to fulfilling our role as an anchor institution.

- Collaborating closely with local partners
- Purchasing more locally
- Using buildings and spaces effectively and providing accessible and modern facilities.
- Reducing our environmental impact
- Regular MK Green Board meetings to deliver the Green Plan and identify further areas to continue to deliver sustainable and cost-effective services at MKUH. Monitor and manage the Green plan and escalate and seek approval to progress this.
- Marketplace engagement and displaying of achievement along with partners.
- Green suggestion boxes for all who come to MKUH (2024)

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- Continue with colleague engagement, events, using the intranet page, show casing completed projects. Continued and ongoing communications across MKUH, MK and sharing ideas across East of England network.
- Sharing of the regular NHS Greener newsletter with staff and identifying opportunities.
- Weekly opportunity to engage with the Executive team and share your ideas in an online Town Hall event.
- Provide a robust and measurable plan ahead of the 2030 target.
- Review and revise the Green Plan for the next 5 years to achieve NCZ by 2030.
- To develop an accurate process and system for measuring the carbon score across all eleven focus areas and aligned to risk assessment and plans and counting down to 2030 (with a requirement for mitigation, monitoring, and resourcing).
- To review the project and expertise required to deliver the next phases of the programme.
- To continue to raise the profile and impact of the Green agenda and socialise this across MKUH and to become part of business and service planning, and cost and service improvement. Aim to integrate the Green plan with quality and efficiency plans and business case completion/ criteria.
- Engage with our local partners, ICS, peers and explore other opportunities and share data to make improvements.

Appendix two

Estates and Facilities additional achievements at MKUH:

Scheme name	Description	ESTIMATED Carbon savings kg CO2e	% of completion	EXPECTED Financial saving	Past or next 12 months
Salix 3b Decarbonisation	Double Glazed Windows to Phase 2	103,493	99	£98,074.40	Past 12 months
	7 x New Air Handling Units.	73,497	100	£66,750.52	Past 12 months
Salix 3b Decarbonisation	Steam generation switching from Gas to electrically heated at point-of-use for Sterile Services.	597,795	95	£62,176.00	Next 12 months – The Steam Generator switch off is imminent
Salix 3c Decarbonisation	Decommissioning of 2 x Combined Heat & Power Plant (CHP)	858,391	80	-£297,000.00 (additional cost)	Last 12 months
LED Lighting	Replacement of Traditional lighting (CFL and Fluorescent) with LED	613,200Kw saved annually - due to our low carbon electricity contract this does not attract carbon savings	100	£171,696	Past 12 months
LED Lighting	Replacement of Traditional lighting (CFL and Fluorescent) with LED	2,400,000 Kw will be saved annually - due to our low carbon electricity contract this does not attract carbon savings	5	£617,270	Next 12 months

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Appendix three

Procurement additional achievements:

Scheme name and scope 1,2,3	Description	Carbon savings	% of completion	Financial saving	Past or next 12 months
Neptune fluid management system - scope 3	Removes use of single use canisters to manage waste fluid during urology cases	Reduced by 8,954kg per year	100%	£13,270	Past
Orthopaedic kit consignment spine, ACL, shoulder- scope 3	Reduce transport of kits in and out of trust and number of times kit requires sterilising	Uknown	100%	£37,100	Past
Theatre and procedure packs - Scope 3	Review contents to avoid waste where items are no longer needed. Reduce packaging waste through inclusion of routinely used items	Unknown	80%	TBA on completion	Mini competition in progress at present to award business.

Will complete in 25/26 |
| Circuits and masks maternity - scope 3 | Reduce waste by providing separate mask and circuit to ensure correct size rather than standard size that needs to be swapped | Unknown | 50% | £4,400 | Currently swapping over. Will be completed before 25/26 |
| Additional beds purchased | Owning escalation beds reduces transport in and out of trust | Unknown | 90% | £50,800 | Beds being delivered in March '25 so will be completed before 25/26 |

Meeting Title	Public Board	Date: 6 March 2025
Report Title	Planning Overview 2025/26	Agenda Item Number: 14
Lead Director	Jonathan Dunk - CFO	
Report Author	Daphne Thomas – Deputy CFO	

Introduction	This paper provides an overview of the planning guidance and timetable for the 2025/26 financial year and a summary of the key issues arising for the Trust from this guidance.
Key Messages to Note	The highlights are as follows: Financial • There is a general funding growth uplift of 4.37% inclusive of a Cost Uplift Factor (CUF) of 4.15% offset by 2% leading to a net tariff uplift of 2.15%; • The BLMK system had received additional convergence funding of circa £7m (in previous years this has been a reduction in funding); • The system ERF funding is capped and has been reduced by around 10%; • Agency costs targeted to reduce by at least 30% and bank by at least 15%; • Capital funding is a one-year settlement of circa £10bn. Performance targets The principal target for MKUH is to achieve 60% RTT although the A&E target remains under focus. Timeline • First iteration of the plan was submitted to BLMK on Monday 24 February at noon ahead of the BLMK system submission to the region on 27 February. This included financial, workforce and performance/activity submissions. • MKUH Board need to approve the MKUH plan before the final BLMK ICB Board meeting on 21 March to sign off the final system plan. Overall There is a significant tension between the activity and resources to deliver our key targets (most notably RTT) and the funding available to do this as a result of the capping of ERF activity income in 2025/26. This will necessitate difficult decisions around delivery of RTT and other performance targets as well as other decisions on the affordability of our current cost base.
Recommendation (Tick the relevant box(es))	For Information [x] For Approval [ ] For Assurance [ ]

Strategic Objectives Links (Please delete the objectives that are not relevant to the report)	1. Keeping you safe in our hospital 2. Improving your experience of care 3. Ensuring you get the most effective treatment 4. Giving you access to timely care 5. Working with partners in MK to improve everyone's health and care 6. Increasing access to clinical research and trials 7. Spending money well on the care you receive 8. Employ the best people to care for you 9. Expanding and improving your environment 10. Innovating and investing in the future of your hospital

Report History	n/a
Next Steps	Approval of financial, workforce and activity plan as part of the BLMK system submission on 27 March 2025.
Attachments	PowerPoint slides summarising the 2025/26 planning guidance highlights for MKUH Appendix 1: HFMA 2025/26 Planning Guidance overview (Supplementary Shelf)

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Annual Planning Update 2025-26

Update for Public Board
6 March 2025

Planning Guidance: overview of national priorities

The 2025/26 NHS Planning Guidance is summarised on this slide.

Fewer national priorities – 18 headline targets, down from 31 last year and 133 as recently as 2022/23

Milton Keynes University Hospital NHS
NHS Foundation Trust

National priorities for 2025/26

Reduce the time people wait for elective care
- Improve the percentage of patients waiting <18 weeks for treatment to 65% and for first appointment to 72% nationally, with every trust delivering a minimum 5% point improvement
- Reduce the proportion of people waiting >52 weeks for treatment to less than 1% of the total waiting list
- Improve performance against 62-day cancer standard to 75% and 28-day faster access standard to 80%

Improve A&E waiting times and ambulance response times
- Reach minimum of 78% patients admitted, discharged and transferred from ED within 4 hours
- Improve Category 2 ambulance response times to an average of 30 minutes across 2025/26
- Reduce avoidable ambulance conveyances and handover delays by delivering hospital handovers within 15 minutes and improving access to urgent care services at home or in the community
- Improve and standardise urgent care by using the principles of same day emergency care (SDEC)

Improve patients' access to general practice (GPs) and urgent dental care
- Improve patient experience of access to GPs as measured by the ONS Health Insights survey
- Improve access to urgent dental care, providing 700,000 additional urgent dental appointments
- Put in place action plans by June 2025 to improve contract oversight, commissioning and transformation for GPs to tackle unwarranted variation

Improve mental health and learning disability care
- Improve patient flow through mental health crisis and acute pathways, reducing average length of stay in adult acute mental health beds
- Improve access to children and young people's (CYP) mental health services to achieve the national ambition of 345,000 additional CYP aged 0-25 receiving support compared to 2019
- Reduce reliance on mental health inpatient care for people with learning disabilities and autism, delivering a minimum 10% reduction

Key actions for delivery

Live within our means
- Deliver a balanced system financial position
- Reduce spend on temporary staffing and support functions (incl. 30% reduction on agency; 10% reduction on bank spend)
- Improve procurement, contract management and prescribing
- Drive improvements in operational and clinical productivity, including stopping lower-value activity

Digital transformation
- Make full use of digital tools to drive the shift from analogue to digital
- Providers proactively offering NHS App-first communications to patients
- GPs enabling all core NHS App capabilities
- Systems adhering to the 'Federated Data Platform (FDP) First' policy
- Systems completing planned EPR system procurements and upgrades

Key targets: RTT target of 60% for MKUH

	RTT								
	% within 18 weeks			% over 52 weeks			% within 18 weeks for first		
	Actual Nov 24	Target	Variance	Actual Nov 24	Target	Variance	Actual Nov 24	Target	Variance
EAST OF ENGLAND REGION	55.1%	60.0%	4.9%	4.0%		-3.0%	59.2%	67.0%	7.8%
BLMK	51.6%	60.0%	8.4%	4.1%		-3.1%	54.2%	67.0%	12.8%
C&P	56.2%	61.2%	5.0%	3.5%		-2.5%	58.6%	67.0%	8.4%
HWE	56.5%	61.5%	5.0%	2.9%		-1.9%	60.6%	67.0%	6.4%
MSE	54.9%	60.0%	5.1%	4.9%		-3.9%	56.4%	67.0%	10.6%
N&W	54.5%	60.0%	5.5%	4.8%		-3.8%	59.9%	67.0%	7.1%
SNEE	56.8%	61.8%	5.0%	3.7%		-2.7%	65.5%	70.5%	5.0%
Bedfordshire Hospitals	51.8%	60.0%	8.2%	3.3%		-2.3%	56.2%	67.0%	10.8%
Milton Keynes University Hospital	43.8%	60.0%	16.2%	6.9%		-5.9%	47.7%	67.0%	19.3%
Cambridge University Hospitals	59.1%	64.1%	5.0%	3.1%		-2.1%	63.6%	68.6%	5.0%
North West Anglia	52.3%	60.0%	7.7%	4.3%	1.0%	-3.3%	53.5%	67.0%	13.5%
Royal Papworth Hospital	64.5%	69.5%	5.0%	0.8%		0.2%	77.4%	82.4%	5.0%
East and North Hertfordshire	59.2%	64.2%	5.0%	2.2%		-1.2%	72.7%	77.7%	5.0%
The Princess Alexandra Hospital	41.8%	60.0%	18.2%	5.8%		-4.8%	47.7%	67.0%	19.3%
West Hertfordshire Teaching Hospitals	60.5%	65.5%	5.0%	1.5%		-0.5%	68.4%	73.4%	5.0%
Mid and South Essex	52.8%	60.0%	7.2%	5.5%		-4.5%	56.4%	67.0%	10.6%
James Paget University Hospitals	55.1%	60.1%	5.0%	4.8%		-3.8%	64.4%	69.4%	5.0%
Norfolk and Norwich University Hospitals	52.2%	60.0%	7.8%	5.7%		-4.7%	58.0%	67.0%	9.0%
The Queen Elizabeth Hospital, King's Lynn	57.9%	62.9%	5.0%	2.3%		-1.3%	61.0%	67.0%	6.0%
East Suffolk and North Essex	55.1%	60.1%	5.0%	3.6%		-2.6%	62.2%	67.2%	5.0%
West Suffolk	58.6%	63.6%	5.0%	4.1%		-3.1%	73.9%	78.9%	5.0%

Key performance targets: A&E position

	A&E					AMBULANCE		
	4 hour perormance			12 hour performance		Cat 2 mean		
	YTD Apr-Dec	Target	Variance	YTD Apr-Dec	Target	YTD Apr-Dec	Target	Variance
EAST OF ENGLAND REGION	72.9%		5.1%	9.0%		00:44:46		00:14:46
BLMK	75.8%		2.2%	5.5%		00:44:31		00:14:31
C&P	68.2%		9.8%	11.7%		00:43:08		00:13:08
HWE	73.2%		4.8%	10.0%		00:53:21	00:30:00	00:23:21
MSE	72.2%		5.8%	8.9%		00:41:41		00:11:41
N&W	74.7%		3.3%	7.3%		00:42:28		00:12:28
SNEE	72.9%		5.1%	10.7%		00:41:41		00:11:41
Bedfordshire Hospitals	74.5%		3.5%	5.5%				
Milton Keynes University Hospital	73.1%		4.9%	5.6%				
Cambridge University Hospitals	68.2%		9.8%	12.2%	Improve on this year			
North West Anglia	68.1%	78.0%	9.9%	11.4%				
Royal Papworth Hospital	n/a		n/a	n/a				
East and North Hertfordshire	69.5%		8.5%	12.1%				
The Princess Alexandra Hospital	60.8%		17.2%	11.2%				
West Hertfordshire Teaching Hospitals	80.1%		-2.1%	6.3%				
Mid and South Essex	72.2%		5.8%	8.9%				
James Paget University Hospitals	65.2%		12.8%	8.7%				
Norfolk and Norwich University Hospitals	81.1%		-3.1%	4.2%				
The Queen Elizabeth Hospital, King's Lynn	68.1%		9.9%	11.6%				
East Suffolk and North Essex	74.7%		3.3%	10.6%				
West Suffolk	66.8%		11.2%	10.8%				

Financial Highlights

Key Points

Allocation Growth

Base growth has been set at **4.37%** which includes:

- The cost uplift factor (CUF) for 2025/26 of 4.15%, including a 2.8% headline pay assumption and the impact of other pay-related cost pressures on NHS services. The general efficiency requirement of 2.0% this the net tariff uplift is 2.15%. Applying this to our current baseline would generate **£11-12m** of extra income.
- It is not clear whether the overall growth factor will be applied to all commissioner contracts.

ERF

ERF for the system has been **reduced** from a ceiling of £48.7m in 2024/25 to £42m – a reduction of around 10%. If applied, this would restrict the affordability of delivering the RTT target of 60%.

Convergence

A convergence adjustment applied to an ICB depends on its distance from the target allocation.. The ICB convergence adjustment in 2025/26 is +0.42% worth approximately £7.4m. The allocation of this has not been determined at this time.

Community Diagnostic Centres

Where there are existing CDC schemes in place, ICBs will be allocated revenue funding for establishing and delivering activity in 2025/26, based on plans agreed with NHSE. This funding will be fixed and included in allocations, meaning it will not be updated in-year or subject to a ringfence. The MKUH allocation is **£10.5m** for both our CDC's reflecting our submitted plans.

Reducing temporary staffing spending

A new joint statutory duty for ICBs and partner Trusts / FTs

- **Agency** expenditure limits for 2025/26 will be set to require all systems to reduce their agency spending by **30% minimum** based on current spending (month 8 2024/25 forecast outturn) across all trusts financially apportioned to the system.
- **Bank** expenditure limits for 2025/26, aiming for systems to reduce current (month 8 2024/25 forecast outturn) bank spending by **at least 15%.**

Contracts

Fully populated contracts are put in place covering at least the full financial year of 2025/26 and in advance of 8 May 2025. Usual escalation processes and arbitration in place.

Productivity: opportunities identified by NHSE

Milton Keynes University Hospital **NHS**
NHS Foundation Trust

Summary of opportunities at:
Milton Keynes University Hospital NHS Foundation Trust

Clinical and operational productivity opportunity

Total of £11.2m of which 50% (5.6m) to be cash releasing

- NEL Overnight: £6.4m (1)
- A&E/SDEC: £1.2m (2)
- Elective: £1.3m (3)
- Outpatient: £1.1m (4)
- Other acute activity: £1.1m (5)

Efficiency opportunity

Total of £10.1m of which 50% (£5m) to be cash releasing

- Temporary staff: £6.4m (6)
- Corporate services: £1.8m (7)
- Medicines: £0.8m (8)
- Commercial: £1.2m (9)

These opportunity areas are not exhaustive of all opportunities available to providers and systems. Systems and providers should also consider other local opportunities that are not assessed nationally, such as local non-recurrent opportunities, other non-pay cost reduction, further estate opportunities, productivity opportunity in other acute activity category including diagnostics, critical care, rehab, reducing unnecessary or low value activity, income generation, among others.

7

We will need to align our savings plans with these findings

Capital overview

£4.9bn	£1.1bn	£4.1bn
System level allocation to cover day-to-day operational investments. Also referred to as 'NHS operational capital'.	**Previously committed funds** for the new hospital programme, hospital upgrades and the RAAC programme.	**Other national capital programme investments,** for instance on elective recovery, diagnostics, urgent and emergency care, estates safety, technology, primary care and net zero.

Key Points

- The capital funding is a 1 year settlement and the total allocation across England is £10.1bn as per the above table.

System level allocation
- This includes IFRS16 expenditure. Systems will need to manage their IFRS 16 expenditure alongside their other capital expenditure, making decisions about how best to use their total allocation.
- There is a bonus incentive similar to 2024/25. This means that systems achieving their plan limits will receive a capital bonus, and those that fall significantly under will receive a capital deduction. The maximum reduction is 10% of a system's core capital allocation.
- NHS England will accept systems or regions over-programming by up to 5% of their operational capital allocation, so long as there is a clear plan that allows elements to be scaled back if necessary.
- Any overspends against the final 2025/26 allocations will be deducted from the 2026/27 capital allocations. This includes the effect of IFRS 16.

Other national capital programme Investments
- Included in there are **£750m for estates safety, £1.35bn** for investments aimed at **improving NHS performance against constitutional** standards on diagnostics, elective recovery, urgent and emergency care and cancer (with a further £0.3bn allocated directly to trusts), **£102m** to support improvements in the **primary care estate** and **£75m** to reduce out of area placements for **mental health**..

Headline Planning Update: timetable

Milton Keynes University Hospital **NHS**
NHS Foundation Trust

Date	Milestone
w/c 20 January	Planning approach and supporting information shared including this pack and productivity / efficiency benchmarking data
28 January	Publication of 2025/26 priorities and planning guidance and linked documents and information including: • Allocations and supporting guidance • NHS financial framework (business rules), revenue finance and capital guidance documents • BCF framework and planning requirements • Plan submission guidance • NHS Standard Contract 2025/26 consultation • Neighbourhood health guidelines
w/c 3 February	NHS Payment Scheme 2025/26 consultation
3 – 14th February	Planning support meeting with selected systems
27th February	Headline plan submission to regional planning mailboxes by 12 noon (see 'Submission requirements' section for details)
10th – 14th March	Plan review meetings with system leaders
17th – 24th March	Boards sign off plans and board assurance statements ahead of submission to NHS England
27th March	Full plan submission (see 'Submission requirements' section for further information and separate Submission guidance for full details)
7th – 18th April	Board to Board meetings
24th April	Deadline for agreed plan updates (by exception only)
9th May	Compacts between systems and NHS England agreed and signed
30 May	Deadline for agreement and signing of contracts

MKUH submit to BLMK by **24 February** ahead of BLMK system submission on **27 February.**

ICB Board to meet on **21 March** to sign off final Plan for BLMK. MKUH Board need to sign-off before this meeting

Meeting Title	Trust Board in Public	Date: 6 March 2025
Report Title	Workforce Report	Agenda Item Number: 15
Lead Director	*Catherine Wills, Chief People Officer*	
Report Author	*Louise Clayton, Deputy Chief People Officer*	

Introduction	*Standing Agenda Item* *This report provides a summary of workforce Key Performance Indicators for the previous 12 months up to 31 January (M10) 2024/25 and relevant Workforce and Organisational Development updates*
Key Messages to Note	*Points to note in the report for the members of the Board:* • *Temporary Staffing spend and usage has reduced over these last 12 months from 13.4% of the pay bill to 11.3%. This remains an area of focus as we continue to seek to reduce temporary solutions and work towards a more sustainable and stable workforce, balanced against operational need in response to escalation and reducing waiting lists.* • *Absence is at 4.9% for and in-month for January is 5.6% - linked to higher levels of Flu, Cough and Cold in the population in general and within the workforce. Proactive campaigns for vaccination continue in an attempt to alleviate the impact of this.*

Recommendation *(Tick the relevant box(es))*	For Information	√	For Approval		For Assurance	

Strategic Objectives Links *(Please delete the objectives that are not relevant to the report)*	8. *Employ and retain the best people to care for you*

Report History	*This is the first version of this report*
Next Steps	*This report shall be considered by JCNC and TEC*
Appendices/Attachments	*None*

1. Purpose of the report

1.1. This report provides a summary of workforce Key Performance Indicators as at 31 January 2025 (Month 10), covering the preceding 13 months.

2. Summary of Key Performance Indicators (KPIs) and Compliance

Indicator	Measure	Target	01/2024	02/2024	03/2024	04/2024	05/2024	06/2024	07/2024	08/2024	09/2024	10/2024	11/2024	12/2024	01/2025
Staff in post *(as at report date)*	Actual WTE		3834.9	3850.3	3869.1	3861.1	3880.6	3879.2	3913.0	3873.3	3875.2	3885.2	3909.6	3924.3	**3935.0**
	Headcount		4368	4381	4402	4392	4415	4412	4449	4408	4406	4414	4439	4454	**4466**
Establishment *(as per ESR)*	WTE		4012.1	4008.1	4018.1	4109.9	4144.0	4156.7	4162.7	4159.1	4170.8	4187.0	4196.1	4199.2	**4207.9**
	%, Vacancy Rate - Trust Total	10.0%	4.4%	3.9%	3.7%	6.1%	6.4%	6.7%	6.0%	6.9%	7.1%	7.2%	6.8%	6.5%	**6.5%**
	%, Vacancy Rate - Add Prof Scientific and Technical		18.6%	17.7%	16.1%	19.9%	21.4%	22.2%	23.0%	23.8%	23.8%	23.9%	23.5%	25.6%	**23.0%**
	%, Vacancy Rate - Additional Clinical Services *(Includes HCAs)*		16.0%	15.3%	15.3%	16.3%	15.5%	14.7%	14.4%	16.7%	19.1%	18.8%	18.4%	16.6%	**16.6%**
	%, Vacancy Rate - Administrative and Clerical		1.5%	1.6%	1.4%	2.9%	2.9%	3.1%	2.8%	4.5%	3.9%	3.3%	3.6%	4.2%	**4.5%**
	%, Vacancy Rate - Allied Health Professionals		15.3%	13.1%	12.1%	11.6%	17.0%	18.6%	18.0%	16.0%	14.9%	16.5%	15.0%	14.0%	**13.6%**
	%, Vacancy Rate - Estates and Ancillary		3.6%	3.8%	4.3%	9.2%	8.7%	8.2%	7.7%	6.6%	7.0%	7.9%	8.2%	8.5%	**7.5%**
	%, Vacancy Rate - Healthcare Scientists		-0.5%	0.2%	-0.9%	4.1%	5.2%	5.0%	2.6%	1.9%	1.6%	0.0%	1.1%	0.0%	**0.0%**
	%, Vacancy Rate - Medical and Dental		-1.8%	-1.0%	-1.3%	1.4%	2.1%	3.0%	-0.5%	1.2%	1.6%	0.9%	0.3%	0.2%	**0.4%**
	%, Vacancy Rate - Nursing and Midwifery Registered		-0.8%	-2.0%	-2.2%	0.9%	0.8%	1.5%	1.5%	2.0%	1.7%	2.4%	1.6%	1.5%	**1.6%**
Staff Costs (12 months) *(as per finance data)*	%, Temp Staff Cost (%, £)		12.4%	12.2%	12.2%	11.9%	11.7%	11.7%	11.7%	11.8%	11.8%	11.6%	11.5%	11.4%	**11.3%**
	%, Temp Staff Usage (%, WTE)		12.6%	12.4%	12.2%	12.2%	12.0%	11.9%	11.9%	11.8%	11.8%	11.7%	11.6%	11.5%	**11.4%**
Absence (12 months)	%, 12 month Absence Rate	5.0%	4.7%	4.7%	4.7%	4.8%	4.8%	4.8%	4.8%	4.9%	4.9%	4.9%	4.9%	**4.9%**	*4.9%*
	- %, 12 month Absence Rate - Long Term		2.6%	2.5%	2.6%	2.6%	2.6%	2.6%	2.6%	2.6%	2.7%	2.6%	2.6%	**2.6%**	*2.6%*
	- %, 12 month Absence Rate - Short Term		2.2%	2.2%	2.1%	2.2%	2.2%	2.2%	2.3%	2.3%	2.2%	2.3%	2.3%	**2.3%**	*2.3%*
	%, In month Absence Rate - Total		5.6%	5.0%	4.5%	4.8%	4.4%	4.3%	4.9%	4.9%	4.8%	5.1%	5.2%	**5.6%**	*5.6%*
	- %, In month Absence Rate - Long Term		3.0%	2.8%	2.7%	2.4%	2.4%	2.4%	2.7%	2.8%	2.7%	2.5%	2.9%	**2.8%**	*2.9%*
	- %, In month Absence Rate - Short Term		2.6%	2.2%	1.8%	2.4%	2.0%	2.0%	2.2%	2.1%	2.1%	2.6%	2.3%	**2.8%**	*2.7%*
Starters, Leavers and T/O rate (12 months)	WTE, Starters (In-month)		48.0	37.0	40.4	31.8	43.8	43.0	36.1	25.4	26.5	31.8	46.3	36.3	**37.0**
	Headcount, Starters (In-month)		53	41	47	36	51	49	45	28	29	37	50	40	**45**
	WTE, Leavers (In-month)		41.0	29.8	31.1	43.2	34.5	39.3	36.0	55.1	39.5	29.9	27.5	24.0	**34.7**
	Headcount, Leavers (In-month)		47	36	39	52	39	49	41	64	51	35	32	32	**43**
	%, Leaver Turnover Rate (12 months)	12.5%	12.8%	13.0%	12.6%	13.2%	13.1%	13.1%	12.5%	13.3%	13.1%	13.3%	13.1%	12.9%	**12.7%**
Statutory/Mandatory Training	%, Compliance	90.0%	95%	94%	94%	95%	96%	95%	94%	95%	95%	95%	95%	95%	**95%**
	Moving and Handling - Level 1 - 3 Years					94.0%	94.0%	94.0%	93.0%	93.0%	93.0%	93.0%	93.0%	92.0%	**92.0%**
	Moving and Handling - Level 2 - 3 Years					94.0%	94.0%	94.0%	94.0%	94.0%	93.0%	92.0%	92.0%	93.0%	**92.0%**
Appraisals	%, Compliance	90%	90%	91%	92%	92%	92%	91%	91%	90%	93%	93%	94%	92%	**92%**
Time to Hire (days)	General Recruitment	35	48	44	43	49	54	48	44	51	51	42	43	46	**51**
	Medical Recruitment (excl Deanery)	35	62	69	52	79	76	51	54	68	86	65	40	36	**56**
Employee relations	Number of open disciplinary cases		22	21	19	16	20	12	18	12	17	18	18	15	**18**
Number of payroll payments to all staff *(inc. Doctors in Training)* **for all payrolls processed.**	*Number of Overpayments in monthly period*							10	19	27	30	11	41	39	**33**
	Number of Underpayments in monthly period							177	181	70	81	23	37	144	**58**
	Percentage of Payroll errors							4.2%	4.4%	2.1%	2.4%	0.7%	1.7%	4.1%	2.0%

Chief Executive: Joe Harrison CBE
Chair: Heidi Travis OBE

2.1. **Temporary staffing usage** and cost has **reduced** slightly and is now the lowest it has been for 13 months. Areas with high bank usage remain under review. Changes to rostering practices to include unpaid breaks for all shifts over 6 hours, reversion to TOIL for extra time worked up to an hour per day for admin staff, and greater oversight and scrutiny of approving shifts to send to bank, have all had a positive impact on this. Governance arrangements for embedding these changes to practice are currently under review.

2.2. The Trust's **headcount has increased in month** and there are now 4466 employees in post. The **vacancy rate** remains as 6.5% with Additional Professional Scientific and Technical and Additional Clinical Services staff groups remaining high. Open days for general recruitment as well as Healthcare Assistants .

2.3. **Staff absence remains at 4.9%** for the 12-month period and 5.6% in month. Flu has had a significant impact on staff absence and the Trust continues with the flu vaccination campaign.

2.4. **Staff turnover has reduced to 12.7%.** Retention projects in areas of high turnover continue and the HRBPs are carrying out bespoke pieces of work where turnover is high. Healthcare Assistants remain an area of focus for improved retention and as the re-banding process has now completed, it is anticipated that attrition rates will improve for this staff group.

2.5. **Time to hire is at 51 days** with delays in several areas of the process. The manageable delays in processes are being reviewed to close the timeline where possible. The recruitment team have been aligned to Divisions to provide a more consistent support to Divisions.

2.6. The number of **open disciplinary cases** is now at 18. A detailed Employee Relations case report is produced monthly to JCNC.

2.7. **Statutory and mandatory training** compliance is at 95% and **appraisal** compliance is at 92%.

2.8. **Pay impacting errors in M10 have improved** now that the majority of re-bandings have completed.   Work is ongoing to use explore automation solutions to improve pay impacting errors.

3. Continuous Improvement, Transformation and Innovation

3.1. The team are currently drafting a **Personal Relationships at Work Policy** as part of the cultural improvement work. This policy will put a framework around declaring relationships at work and management arrangements and decision-making where there is a conflict of interest due to a personal relationship. Consultation will commence in M12.

3.2. The **Temporary Staffing Group** has made significant improvement in refining policies to ensure bank and agency are only used when it is safety critical or related to a particular performance/activity. In line with the NHSE Operational Workforce Planning Guidance, there will need to be further improvements in bank and agency spend for 2025/26. Divisions will therefore need to scrutinise their bank and agency spend going forwards in order to meet reduction targets. Support will be given by HR and the Transformation Team.

Chief Executive: Joe Harrison CBE
Chair: Heidi Travis OBE

4. Culture and Staff Engagement

4.1. The **Culture Programme** of work continues. The Chief People Officer is going to be working with the networks to review Inclusion Leadership Council with a view to redeveloping the agenda and giving it a stronger voice up to Board.

5. Current Affairs & Hot Topics

5.1. **Staff Survey results** are being released on 13th March. Engagement events and action plans will be developed from this date onwards to fully review the outcomes, share with staff, and develop improvements to department level.

5.2. **National Apprenticeship Week** was held in M11 with a variety of events to publicise the multiple development opportunities available. This was also an opportunity to launch the new digital apprenticeships across the organisation through provider Multiverse. These apprenticeships support improving efficiency through technology and will help departments identify digital improvements in their services.

6. Recommendations

6.1. Members are asked to note the report.

Meeting Title	Trust Board in Public	Date: 6 March 2025
Report Title	Corporate Risk Register	Agenda Item Number: 16
Lead Director	*Kate Jarman, Chief Corporate Services Officer*	
Report Author	*Paul Ewers, Senior Risk Manager*	

Introduction	The report provides an analysis of all risks on the Risk Register, as of 25th February 2025.
Key Messages to Note	Please take note of the trends and information provided in the report. **Risk Appetite:** This is defined as the amount of risk the Trust is willing to take in pursuit of its objectives. The risk appetite will depend on the category (type) of risk. *(see table below)* **Note:** The Risk Appetite statements are currently under review.

Category	Appetite	Definition
Financial	Open	Willing to consider potential delivery options and choose while also providing and acceptable level of reward and value for money
Compliance/ Regulatory	Cautious	Preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward
Strategic	Seek	Eager to be innovative and to choose options offering potentially higher business rewards despite greater inherent risk
Operational	Minimal/ As low as reasonably practicable	Preference for ultrasafe delivery options that have a low degree of inherent risk and only for limited reward potential
Reputational	Open	Willing to consider potential delivery options and choose while also providing and acceptable level of reward and value for money
Hazard	Avoid	Preference to avoid delivery options that represent a risk to the safety of patients, staff, and member of the public

Recommendation	For Information ☐	For Approval ☐	For Review ☑

Strategic Objectives Links	*Objective 1: Keeping you safe in our hospital* *Objective 2: Improving your experience of care* *Objective 3: Ensuring you get the most effective treatment* *Objective 4: Giving you access to timely care* *Objective 7: Spending money well on the care you receive* *Objective 8: Employ the best people to care for you* *Objective 10: Innovating and investing in the future of your hospital*

Report History	The Risk Report is an ongoing agenda item
Next Steps	

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 CBE
Chair: Heidi Travis OBE

Appendices/Attachments	The following items can be found under item 11 in the supplementary shelf: • Appendix 1: Corporate Risk Register • Appendix 2: Significant Risk Register

Risk Management Dashboard (Radar):
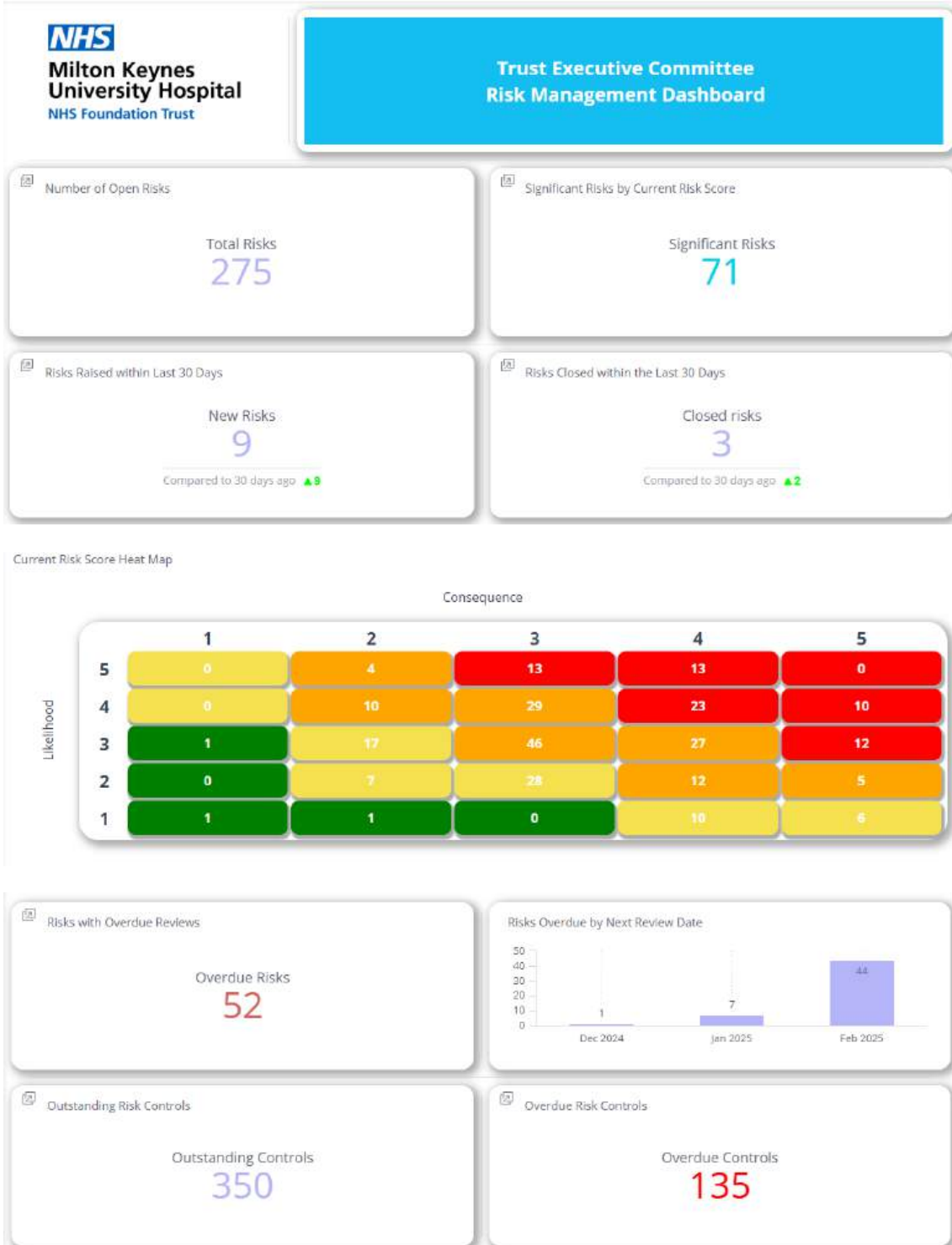
Exception Reporting:

The above dashboard provides a summary of the key metrics to provide assurance that the risk management process is working as intended.

The key highlights are as follows:

1. There has been a slight increase in the total number of risks (n=267).

   Note: There are an additional 8 risks added to Radar which are part of testing using Radar to record and manage BAF risks. Therefore, the dashboard is showing 275 risks.

2. Just over a quarter of the risk identified (71) are currently graded as significant. The heat map shows that around half of the risks are graded as moderate harm. Around three quarters of the risks identified are either moderate or significant risks to the Trust objectives – therefore highlighting the importance of these being effectively managed.

3. There are currently 52 risks (19%) that are overdue their review date. This is **a decrease of 4** from the previous report.

4. 5 of the overdue risks are more than 1 month overdue

Reference	Risk Owner	CSU	Days Overdue
RSK-033	Aiden Ralph	Clinical Support Services	67
RSK-493	Bernadette Ahmed	Communications	46
RSK-274	Paul Sherratt	Estates	37
RSK-301	Darren Grace	Estates	37
RSK-435	Thozama Cele	Imaging	33

5. There are 350 controls that have been identified and are in progress. This shows that when risks are identified, controls are being identified to mitigate the risk. However, of these 135 are past their expected implementation date. This is **an increase of 9**.

Risks Escalated by Division/Corporate Department:

No risks have been identified as requiring escalation onto the Corporate Risk Register this month.

Recommendations:

1. Considering the increasing number of risks overdue their review date it is recommended that the Divisions/Corporate Departments put plans in place to ensure that all overdue risks to be updated by 31 March 2025.

2. Divisions/Corporate Departments to ensure that controls are reviewed and updated as part of reviewing each risk. It is recommended that all controls are updated and either closed or their due dates extended by 31st March 2025.

| Meeting Title	Trust Board in Public	Date: 6 March 2025
Report Title	Board Assurance Framework	Agenda Item Number: 17
Lead Director	Kate Jarman, Chief Corporate Services Officer	
Report Author	Paul Ewers, Senior Risk Manager	

Introduction	This report is to provide assurance that the Board Assurance Framework (BAF) is being effectively managed.
Key Messages to Note	The 'Insufficient Staff Levels' strategic risk (SR9) has been split into two separate risks; SR10 Inability to recruit to 'hard to recruit' roles; SR11 Inability to retain staff. Two new strategic risks are in the process of being added to the BAF; SR12 Insufficient or Poor Data Quality; SR13 Cyber Security. A risk around widening health inequality was discussed at Quality Clinical & Risk Committee and have recommended further discussion at Board. The Trust Risk Appetite Statement was discussed at the BAF Board Seminar in February 2025 and amendments to the Trust Risk Appetite were made.
Recommendation	For Information ☐ For Approval ☒ For Assurance ☒

Strategic Objectives Links	1. Keeping you safe in our hospital 2. Improving your experience of care 3. Ensuring you get the most effective treatment 4. Giving you access to timely care 5. Working with partners in MK to improve everyone's health and care 6. Increasing access to clinical research and trials 7. Spending money well on the care you receive 8. Employ the best people to care for you 9. Expanding and improving your environment 10. Innovating and investing in the future of your hospital

Report History	Regular Committee cycle
Next Steps	N/A
Appendices/Attachments	N/A

BAF Dashboard:

	Strategic Risk	Executive Lead	Inherent Risk (level of risk without controls)	Current Risk												Target Risk (level of risk deemed tolerable)	Risk Appetite	Treatment Strategy	Assurance Rating
				Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb				
2	Insufficient capital funding to meet the needs of population we serve	Chief Financial Officer	25	20	20	20	20	20	20	20	20	20	20	20	20	10	Avoid	Treat	Negative Assurance
3	If the future NHS funding regime is not sufficient to cover the costs of the Trust, then the Trust will be unable to meet its financial performance obligations or achieve financial sustainability.	Chief Financial Officer	20	20	20	20	20	20	20	20	20	20	20	20	20	8	Cautious	Treat	Negative Assurance
4	Patients experience poor care or avoidable harm due to delays in planned care	Chief Operating Officer – Planned Care	25		20	20	20	20	20	20	20	20	20	20	20	10	Avoid	Treat	Inconclusive Assurance
5	Patients experience poor care or avoidable harm due to inability to manage emergency demand.	Chief Operating Officer – Unplanned Care	25		20	20	20	20	20	20	20	20				10	Avoid	Treat	Positive Assurance
6	System inability to provide adequate social care and mental health capacity.	Chief Operating Officer – Unplanned Care	20		20	20	20	20	20	20	20	20				8	Avoid	Treat	Inconclusive Assurance
8	If the pathway for patients requiring head and neck cancer services is not improved, then users of MKUH services will continue to face disjointed care, leading to unacceptably long delays for treatment and the risk of poor clinical outcomes	Chief Medical Officer	25	15	15	15	15	15	15	15	15	15	15	15		10	Avoid	Treat	Inconclusive Assurance
10	Insufficient staffing levels to maintain safety - Inability to recruit 'hard to recruit' roles	Chief People Officer	15	10	10	10	10	10	10	10	10	10	10	10	10	5	Avoid	Treat	Positive Assurance
11	Insufficient staffing levels to maintain safety - Inability to retain staff	Chief People Officer	15	10	10	10	10	10	10	10	10	10	10	10	10	5	Avoid	Treat	Positive Assurance

Longer-term Risks: Nine longer-term risks have been identified.

- Conflicting priorities between the ICS and providers
- Lack of availability of skilled staff
- Increasing turnover
- Lack of time to plan and implement long-term transformational change
- Long-term financial arrangements for the NHS
- Growing/ageing population
- A pandemic
- Continued industrial action resulting in significant disruption to service/ care provision
- Political instability and change

Risk Appetite Statement:

Following discussions at the BAF Board Seminar in February 2025, the following new Risk Appetite scores were proposed.

Finance:	Cautious
Compliance/Reg:	Cautious
Strategic:	Seek
Operational:	Cautious
Reputational:	Open
Hazard/Pt Safety:	Minimal (ALARP)

It was agreed that the Risk Appetite statement and its implementation would be discussed further at a future Board seminar.

Exception Reporting:

1. Strategic Risk 9 – Insufficient staffing levels to maintain safety – has been split into two separate, more specific risks:

   - SR10 - Insufficient staffing levels to maintain safety – Inability to recruit to 'hard to recruit' roles
   - SR11 - Insufficient staffing levels to maintain safety - Inability to retain staff

2. The following risk was discussed at Quality & Clinical Risk Committee and it was recognised that the risk would need to be appropriate worded so that it reflects what MKUH can influence/control. The Committee decided that this needs further discussion at Board:

   - Widening health inequalities

Recommendations:

1. The Trust Executive Committee are asked to review and discuss the Board Assurance Framework and have an awareness of the potential new risks being added to the BAF and those still under discussion.

2. That the new Risk Appetite statement and approved by the Board.

Meeting Title	**TRUST BOARD (PUBLIC)**	**Date: 6 March 2025**
Report Title	Charitable Funds Committee Report	**Agenda Item Number: 18**
Committee Chair	**Haider Husain**, Non- Executive Director & Chair of the Committee	
Report Author	**Oluwakemi Olayiwola**, Trust Secretary	

Introduction	The purpose of the report is to provide an update to the Trust Board on the activities of the Charitable Funds Committee since the Trust Board held in public on 9 January 2025 The committee had met on one occasion since the last update to the Board: 22 January 2025		
Key Messages to Note	The Trust Board is invited to NOTE the report.		
Recommendation *(Tick the relevant box(es))*	**For Information** ☐	**For Approval** ☐	**For Assurance** ☒ x

Strategic Objectives Links *(Please delete the objectives that are not relevant to the report)*	1. *Keeping you safe in our hospital* 2. *Improving your experience of care* 3. *Ensuring you get the most effective treatment* 4. *Giving you access to timely care* 5. *Working with partners in MK to improve everyone's health and care* 6. *Increasing access to clinical research and trials* 7. *Spending money well on the care you receive* 8. *Employ the best people to care for you* 9. *Expanding and improving your environment* 10. *Innovating and investing in the future of your hospital*

1. Committee Discussion and Decision

The committee had met on one occasion since the last update to the Board: 22 January 2025

The following decisions were made at the Charitable Funds Committee held on **22 January 2025**

The meeting was quorate and chaired by Haider Husain - NED

Agenda Item	**Decision Made**	**Comments**
Charitable Funds Report	The committee **noted** the Charitable Funds Report.	Discussions included the fundraising activities, income generated, and the installation of a new donation wall in the Neonatal Unit (NNU). The committee also discussed the departure of the

		Individual Giving Marketing Lead and the impact on future fundraising capacity.
Radiotherapy Wellbeing Appeal	The committee **approved** the move to close the Radiotherapy Wellbeing Appeal.	The facilitation of discussions with key stakeholders aimed to understand the use of funds and gain approval to close the appeal.
Finance Report	The committee **noted** the Finance Report.	Discussions included the cash position, income and expenditure, and the reallocation of restricted funds
Friends of MK – Future Partnership	The committee **noted** the Friends of MK Future Partnership conversation.	The potential effects on the MK Hospital charity were considered in the event that a partnership or amalgamation was suggested.
Arts for Health MK – Funding Position/Arts	The committee **noted** the conversation regarding the Arts for Health Funding Position.	Discussion included the funding position of Arts for Health MK and the sustainability and clarity for the proposed provision supplied

2. Assurance

The Chair and Non-Executive Directors were assured that:

- As noted in comments

3. Areas for escalation to the Board for further discussion or decision from the agenda item

The following were escalated from the committee to the Trust Board:

- The Impact on the Charity from the Removal of the Individual Giving Fundraising Lead role
- Friends of MK Charity

Recommendation

- The Board are invited to NOTE the report.

Meeting Title	**TRUST BOARD (PUBLIC)**	**Date: 6 March 2025**
Report Title	Finance & Investment Committee Assurance Report	**Agenda Item Number: 18**
Committee Chair	**Gary Marven,** Non- Executive Director & Chair of the Committee	
Report Author	**Oluwakemi Olayiwola,** Trust Secretary	

Introduction	The purpose of the report is to provide an update to the Trust Board on the activities of the Finance & Investment Committee since 9 January Board held in public. The committee had met on one occasion: on **24 February 2025**		
Key Messages to Note	The Trust Board is invited to NOTE the report		
Recommendation *(Tick the relevant box(es))*	**For Information** ☐	**For Approval** ☐	**For Assurance** [x]

Strategic Objectives Links *(Please delete the objectives that are not relevant to the report)*	1. *Spending money well on the care you receive* 2. *Employ the best people to care for you* 3. *Expanding and improving your environment* 4. *Innovating and investing in the future of your hospital*

1. Committee Discussions and Decisions

The Committee had met on one occasion since the last update to the Board on 9 January 2025: 24 February 2025

The following decisions were made at the meeting held on **24 February 2025**

Agenda Item	Decision Made	Comments
Financial Performance Report	The committee **noted** the Financial Performance Report and the financial position of the Trust as of 31 January 2025	Highlights included: • The Trust reported a £5.5m deficit by the end of January, which was £5.4m worse than planned, with a £1m in-month deficit. • Elective Recovery Fund (ERF) performance reached 141% above pre-Covid levels, resulting in £17.2m more income than expected. • Savings of £18.2m were achieved against a year-to-date target of £19.8m. • The adverse position was driven by pay award pressure and unfunded support for Referral to Treatment (RTT) premium costs. • Discussions were ongoing to secure external funding to cover half of the projected £8m deficit it was agreed that the board would be updated on progress within 2 weeks.

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 CBE
Chair: Heidi Travis OBE

Efficiency Report	The committee **noted** the Efficiency Report	• The forecasted outturn by Month 10 was £16.2m, with an additional £7.6m in schemes either delivered or planned. • The forecasted outturn was £23.8m, including £7.3m from ERF overperformance. • Schemes delivered amounted to £888k in procurement efficiencies, while £703k in divisional efficiencies were pending Quality Impact Assessment (QIA). • The performance of the core clinical department was discussed in depth and assurances received on plans to improve performance, to be closely monitored.
Capital Updates	The committee **noted** the Capital Update	The Trust's current Capital Departmental Expenditure Limit (CDEL) allocation had increased to £59.8m8. The Trust had received both CDEL and cash for various projects, including MRI funding, New Hospital Programme fees, and LED Lighting. The proposed solution involved transferring £3 million of CDEL from MKUH to Bedfordshire Hospital in 2024/25, with a reversal in FY2025/26 The committee discussed the need to re-vamp how capital projects are reporting to get a much more effective handle on progress. This was assessed as particularly relevant given NHP. It also led to a discussion around the correct forum to adequately scrutinise these large capital projects and again a recommendation would be brought back and discussed at Exec.
Integrated Performance Report	The committee **noted** the report	The report highlighted the inpatient occupancy for January 2025. There were no further comments.
Post Project Evaluation Report: Maple Centre	The committee **noted** the report	It was agreed to re-submit this report with appropriate empirical evidence supporting its conclusions. It was agreed the format of a post project review should be agreed when the business case is signed off.
NHP Financial Overview	The committee **noted** the NHP Financial Overview update report	It was noted that the budget for the NHP redevelopment project was £335,951,799 against a forecasted cost of £355,402, 61129.The forecast included £10,000,000 in early warnings/opportunities.

Planning and draft income and expenditure report 25/26		The financial planning assumptions and clinical delivery targets are extremely tasking and require a separate board session to discuss in detail and to understand what trade offs we may need to contemplate.

2. Assurance

The Chair and Non-Executive Directors were assured that:

- As noted in comments

3. Areas for escalation to the Board for further discussion or decision from the agenda item

The following items have been recommended to be escalated to the Trust Board for further discussions and approvals:

- Contract for the provision of a Managed Service for Glucose and Ketone Testing including Point of Care Testing (POCT) Meters and Test Strips.
- Amendment of an existing contract with Beckman Coulter to include FIT and Calprotectin Testing.
- Contract for the provision of security officers by Chase Services Group Ltd.
- Renewal of contract with 4Ways Healthcare Ltd for the Trust's Teleradiology reporting services for a period of 2 years from 01 March 2025 to 28 February 2027 with the option to extend by a further 12 months to 29 February 2028.
- Finance Planning 2025/26.

5. Recommendation

The Board are invited to note the Finance Committee Assurance report.

Meeting Title	TRUST BOARD (PUBLIC)	Date: 6 March 2025
Report Title	Workforce & Development Assurance Committee Report	Agenda Item Number: 18
Committee Chair	**Haider Husain**, Non- Executive Director & Chair of the Committee	
Report Author	**Timi Achom**, Assistant Trust Secretary	

| Introduction | The purpose of the report is to provide an update to the Trust Board on the activities of the Workforce and Development Committee since the Trust Board held in public on 9 January 2025

The committee had met on one occasion on 27 February 2025 |
|---|---|
| Key Messages to Note | The Trust Board is invited to NOTE the report. |

Recommendation *(Tick the relevant box(es))*	For Information ☐	For Approval ☐	For Assurance ☒

Strategic Objectives Links *(Please delete the objectives that are not relevant to the report)*	1. *Keeping you safe in our hospital* 2. *Improving your experience of care* 3. *Ensuring you get the most effective treatment* 4. *Giving you access to timely care* 5. *Working with partners in MK to improve everyone's health and care* 6. *Increasing access to clinical research and trials* 7. *Spending money well on the care you receive* 8. *Employ the best people to care for you* 9. *Expanding and improving your environment* 10. *Innovating and investing in the future of your hospital*

1.   Committee Discussion and Decision

The committee had met on 27 February 2025

The following decisions were made at the Workforce and Development Committee held on **27 February 2025**

The meeting was quorate and chaired by Haider Husain - NED

Agenda Item	Decision Made	Comments
Terms of Reference and Move to People and Culture Committee	The committee:

i. **approved** the changes to the Terms of Reference and | The committee agreed the need align the agenda and Terms of Reference (ToR) with the Trust's focus on people-oriented culture and in order to achieve this, it was necessary to reflect those changes in its ToR. |

	recommended for the approval of the Board ii. **approved** the change of the committee name to 'People & Culture Committee' subject to the approval of Trust the Board.	The committee also agreed the need to expand the membership of the committee to include the Chief Nursing Officer being the guardian of Safe Staffing at the Trust. Feedback from member on membership and quorum requirements were recommended for inclusion in advance of presentation to Board for approval.
Workforce Board Assurance Framework and Risk Register	The committee **noted** the Workforce Board Assurance Framework and Risk Register.	Discussions covered inherent, current, and target risk levels. Questions were raised about gaps in control, particularly regarding the monitoring of divisional leavers processes and timely recruitment. Governance measures to address these gaps were explained. Concerns were also raised about risk status consistency, with clarification provided on the ongoing nature of monitoring and mitigation efforts.
Inclusion Programme	The committee **noted** the Inclusion Programme Report	An update on the inclusion program was provided, highlighting key steps taken, including the identification of quick wins and engagement with leadership groups. Future plans were outlined, focusing on the recruitment of an inclusion lead, wider network engagement, and the development of a positive action plan. Leadership engagement was emphasised, ensuring collaborative ownership and support for the program across all levels of the organisation.
Freedom to Speak Up Report	The committee **noted** the Freedom to Speak Up Report.	The report highlighted a rise in concerns raised and a decrease in anonymous reports, indicating increased trust in the process. Key concerns centred on perceived fairness in systems and processes, as well as a lack of managerial support, particularly regarding disabilities and long-term illnesses. An increase in reports of nepotism, cliques, and favouritism was noted, aligning with previous cultural findings and being addressed through policy and process improvements. The committee were advised of the exit of the FTSU lead and progress made with recruiting a replacement.
Workforce Strategy	The committee **noted** the Workforce Strategy.	Updates on the workforce strategy were presented, focusing on values-based recruitment, targeted recruitment campaigns, and reporting improvements. Challenges and risks to delivery

		were discussed, including occupational health capacity issues, key role vacancies, and the need for better system integration. The implementation of values-based recruitment was highlighted, showing positive impacts on vacancy rates and staff retention. Targeted recruitment efforts, including local and international campaigns, were noted for their success in filling hard-to-recruit roles and reducing agency reliance.
Safe Staffing Report	The committee **noted** the Safe Staffing Report	The report highlighted key metrics and their significance. The importance of identifying staffing hotspots and the need for continuous monitoring and adjustments was emphasised.

2. Assurance

The Chair and Non-Executive Directors were assured that:

- As noted in comments

Recommendation

- The Board are invited to NOTE the report.

WORKFORCE DEVELOPMENT & ASSURANCE COMMITTEE

Annual Review of Effectiveness Report 2024/25

Haider Husain

Chair - Workforce Development & Assurance Committee

Oluwakemi Olayiwola

Trust Secretary

1. Purpose

1.1 In line with the NHS Code of Governance and the Constitution of Milton Keynes University Hospital NHS Foundation Trust (MKUH), the Trust ensures accountability by validating that systems and controls are effective. The purpose of this report is to provide an update to the Trust Board on the work of the Workforce & Development Assurance Committee ('WADAC') with the aim of providing an assurance that the committee has carried out its roles and responsibilities in accordance with its terms of reference during the financial year 2024/25.

2. Background

2.1 Good practice requires that the Trust Board should review the performance of its committees annually to determine if they have been effective, and whether further development work is required. The WADAC is a committee of and accountable to the Board of Directors.

2.2 In line with the committee ToR, the committee is also required to annually review its own effectiveness and report the results of that review in an annual report to the Board.

2.3 This Annual Review of Effectiveness summarises the activities of the Trust's Workforce & Development Assurance Committee for the financial year 2024/25, setting out how it has met its Terms of Reference and key priorities.

3. Governance

3.1 The Workforce & Development Assurance Committee is a sub-committee of the Trust Board. The committee chair is responsible for escalating matters which the committee considers require highlighting to the Board when presenting the summary report of the committees' activities to the Trust Board.

3.2 The purpose of the committee is contained in its Terms of Reference (Appendix 1). In summary, it is: i) to ensure that People who work at MKUH do so in line with our values and have the capacity and capability to provide high quality, effective, safe patient care in line with the Trust's strategic objectives. ii) Monitor delivery of the People and Culture agenda including strategies that relate to Culture, health and wellbeing, education and development, and attraction and retention of people across all professional groups.

3.3 Heidi Travis was Chair of the WADAC until the formal appointment of additional NEDs to the Board of Directors in November 2024.

3.4 Haider Husain was appointed Chair of the committee effective 1 December 2024 and continues to act as such.

3.5 The Workforce & Development Assurance Committee terms of reference were reviewed and approved at the Trust Board on 14 November 2024 for the 2024/25 financial year following a review and recommendation of the members of the committee.

3.6 The ToR has subsequently been further reviewed on 27th February 2025 with a recommendation for renaming the committee the People and Culture committee,

including amendment of standing agenda items to include Freedom to Speak Up and Inclusion. This is in response to feedback highlighted in 4.4 of this report, and also recommendations on board level sight of initiatives to advance organisational culture as suggested through reviews undertaken by Roger Kline and Yvonne Coghill throughout 2024.

4 Evaluation of Effectiveness

4.1 An evaluation of effectiveness of the committee was undertaken in May 2024 in accordance with the committee's ToR. A self-evaluation tool was used as the survey instrument that was circulated to members and attendees.

4.2 7 members and attendees out of 11 completed the questionnaire. The respondents were asked to provide a rating between 1 to 5 for each question

(1= strongly disagree, 5 = strongly agree). The responses were collated, and the results analysed by averaging the scores for each question.

4.3 Overall, the rating and comments received demonstrated a **positive assurance response (overall score = 4.6)** to the Committee's functions and performance.

4.4 Feedback suggests that the committee will benefit from a more focus on Employee Fulfilment, which will help reconnect people to organisational culture with purpose. It supports a fuller engagement and retention of staff.

4.5 Suggested areas for improvement were discussed at the WADAC held on 8 July 2024 and proposed actions were initiated and have significantly progressed in the course of the financial year. Further actions aimed at reconnecting the people to organisational culture are underway.

5 Review of Committee Activities against its Terms of Reference

5.1 Membership

5.1.1 The committee maintains a record of membership in accordance with its ToR. The following persons were members and attendees of the Committee during the 2024/25 financial year:

Members		Attendees	
Haider Husain	NED - Chair	Louise Clayton	Deputy Chief People Officer
Heidi Travis	Chair till November 2024 Ex-officio	Janice Scott	FTSU Lead
Sarah Whiteman	NED	Ganesh Baliah	NED
Precious Zumbika	NED	Joanna Kilmera	Assistant Director of Education and OD
Danielle Petch	Chief People Officer (till September 2024)	Helen Bass	Associate Director of HR Services

Louise Clayton	Acting Chief people Officer (From 1 September till 30 September)	Steven Beaumont	Interim Chief Nursing Officer (Till June 2024)
Catherine Wills	Chief People officer Officer		
Fiona Hoskins	Chief Nursing Officer		

5.2 Meetings Attendance & Quorum

5.2.1 The committee met formally on **four** occasions between 1 April 2024 and 31 March 2025. All four meetings were quorate in line with the ToR.

5.2.2 The record of attendance of members at the committee is as follows:

	Name	Designation	Attendance Status	Number attended /Maximum number
1	Haider Husain	NED - Chair	Member	2/2
2	Heidi Travis	Ex-Officio	Member	4/4
3	Dev Ahuja	NED	Member	1/2
4	Sarah Whiteman	NED	Member	3/3
5	Precious Zumbika	NED	Member	2/2
6	Danielle Petch	Chief People Officer	Member	2/2
7	Louise Clayton	Acting Chief People Officer/Deputy CPO	Member/Attendee	4/4
8	Catherine Wills	Chief People Officer	Member	2/2
9	Fiona Hoskins	Chief Nursing Officer	Member	1/1

5.2.3 The Trust Secretary had attended all meetings. Other Directors and staff have attended meetings during the course of the financial year to present reports and to respond to queries from the Committee.

5.3 Assurance

5.3.1 The committee has maintained oversight and undertaken regular reviews of the Board Assurance Framework ('BAF') and Workforce Risk register ('WRR') as appropriate to the purpose of the Workforce Development and Assurance at every meeting.

5.3.2 The Committee reviewed and reported progress against the NHS Annual Staff Survey and the WRES & WDES Data.

5.3.3 During the 2024/25 financial year, the committee received regular updates at each meeting or regular intervals on the following:

- Freedom To Speak-Up
- Workforce Strategy and Objectives
- Workforce & Education
- GMC National Training Survey

- Safe Staffing
- Fair and Just Culture Panel
- Annual Health and Wellbeing
- Gender Pay Gap
- Employee Relations, and
- Revalidation and Job Plans

5.3.4 In line with its ToR, the committee had escalated all matters it considered required the Board attention to the Trust Board in 2024/25.

5.3.5 On 27 February 2025, the Committee recommended to the Trust Board for approval to change the name of the Committee from '*Workforce Development & Assurance Committee'* to *'People and Culture Committee'* to align the committee with the shift in the culture of the Trust to a kind and caring organisation.

6   Appendices

6.1   The following are attached to this report:

Appendix 1 – Terms of Reference of People & Culture Committee (subject to the approval of the Board)

Appendix 2 – Committee Self-Evaluation Report 2024/25

Meeting Title	TRUST BOARD (PUBLIC)	Date: 06 March 2025
Report Title	Use of Corporate Seal	Agenda Item Number: 20
Lead Director	Kate Jarman, Director of Corporate Services	
Report Author	Oluwakemi Olayiwola, Trust Secretary	

Introduction	To update the Trust Board on the use of the Corporate Seal in accordance with the Trust's Constitution
Key Messages to Note	Trust Board to NOTE.

Recommendation *(Tick the relevant box(es))*	For Information [x]	For Approval [ ]	For Review [ ]

Strategic Objectives Links *(Please delete the objectives that are not relevant to the report)*	1. *Spending money well on the care you receive* 2. *Expanding and improving your environment* 3. *Innovating and investing in the future of your hospital*

Report History	*Standing Agenda Item*
Next Steps	*N/A*
Appendices/Attachments	Schedule of Use of Corporate Seal

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
Acting Chair: Heidi Travis

SCHEDULE OF USE OF CORPORATE SEAL 2024/25

	Description	Parties	Purpose	Value	Date	Signatories
1	Professional Contract	Milton Keynes University Hospital NHS Foundation Trust and Nathaniel Lichfield & Partners Limited	Provision of Planning Services for the NHP Women and Children Facility	N/A	23/12/24	Joe Harrison – Chief Exec John Blakesley – Chief Strategic Development Officer
2	Licence	Milton Keynes University Hospital NHS Foundation Trust and Oxford University Hospitals NHS Trust	Retrospective License for Alterations Radiotherapy Unit MKUH	N/A	07/01/25	Joe Harrison – Chief Exec John Blakesley – Chief Strategic Development Officer
3	Lease	Milton Keynes University Hospital NHS Foundation Trust and Oxford University Hospitals NHS Trust	Lease relating to the Radiotherapy Unit	N/A	07/01/25	Joe Harrison – Chief Exec John Blakesley – Chief Strategic Development Officer
4	Consultancy Services	Milton Keynes University Hospital NHS Foundation Trust and Couch Perry & Wilkes (Acoustics) Limited	Acoustic Consultancy Services	N/A	04/02/25	John Blakesley – Chief Strategic Development Officer Ian Reckless– Chief Medical Officer
5	Project Management	Milton Keynes University Hospital NHS Foundation Trust and Ove Arup & Partners Limited	Project Management Services Contract	N/A	04/02/25	John Blakesley – Chief Strategic Development Officer

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Chief Executive: Joe Harrison
Acting Chair: Heidi Travis

					Ian Reckless– Chief Medical Officer

TRUST BOARD MEETING IN PUBLIC

Forward Plan 2024-25

#	Agenda Item	Lead	Purpose	Frequency Paper(P)/Verbal (V)	Seminar 04-Apr-24	Formal 02-May-24	Seminar 06-Jun-24	Formal 04-Jul-24	Formal 05-Sep-24	Seminar 03-Oct-24	Formal 14-Nov-24	Seminar 05-Dec-24	Formal 09-Jan-25	Seminar 06-Feb-25	Formal 06-Mar-25
1	Apologies	Chair	Receive	Standing Item (V)		■		■	■		■		■		■
2	Meeting Quorate	Chair	Note	Standing Item (V)		■		■	■		■		■		■
3	Declaration of Interests	Chair	Note	Standing Item (V)		■		■	■		■		■		■
4	Minutes of the previous meeting	Chair	Approve	Standing Item (P)		■		■	■		■		■		■
5	Action Tracker	Chair	Note	Standing Item (P)		■		■	■		■		■		■
6	Chair's Report	Chair	Information	Standing Item (V)		■		■	■		■		■		■
7	Chief Executive's Report	Chief Executive	Receive and Discuss	Standing Item (V)		■		■	■		■		■		■
8	Patient Story/Staff Story (Rotational)	Chief Nursing Officer	Receive and Discuss	Standing Item (P)		■		■	■		■		■		■
9	Nursing Workforce Update	Chief Nursing Officer	Receive and Discuss	Standing Item (P)		■		■	■		■		■		■
10	Performance Report	Chief Operating Officer	Receive and Discuss	Standing Item (P)		■		■	■		■		■		■
11	Finance Report	Chief Finance Officer	Receive and Discuss	Standing Item (P)		■		■	■		■		■		■
12	Workforce Report	Chief People Officer	Receive and Discuss	Standing Item (P)		■		■	■		■		■		■
13	Patient Safety Update	Chief Medical Officer/Chief Corporate	Receive and Discuss	Standing Item (P)		■		■	■		■		■		■
14	Objectives Update	Chief Executive	Assurance Receive and Discuss	(P)									■		
15	Equality, Diversity & inclusion (ED&I) Update	Chief People Officer	Assurance Receive and Discuss	(P)					■						
16	CNST Maternity Incentive Scheme and Board Assurance Framework	Chief Nursing Officer	Assurance Receive and Discuss	(P)									■		
17	Progress update – 2024/25 Quality Priorities	Chief Corporate Services Officer	Assurance Receive and Discuss	(P)									■		
18	Declaration of Interests Report	Chief Corporate Services Officer	Assurance Receive and Discuss	Annually (P)		■									
19	Maternity Patient Survey 2024 interim report	Chief Nursing Officer	Assurance Receive and Discuss	(P)		■									
20	Annual Claims Report	Chief Medical Officer	Assurance Receive and Discuss	Annually (P)		■									
21	Falls Annual Report	Chief Nursing Officer	Assurance Receive and Discuss	Annually (P)		■									
22	Freedom to Speak Up Guardian Report	Chief People Officer	Assurance Receive and Discuss	(P)				■					■		

#	Item	Owner	Category	Frequency
23	Pressure Ulcers Annual Report	Chief Nursing Officer	Assurance Receive and Discuss	Annually (P)
24	Green Plan Update	Chief Finance Officer	Assurance Receive and Discuss	(P)
25	Green Plan Update (C/F from July 2024)	Chief Finance Officer	Assurance Receive and Discuss	(P)
27	Mortality Update	Chief Medical Officer	Assurance Receive and Discuss	(P)
28	Safeguarding Annual Report	Chief Nursing Officer	Assurance Receive and Discuss	Annually (P)
	Research & Development Annual Report	Chief Medical Officer	Assurance Receive and Discuss	(P)
30	Emergency Preparedness, Resilience and Response Annual Report	Chief Operating Officer	Assurance Receive and Discuss	(P)
31	Annual Complaints Report	Chief Corporate Services Officer	Assurance Receive and Discuss	Annually (P)
32	Annual Patient Experience Report	Chief Corporate Services Officer	Assurance Receive and Discuss	Annually (P)
34	Antimicrobial Stewardship - Annual Report	Chief Medical Officer	Assurance Receive and Discuss	Annually (P)
35	Infection Prevention and Control Annual Report	Chief Nursing Officer	Assurance Receive and Discuss	(P)
36	Patient Safety Update	Chief Medical Officer/Chief Corporate Services Officer	Patient Safety	Standing Item (P)
37	Maternity Assurance Group Update	Chief Nursing Officer	Assurance Receive and Discuss	Standing Item (P)
	Update to the Terms of Reference of the Board and its Committees	Chief Corporate Services Officer	Assurance Discuss and Approve	Annually (P)
38	Summary Reports from Board Committees	Chairs of Board Committees	Assurance and Information	Standing Item (P)
39	Significant Risk Register Report	Chief Corporate Services Officer	Assurance Receive and Discuss	Standing Item (P)
40	Board Assurance Framework	Chief Corporate Services Officer	Assurance Receive and Discuss	Standing Item (P)
41	Trust Seal	Chief Corporate Services Officer	As required	(P)
42	Forward Agenda Planner	Chair	Administration and Closing Information	Standing Item (P)
43	Questions from Members of the Public	Chair	Administration and Closing Receive and Respond	Standing Item (V)
44	Motion To Close The Meeting	Chair	Administration and Closing Receive	Standing Item (V)
45	Resolution to Exclude the Press and Public	Chair	Administration and Closing Approve	Standing Item (V)

SEMINAR SCHEDULE

Item	Owner	Category
Annual Risk Seminar	Chief Corporate Services	Risk Management
Board Assurance Framework (BAF) Review	Chief Corporate Services	Assurance
Collaborative partnership/s—with whom and for what services. Future plans	Chief Executive	Assurance
The Trust role around, and contribution to, population health management/Place	Chief Executive	Assurance
Annual Objectives Review	Chief Executive	Assurance
Annual Strategy Review	Chief Executive	Assurance
Strategic links with community groups/organisations/ businesses	Chief Executive	Assurance

	The Trust's representations on the BLMK ICB and ICP, and the implications thereof	Chief Executive	Assurance												

TRUST BOARD IN PUBLIC

Academic Centre/Teams

Thursday, 9 January 2025

Agenda Item 22:
Questions from Members of the Public

Heidi Travis
Chair

Discuss