TheMKWay

NHS
Milton Keynes
University Hospital
NHS Foundation Trust

MKUH Quality Accounts

2023/24

Contents

1 The Quality Account

1.1 Introduction

Milton Keynes University Hospital NHS Foundation Trust (referred to as 'MKUH' or 'the Trust') is a district general hospital providing a broad range of general medical and surgical services, including Emergency Department (ED), Maternity and Paediatrics. We continue to develop our facilities to meet the needs of our rapidly growing local population.

The Trust provides services for all medical, surgical, maternity and child health emergency admissions. In addition to delivering general acute services, the Trust increasingly provides more specialist services, including cancer treatments, neonatology, and a suite of medical and surgical specialisms.

We aim to provide quality care and the right treatment, in the right place, at the right time. The Trust's strategic objectives are focused on delivering quality care, with the first three objectives being:

1. Improving patient **safety**
2. Improving patient **experience**
3. Improving clinical **effectiveness**

To support our framework for quality we have a rigorous set of standards for monitoring our performance against local and national targets, which helps us to identify and address any issues as they arise.

We are proud of our professional, compassionate staff and of our strong relationships with local stakeholders. The involvement of patients, the public, governors, Healthwatch Milton Keynes, and health and care system partners is integral to our development. Our governors are involved throughout the year in monitoring and scrutinising our performance. The governors continue to demonstrate their commitment to fulfilling their role as the elected representatives of patients and the public, through their direct contacts with members of the community, as well as their participation in a range of community forums, including Healthwatch Milton Keynes and various patient participation groups.

During the year, we have continued to actively engage with the Milton Keynes Council Health and Adult Care Scrutiny Committee and the Health and Wellbeing Board on quality matters concerning the Trust as an acute hospital and those affecting the wider health and care system.

This Quality Account is an annual report to the public about the quality of our services; it outlines our measures for ensuring we continue to improve the quality of care and services we provide; and outlines progress and achievements against previous quality priorities.

We**CARE**

We**COMMUNICATE**

We**COLLABORATE**

We**CONTRIBUTE**

> "We are proud of our professional, compassionate staff and of our strong relationships with local stakeholders."

Specifically, the purpose of the Quality Account is to enable patients and their carers to make well informed choices about their providers of healthcare; the public to hold providers to account for the quality of the services they deliver; and Boards of NHS provider organisations to report on the improvements to their services and to set out their priorities for the following year.

One of the requirements in compiling the Quality Account for the previous financial year (2023/24) is to select at least three quality priorities for the year ahead (2024/25). These priorities are included in Part 2 of the Quality Account.

In selecting quality priorities, the following criteria should be satisfied:

- The quality priority should be determined following a review of the quality-of-service provision
- The quality priority should reflect both national and local indicators
- The quality priority should be aligned with the three domains of quality: patient safety, clinical effectiveness, and patient experience

Once agreed the Quality Account must indicate how the priorities will be met, monitored, measured and reported by the Trust. The Quality Account provides an evaluation of progress in meeting the quality priorities set for 2023/24 and gives a general overview and evaluation of how well the Trust has performed across a range of quality metrics throughout the year.

1.2 Statement on Quality from the Chief Executive

I am delighted to introduce this year's Quality Account for Milton Keynes University Hospital (MKUH) NHS Foundation Trust.

The Quality Account provides us with a chance to look back on how we improved the quality of care provided to patients throughout 2023/24, and how we are identifying opportunities for further improvements next year and beyond.

Each year, our Trust reaffirms three quality objectives: improving patient safety, improving patient experience, and improving clinical effectiveness. Our aim, as ever, is for every patient to benefit from excellent care, and we seek to deliver this by making these objectives the driving force behind everything we do as a hospital. Quality performance indicators are published at every Trust Board meeting so that the public can view our performance against national, internal and peer-benchmarked metrics, with indicators including statistics for infection rates, pressure ulcers, serious incident figures and mortality measures.

In September 2023, the 2022 Care Quality Commission (CQC) Adult in-patient survey results were published, following responses by more than 440 patients who received care at MKUH on everything from care quality to the communication patients and their families received when leaving the hospital. The results showed that the Trust continued to make improvements to the food offering available to patients, with an overall score of 7.3 (up from 7.1) for how patients rated the quality of food they were given. The Trust further scored highly in the range of dietary alternatives that are available, with a score of 8.4, up from 8.2 the previous year. Patients were complementary about the clinical teams involved in their care, with an overall score of 9.0 and 8.9 respectively for how confident and trusting patients felt about the care they were provided by doctors and nurses.

We also saw areas for improvement reflected in the survey, including a need to reduce noise at night from staff; patients having difficulty sleeping due to lighting; and involving family and carers in discussions about patients leaving the hospital. We were quick to begin working to address the areas identified above. For example, a new 'Night-Mode' initiative was launched in June 2023, aiming to combat some of the biggest causes of noise at night to ensure that patients can rest and sleep undisturbed. In addition, new motion-sensor LED lighting is being rolled out across the hospital, following a successful trial earlier this year, with this 'softer' lighting enabling patients to sleep better, both during the day and at night. Finally, work is underway to improve communication with families by having a multi-disciplinary team approach to keeping families updated, with various members of the wider team taking responsibility for updating families on any given day. We will continue to gather feedback from patients and their families as part of our commitment to make continuous improvements to our services.

During the year, the Trust was delighted to receive several accolades for quality care. In June 2023, we were delighted to receive the news that we had been shortlisted for the HSJ Patient Safety Awards, which recognises safety, culture and positive experience in patient care. Our 'Controlling the Built Environment with Digital Twins' pilot project was recognised in the category of 'Early-Stage Patient Safety Innovation of the Year.' In addition in 2023/24, we were thrilled to have been awarded the NHS Pastoral Care Quality Award, recognising the fantastic work our teams have put in place to support our nursing and midwifery colleagues who have joined from countries around the world. The NHS Pastoral Care Quality Award scheme was launched in March 2022 to standardise the quality

and delivery of pastoral care for internationally educated nurses and midwives across England to ensure they receive high-quality pastoral support. With the news of our Maternity Services too being rated 'Good' overall by the Care Quality Commission during the year, it all adds up to highly pleasing recognition of the work our staff are doing, in challenging times, to provide quality healthcare for our patients.

2023/24 saw the launch of several programmes and initiatives, all dedicated to improving the quality of care for our patients. The Milton Keynes Activity Reward Programme, an innovative study launched in partnership with Milton Keynes Council, aims to encourage people with Type 2 diabetes to increase their physical activity. In March 2023, we launched the Paediatric Super Surgery Days, a unique multidisciplinary approach designed to ensure our paediatric patients receive the surgery that they need. Over the course of the year, we have held five 'Super Days', treating over 150 of our youngest patients. The approach not only enables us to see and treat more patients, it makes a considerable difference to the lives of children in our local community who are disproportionately affected by delays to their treatment. In addition to this, teams across our surgery division launched a new initiative to significantly improve access for patients who are awaiting their cataract surgery. The High Volume Low Complexity (HVLC) cataract lists started initially in Ophthalmology, with patients being treated and discharged home all before midday. This was designed as a Getting It Right First Time (GIRFT) approach to improving patient access to cataract surgery.

During the year we have opened several new units and services, including a brand-new Mobile Theatre Unit in March 2024 as part of plans to increase the number of patients the hospital is able to see and treat. Work also began on the development of a Urology Investigation Unit to co-locate key Urology services all in one place, with the new unit expected to open in April 2024. And in February 2023, we launched a new Percutaneous Coronary Intervention Service, as part of our ongoing expansion plans, to patients across MK. Previously, patients would have to travel to neighbouring hospitals for their treatment. With the new service now located on the main hospital site, the majority of patients are now seen, treated and discharged the same day. These are all in addition to the new Radiotherapy Centre currently under construction, and ongoing plans for further developments including the Women and Children's Hospital, the new Oak Wards and the new Imaging Centre.

With Milton Keynes being one of the fastest growing cities in the UK, all of these projects and improvements to the Trust's services and estate are critical to keeping pace with the ever-rising demands of our diverse population, and I look forward to the future with excitement in the knowledge that we have amazing, dedicated staff who are passionate about delivering high quality healthcare for all patients, from all our communities, in 2024/25 and beyond.

Joseph Harrison
Chief Executive Officer

25th June 2024

1.3 Statement of Assurance

There are a number of inherent limitations in the preparation of Quality Accounts which may impact the reliability or accuracy of the data reported.

These include:

- Data are derived from a large number of different systems and processes. Only some of these are subject to external assurance or included in the internal audit programme of work each year.
- Data are collected by a large number of teams across the Trust alongside their main responsibilities, which may lead to differences in how policies are applied or interpreted. In many cases, data reported reflects clinical judgement about individual cases, where another clinician might reasonably have classified a case differently.
- National data definitions do not necessarily cover all circumstances, and local interpretations may differ.
- Data collection practices and data definitions are evolving, which may lead to differences over time, both within and between years. The volume of data means that, where changes are made, it is usually not practical to reanalyse historic data.

During the year, we have continued to be actively engaged with place-based and system health and care partners, including the Milton Keynes Council Health and Adult Care Select Committee and the Health and Wellbeing Board on subjects of importance to the community.

This report also outlines our measures for assuring and sustaining performance for the future, recognising that there are areas requiring improvement.

The Trust and its Board have sought to take all reasonable steps and exercise appropriate due diligence to ensure the accuracy of the data reported but recognises that it is nonetheless subject to the inherent limitations noted above. Following these steps, to the best of my knowledge, the information in the document is accurate.

Joseph Harrison
Chief Executive Officer

25th June 2024

2

Priorities for Improvement and Statement of Assurance from the Board

2.1 Priorities for Improvement in 2024/25

This section of the Quality Account describes the areas we have identified for improvement in 2024/25. In March 2024, these priorities were shared with and agreed by our Quality and Clinical Risk Committee and Council of Governors – a body made up of elected members of staff, members of the public and nominated stakeholder representatives.

The plan is to realign the 2022/23 priorities, continuing one aspect for a third year as it, priority one, aligns with the Trust's operational priorities and wider national ambitions, and to select other safety and effectiveness priorities based on current safety and clinical effectiveness data.

The first priority: Improvement in sepsis management (continued priority)

The second priority: Reducing the number of complaints citing poor communication

The third priority: Reducing the number of falls

1 Priority 1: Improvement in sepsis management (continued priority)

Why have we selected this priority?

Improving the management of sepsis and of the deteriorating patient remains a priority into 2024/25, particularly in the Emergency Department. An improvement programme to examine how patients are identified as at risk of sepsis and the care pathway and clinical interventions they receive was established during 2023/24. This programme is continuing to enable the cycle of improvement – including audit – to continue, to enable the Trust to understand the impact of improvement interventions and where there is further improvement required.

What is our past performance in this area?

We have previously had focused sepsis programmes, including the launch of education and training materials. This saw improvement in awareness and identification of sepsis. This was revisited in the 2023/24 improvement programme with an extensive suite of audit criteria developed.

How will we monitor and measure our performance in 2024/25?

Sepsis and deteriorating patients will be monitored through comprehensive audit and ward accreditation program. A standardised audit tool has been developed to facilitate monthly data collection and analysis. The findings are regularly reviewed and shared with healthcare teams to formulate action plans and utilise continuous improvement to refine practices. Senior nursing leadership actively participates in regular compliance reviews to sustain improvements and enhance patient outcomes. A sample audit tool is included below:

NEWS2 and SEPSIS Audit Report

Question Text	Inspection Type
Has the patient's baseline physiological observations been been assessed and recorded within 1 hour of admission/transfer, and the NEWS score is accurately calculated?	Patient Observation and Deterioration (NEWS2 and Sepsis)
Have the patient's physiological observations been reassessed and recorded using NEWS2 at the appropriate frequency for their clinical condition?	Patient Observation and Deterioration (NEWS2 and Sepsis)
Do you have patients who have a Medium/Amber or High/Red risk NEW score?	Patient Observation and Deterioration (NEWS2 and Sepsis)
Are there patients with NEWS2 score of 5 and above or 3 in any physiological parameter within last 72 hours?	Patient Observation and Deterioration (NEWS2 and Sepsis)
Is there documented evidence of increased monitoring and recording of vital signs in response to any deterioration in the patient's condition?	Patient Observation and Deterioration (NEWS2 and Sepsis)
In the event of a deterioration, is there documented evidence of escalation of care as per NEWS2 Escalation Protocol?	Patient Observation and Deterioration (NEWS2 and Sepsis)
Has the sepsis screening tool been immediately completed if the NEWS2 score is five or more (Red Alert)?	Patient Observation and Deterioration (NEWS2 and Sepsis)
Is the patient on a Low (green), Medium (Amber), or High (Red) alert on the level 1 pathway for clinical deterioration?	Patient Observation and Deterioration (NEWS2 and Sepsis)

Question Text	Inspection Type
Medium Risk - Have a complete set of observations been undertaken 1 hourly?	Patient Observation and Deterioration (NEWS2 and Sepsis)
If the patient has triggered a green alert, has the patients physiological observations been assessed, recorded, and a NEWS2 score accurately calculated every 4 to 6 hours?	Patient Observation and Deterioration (NEWS2 and Sepsis)
Medium Risk - Have reasons for amended frequency been documented?	Patient Observation and Deterioration (NEWS2 and Sepsis)
Is there documentary evidence that the registered nurse has reviewed and assessed the patient (Green Alert)?	Patient Observation and Deterioration (NEWS2 and Sepsis)
If the patient has triggered an amber alert, has the patient's physiological observations been assessed, recorded, and a NEWS2 score accurately calculated to a minimum of hourly?	Patient Observation and Deterioration (NEWS2 and Sepsis)
High Risk - Is there documentation to support escalation to the Medical Team, at a minimum Specialist Registrar level?	Patient Observation and Deterioration (NEWS2 and Sepsis)
High Risk - Is there documentation to support escalation to Rapid Response Nurse?	Patient Observation and Deterioration (NEWS2 and Sepsis)
Is there documentary evidence that the registered nurse reviewed and assessed the patient on the amber alert?	Patient Observation and Deterioration (NEWS2 and Sepsis)
High Risk - Have a complete set of observations been undertaken, a minimum of 1 hourly?	Patient Observation and Deterioration (NEWS2 and Sepsis)
Has the sepsis screening tool been immediately completed if the NEWS2 score is five or more?	Patient Observation and Deterioration (NEWS2 and Sepsis)
Is there documentary evidence that the medical team have been immediately informed about the patient on amber alert?	Patient Observation and Deterioration (NEWS2 and Sepsis)
High Risk - Have reasons for amended frequency been documented?	Patient Observation and Deterioration (NEWS2 and Sepsis)
Medium/High Risk - Has a sepsis screen been completed?	Patient Observation and Deterioration (NEWS2 and Sepsis)
Has the patient on amber alert been urgently assessed by a clinician within an hour (Amber Alert)?	Patient Observation and Deterioration (NEWS2 and Sepsis)

Question Text	Inspection Type
Has sepsis been identified?	Patient Observation and Deterioration (NEWS2 and Sepsis)
Is there documentary evidence that the SBAR tool was used to document the escalation of care for the patient on the amber alert?	Patient Observation and Deterioration (NEWS2 and Sepsis)
Has the sepsis care bundle/care plan been commenced?	Patient Observation and Deterioration (NEWS2 and Sepsis)
Is there documentary evidence that the nursing care provided to manage the deterioration in the patient's condition has been recorded for patient on amber alert?	Patient Observation and Deterioration (NEWS2 and Sepsis)
Have antibiotics been administered within 1 hour?	Patient Observation and Deterioration (NEWS2 and Sepsis)
If the patient has triggered a red alert were the patient's physiological observations assessed continuously and recorded every 15 minutes?	Patient Observation and Deterioration (NEWS2 and Sepsis)
Has the sepsis screening tool been immediately completed if the NEWS2 score is five or more (Red Alert)?	Patient Observation and Deterioration (NEWS2 and Sepsis)
Have IV fluids been administered within 1 hour?	Patient Observation and Deterioration (NEWS2 and Sepsis)
Is there documentary evidence that the registered nurse immediately reviewed and assessed the patient on red alert?	Patient Observation and Deterioration (NEWS2 and Sepsis)
Is oxygen required?	Patient Observation and Deterioration (NEWS2 and Sepsis)
Is there documentary evidence that the patient's condition was immediately escalated to the medical team at a minimum of specialist registrar level or above (Red Alert)?	Patient Observation and Deterioration (NEWS2 and Sepsis)
Have serial lactates been taken?	Patient Observation and Deterioration (NEWS2 and Sepsis)
Has Oxygen been administered within 1 hour of identifying sepsis?	Patient Observation and Deterioration (NEWS2 and Sepsis)
Is there documentary evidence that the patient's condition was immediately escalated to the Rapid Response team (Red Alert)?	Patient Observation and Deterioration (NEWS2 and Sepsis)

Question Text	Inspection Type
Have blood cultures and blood been sent within 1 hour of identifying sepsis?	Patient Observation and Deterioration (NEWS2 and Sepsis)
Is there documentary evidence that the patient had an emergency assessment by the clinician within an hour (Red Alert)?	Patient Observation and Deterioration (NEWS2 and Sepsis)
Is there documentary evidence that the SBAR tool was used to document the escalation of care (Red Alert)?	Patient Observation and Deterioration (NEWS2 and Sepsis)

How will we report our progress against achieving this priority?

A quarterly report will be submitted to the Quality and Clinical Risk Committee (sub-Committee of the Board), Quality Learning and Improvement Board and Trust Executive Committee.

2 Priority 2: Reducing the number of complaints citing poor communication

Why have we selected this priority?

Communication is commonly cited as a problem in complaints received by the Trust as well as being identified as a thematic issue in patient surveys. Communication is a broad category, encompassing pre-hospital communication (appointment letters/ digital communications, telephone systems); in-hospital care (outpatient and inpatient) and care on and after discharge. Poor communication can result in complaints and a poor patient experience. The Trust is keen to make this a focus for improvement work in 2024/25 to improve patient experience overall and reduce the number of complaints where communication is the main cause of poor experience

What is our past performance in this area?

During 2023/24, the Trust received 1,124 complaints in total, this includes complaints dealt with through the formal complaints process and those dealt with informally through the PALS process. Of those complaints, 311 specifically cited communication as being the main cause for raising a complaint, although most complaints incorporate an element of communication within other issues that are raised.

The communication issues raised in those complaints where communication was the main issue are detailed below:

Communication failure with patient	112
Communication failure with relatives/carers	54
Breakdown in Communications regarding Appointments	29
Inadequate information provided	28
Conflicting information	26
Patient not listened to	15
Method / Style of communication	14
Communication failure between teams	8
Discharge plans - Lack of communication with patient/family	7
Incorrect information given	7
Communication failure within teams	4
Communication failure with other secondary provider	3
Interpreting issues	3
Communication failure with GP	1

There were 26 formal complaints and 285 informal complaints where communication was the main issue.

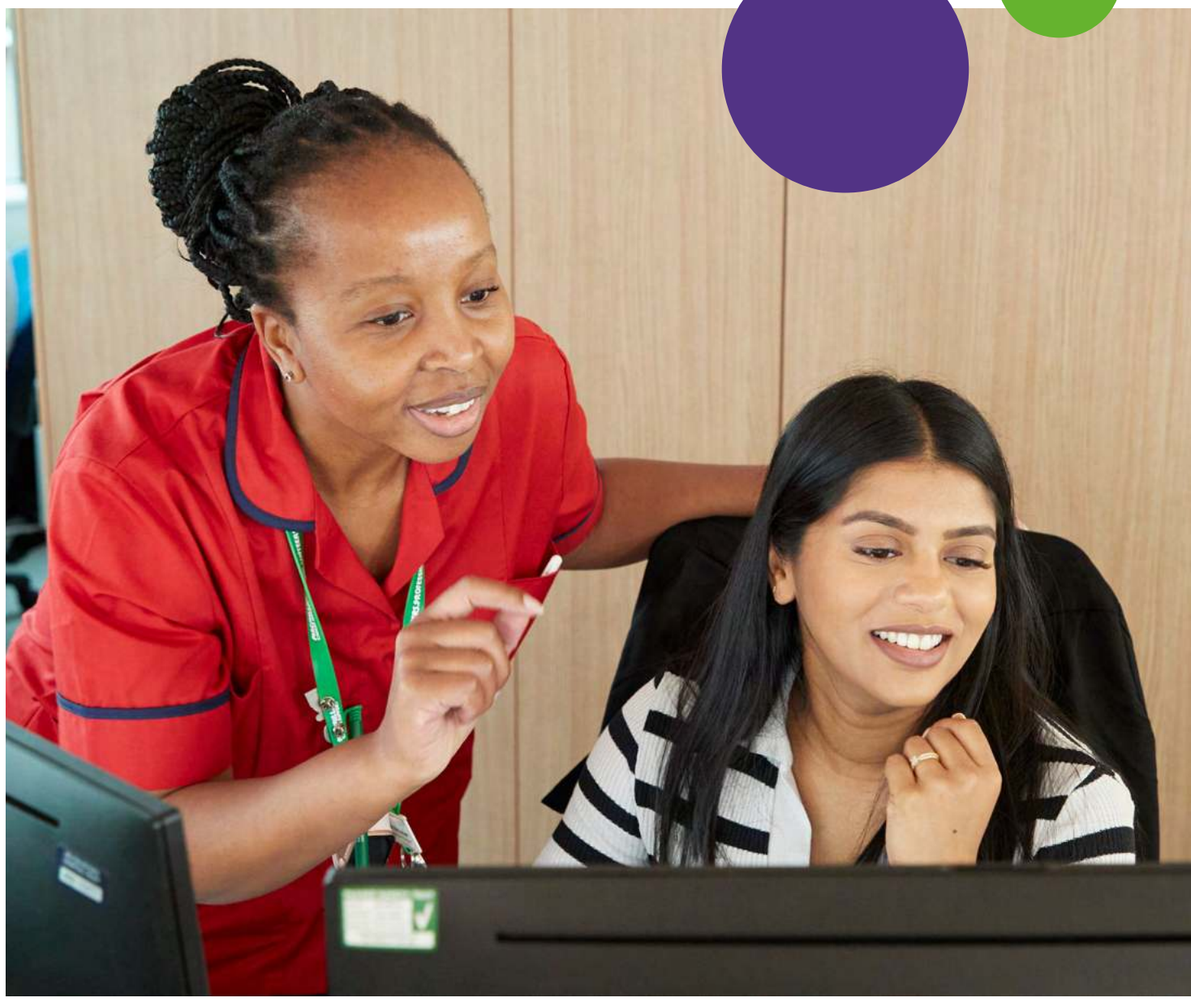
The communication issues arise across the Trust, however, specifically the medical teams in women and children's services, cardiology, respiratory, trauma and orthopaedics, imaging and urology are receiving the most complaints in this area.

How will we monitor and measure our performance in 2024/25?

- Monthly analysis of complaint themes Trust wide
- Patient Experience Platform analytics
- Dedicated improvement programme with audit information
- Ward accreditation metrics

How will we report our progress against achieving this priority?

A quarterly report will be submitted to the Quality and Clinical Risk Committee (sub-Committee of the Board), Patient and Family Experience Board and the Trust Executive Committee.



3 Priority 3: Reducing the number of falls

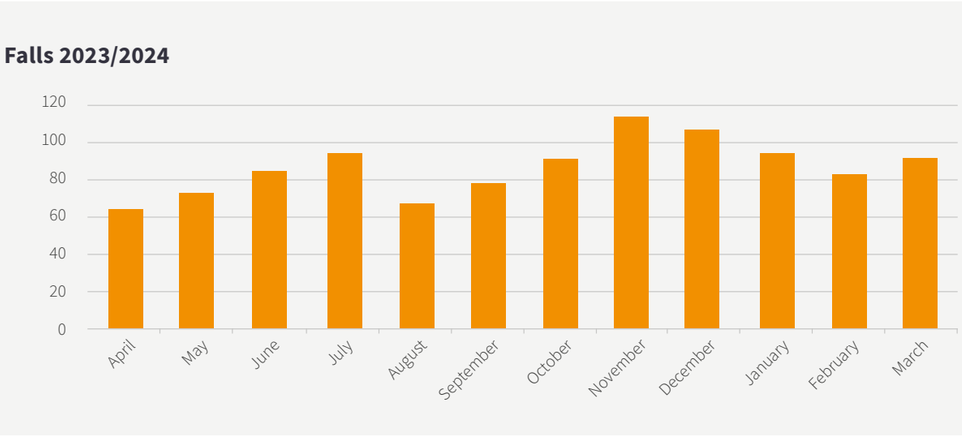
Why have we selected this priority?

Preventing avoidable falls, and particularly avoidable falls with harm is key to ensuring we safeguard our most vulnerable patients. We have been running a falls prevention quality improvement programme throughout 2023/24 and will extend this work into 2024/25 to ensure we continue to audit, learn and improve the safety of care provided to patients.

What is our past performance in this area?

During the 2023/24 period, there were 1041 reported instances of falls. Among these, 1009 resulted in no or low harm, 29 led to moderate harm, and 3 caused severe harm. All incidents were recorded using the Trust RADAR reporting system and underwent thorough review for learning opportunities. Incidents resulting in moderate or severe harm underwent Root Cause Analysis investigations.

The top three categories of reported falls were Unknown/Unwitnessed, Lost balance, and Falls on level ground. Insights gained from these incidents informed the creation of a Falls reduction action plan. To lead this initiative, a Falls Prevention Lead was appointed in February 2024 to supervise the Quality Improvement programme. The primary focus is to decrease the number of unwitnessed falls by enhancing supervision for patients at increased risk of falls.



How will we monitor and measure our performance in 2024/25?

- Monthly analysis of incidents
- Thematic incident analysis
- Dedicated improvement programme with audit information
- Ward accreditation metrics

How will we report our progress against achieving this priority?

A quarterly report will be submitted to the Quality and Clinical Risk Committee (sub-Committee of the Board), Patient Safety Board and the Trust Executive Committee.

2.2 Our Performance against Priorities for Improvement in 2023/24

Priorities for 2022/23:

1 Priority 1: Reduction in deep tissue injuries (pressure ulcers)

Why did we select this as a priority?

Deep tissue injury is damage to the skin where the depth is unknown, the blood flow to the area is diminished and therefore deep damage is likely to have occurred. We have chosen to prioritise the reduction of deep tissue injuries due to their significant impact on patient outcomes and wellbeing.

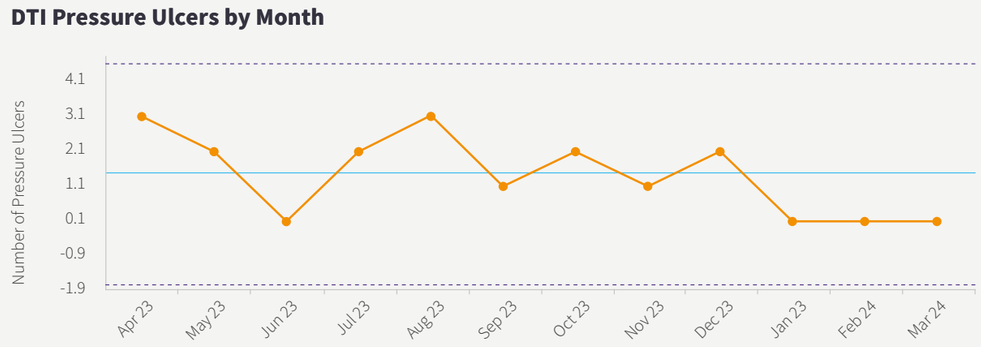
This focus on deep tissue injuries has persisted as a key quality priority for three years in a row, aiming to maintain momentum in minimising these injuries. Our goal is to establish standardised protocols for preventing, identifying, and managing pressure ulcers, building upon the progress achieved since October 2022.

What was our performance in this area?

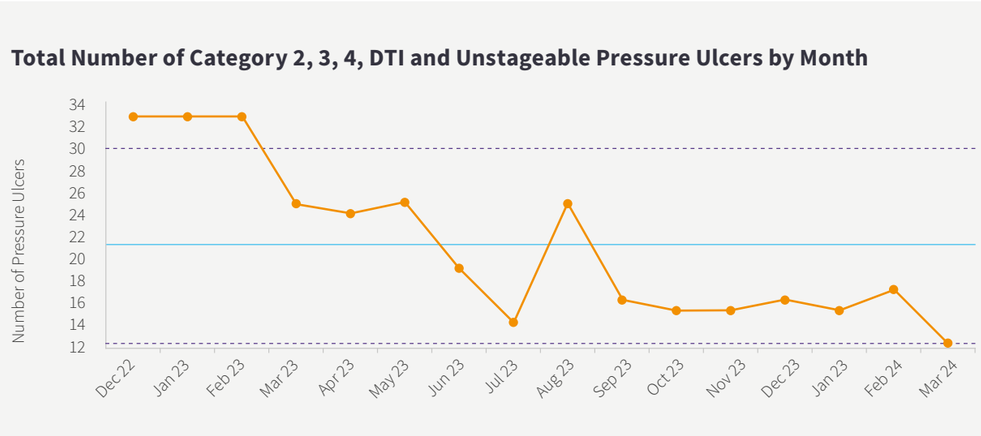
In the past year, the trust has shown commendable progress in addressing Deep Tissue Injuries (DTIs). In the 2023/24 period, there were only 16 instances of Hospital Acquired Deep Tissue Injuries, a significant decrease from the 148 cases recorded in 2022/2023. This improvement can be attributed to the implementation of a Trust-wide Quality Improvement (QI) Programme, initiated in December 2022. The program aimed to reduce all Hospital Acquired Pressure ulcers by 50% within six months, focusing on Training and Education, Care Standards, Infrastructure and Culture, and Patient/Family involvement.

Oversight of the QI program was maintained by the Trust Harm Prevention Group. Additionally, in January 2023, the Trust introduced a revised process for reporting Suspected Deep Tissue Injuries, facilitating prompt review and confirmation of DTI categories once pressure damage became visible or resolved within two weeks.

2023/24 Pressure Ulcers Classification -DTI



The graph below shows the sustained improvement in total number of Hospital Acquired pressure ulcers since commencing the Quality Improvement Programme in December 2022.



How did we monitor and measure our performance in 2023/24?

The Trust monitors, measures, and improves its efforts to maintain high-quality pressure ulcer care and prevention through regular quality audits, joint multidisciplinary reviews to identify learning and other review groups such as the Care Review and Learning Panel and the Trust Harm Prevention Group. These groups identify patterns, share knowledge and best practices, and ensure they are applied across clinical areas and divisions.

How did we report our progress against achieving this priority?

The Trust provides quarterly progress reports to the Patient Safety Board to ensure progress against improvement targets. Monthly reports to the Trust Board showing trends in pressure ulcer categories and by the number of beds days will also be included. Furthermore, pressure ulcer rates will be monitored and discussed with each Ward during the monthly ward performance process.

2 Priority 2: Improvements in sepsis management

Why did we select this as a priority?

Sepsis has been selected as a priority to coordinate and focus improvement work on the identification, treatment, and management of sepsis. This includes focussed work in the Emergency Department as well as across admitting wards and departments – including maternity. This programme of work will include addressing Coronial recommendations and will involve patients and families to understand their experiences and the impact of a sepsis diagnosis.

Sepsis remained a priority through 2023/24 to establish strong monitoring against the NICE criteria. It was discovered that information on performance in key areas for identification and treatment was lacking, metrics are required for inpatient care for assurance and monitoring patient outcomes.

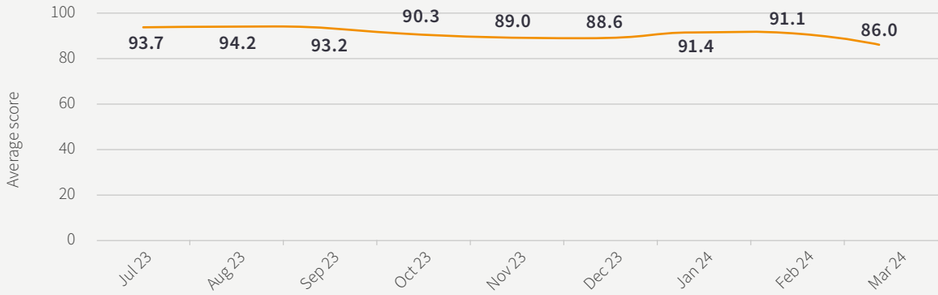
What was our performance in this area?

A new core group reviewed ongoing action plans with a Quality Improvement (QI) style approach. The Emergency Department (ED) also started their own QI Sepsis group focusing on audit standards. The NEWS2 dashboard was made available for staff to view patient triggers for timely review and escalation. Input and monitoring of cases escalated to ICU alongside the CQUIN. Education was broadened and included study days run by Practice Education for deteriorating patients. Sepsis Awareness Day UK was observed. ED have also implemented a sepsis tracker with a lead to monitor and escalate identified cases for each shift.

How did we monitor and measure our performance in 2023/24?

Developing metrics to accurately measure against performance of sepsis care continues. Audit is used as a measurement tool for ED, and other measuring tools identified are Tendable, NEWS2 auditing, and mortality indicators. Other useful metrics such as observational studies, patient stories and complaints data are reviewed to get the softer intelligence. Patient Safety Incident Reporting Framework (PSIRF) will now also be used to monitor themes of incidents for learning opportunities.

Average Score of Inspections by Inspection Type by Month



Above is an example of our average Trust scores in Tendable which started monitoring July 2023.

How did we report our progress against achieving this priority?

Reporting to the Patient Safety Board, Quality, Learning and Improvement Board, and the Quality and Clinical Risk Committee throughout the year. Moving forward this will be managed under the Care of Critically Ill group and report to the Patient Safety Board. ED Sepsis will report to the Medicine Clinical Improvement Group and Quality, Learning, and Improvement Board.

3 Priority 3: Improvements in the reporting rates of low harm events

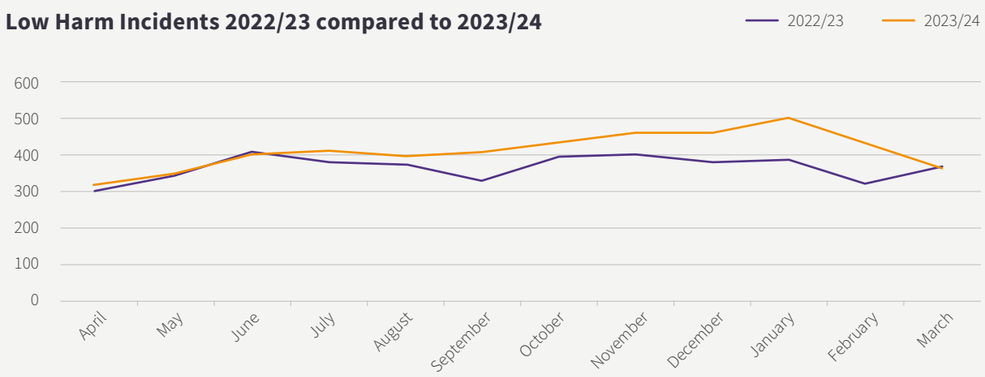
Why did we select this as a priority?

We had selected this as a priority to support improvement reporting culture – the reporting of low and no harm events supports a proactive approach through the early identification of possible trends, triggering early intervention to prevent more serious harm occurring. As we implement the Patient Safety Incident Response Framework (PSIRF), we want to foster and promote the reporting of no and low harm and near-miss events, to maximise learning and feedback to reporters, and to ensure that early trends and clusters are identified and acted upon before more serious harm occurs.

What is our past performance in this area?

In 2023/24 4,911 low-harm events were reported in the Trust, against the 4,367 low-harm incidents which were reported 2022/23 (12% increase). The graph below shows the reports on a month-by-month basis in 2022/23 and 2023/24.

Low Harm Incidents 2022/23 compared to 2023/24



How did we monitor and measure our performance in 2023/24?

Prior to June 2023, the Radar incident reporting form was made up of two pages (one NHS England's Learning from Patient Safety Event (LfPSE) form and one local reporting form). MKUH and Radar worked collaboratively to develop a single, combined incident reporting form. This significantly reduced the average reporting time and removed duplication between the two forms. This simplified approach resulted in a significant increase in incident reporting.

With the implementation of the new Patient Safety Incident Response Framework (PSIRF), from May 2024 in place of the old Serious Incident Framework, the focus will be improvement and learning which will link in with the Quality Improvement Programme. PSIRF aims to ensure that those involved in patient safety incidents are placed at the forefront of investigations. Monitoring of progress and performance will be in line with the PSIRF plan as the Trust looks to roll out and embed

this new process over the coming 18 months. This new approach will provide both qualitative as well as quantitative data. As part of PSIRF the Trust has identified its top key safety issues for focused investigation and improvement which may include low/no-harm incidents of significant volume and those with potential for learning. These top priorities are:

- Sepsis in the Emergency Department
- Recognition of the deteriorating patient in Surgery
- Diagnostic delays
- Inpatient diabetes

How did we report our progress against achieving this priority?

Overall, the Trust wants to see an increase in the number of incidents reported that are categorised as low/no-harm, with a reduction in recurring themes where possible. High reporting numbers are an indication of a positive reporting culture. The increase by 12% achieved with the implementation of RADAR in 2023/24 is an indication of improvement and this was reported into the Serious Incident Review Group as well as the Patient Safety Board. In addition, the embedding and success of QI projects linked to low/no-harm incidents will continue to demonstrate the progress.

2.3 Statement of Assurance from the Board of Directors

During 2023/24 Milton Keynes University Hospital NHS Foundation Trust provided and/or sub-contracted 36 relevant health services.

Milton Keynes University Hospital NHS Foundation Trust has reviewed all data available to them on the quality of care in 36 of these relevant health services.

The income generated by the relevant health services reviewed in 2023/24 represents 100% of the total income generated from the provision of relevant health services by Milton Keynes University Hospital NHS Foundation Trust for 2023/24.

2.3.1 Clinical Coding Audit

The Trust has completed the 2023-24 clinical coding audit in accordance with the relevant national guidance and achieved each of the mandatory percentage accuracy targets. As a result, the Trust has achieved a level two rating; ≥ 90% accuracy for primary diagnosis and procedure and ≥ 80% accuracy for secondary diagnosis and secondary procedure coding.

2.3.2 Submission of records to the Secondary Users Service

Milton Keynes University NHS Foundation Trust submitted records during 2023/24 to the Secondary Users Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

2.3.3 Information Governance Assessment Report

The Trust completed and published its Data Security and Protection Toolkit assessment for 2023/24 on 30 June 2023, having achieved 'Standards Met.'

2.4 Participation in Clinical Audits

Participation in Clinical Audits and National Confidential Enquiries

A clinical audit aims to improve patient care by reviewing services against agreed standards of care and making changes where necessary. National confidential enquiries investigate an area of health care and recommend ways to improve it.

We are committed to participating in relevant national audits and national confidential enquiries to help assess quality of healthcare nationally and to make improvements in safety and effectiveness.

Participation in Clinical Audit and Clinical Outcome Review is a quality improvement process that is defined in full in "Principles for Best Practice in Clinical Audit" (Healthcare Quality Improvement Partnership 2016). The programme allows clinicians and organisations to assess practice against evidence and to identify opportunities for improvement. Milton Keynes University Hospital NHS Trust is committed to undertaking effective clinical audit and quality improvement within all clinical services to inform the development and maintenance of high-quality patient-centered services.

There is evidence of good practice, learning and improvement from the National Clinical audit programme across the organisation. As well as participation in the national clinical audit programme, there are Quality Improvement Projects and other relevant local audits and benchmarking undertaken in the organisation.

During 2023/24, we took part in 47 national clinical audits at Milton Keynes University Hospital and 3 national confidential enquiries.

The national clinical audits and national confidential enquiries that we were eligible to participate in during 2023/24 are shown in the tables below.

Programme count	Programme / Work stream	Participated at MKUH
1.	Breast and Cosmetic Implant Registry	Yes
2.	Case Mix Programme	Yes
3.	Child Health Clinical Outcome Review Programme	Yes
4.	Cleft Registry and Audit Network Database	No
5.	Elective Surgery: National PROMs Programme	Yes
6.	Emergency Medicine QIPs:	
	a. Pain in children	Yes
	b. Care of older people	Yes
	c. Mental health self-harm	Yes
	d. Tiwwions	Yes
7.	Epilepsy 12 - National Clinical Audit of Seizures and Epilepsies for Children and Young People	No

Programme count	Programme / Work stream	Participated at MKUH
8.	Falls and Fragility Fracture Audit Programme:	
	a. Fracture Liaison Service Database	Yes
	b. National Audit of Inpatient Falls	Yes
	c. National Hip Fracture Database	Yes
9.	Gastro-intestinal Cancer Audit Programme:	
	a. National Bowel Cancer Audit	Yes
	b. National Oesophago-gastric Cancer	Yes
10.	Inflammatory Bowel Disease Audit	
11.	LeDeR - learning from lives and deaths of people with a learning disability and autistic people (previously known as Learning Disability Mortality Review Programme)	Yes
12.	Maternal and Newborn Infant Clinical Outcome Review Programme	Yes
13.	Medical and Surgical Clinical Outcome Review Programme	Yes
14.	Mental Health Clinical Outcome Review Programme	No
15.	Muscle Invasive Bladder Cancer Audit	Yes
16.	National Adult Diabetes Audit:	
	a. National Diabetes Core Audit	Yes
	b. National Diabetes Foot care Audit	Yes
	c. National Diabetes Inpatient Safety Audit	Yes
	d. National Pregnancy in Diabetes Audit	Yes
17.	National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme:	
	a. Adult Asthma Secondary Care	No
	b. Chronic Obstructive Pulmonary Disease Secondary Care	Yes
	c. Paediatric Asthma Secondary Care	Yes
	d. Pulmonary Rehabilitation- Organisational and Clinical Audit	Yes
18.	National Audit of Breast Cancer in Older Patients	Yes
19.	National Audit of Cardiac Rehabilitation	Yes
20.	National Audit of Cardiovascular Disease Prevention (Primary Care)	N/A
21.	National Audit of Care at the End-of-Life	Yes
22.	National Audit of Dementia	Yes
23.	National Audit of Pulmonary Hypertension	No
24.	National Bariatric Surgery Registry	No

Programme count	Programme / Work stream	Participated at MKUH
25.	National Cardiac Arrest Audit	Yes
26.	National Cardiac Audit Programme:	
	a. National Congenital Heart Disease Audit	No
	b. Myocardial Ischaemia National Audit Project	Yes
	c. National Adult Cardiac Surgery Audit	No
	d. National Audit of Cardiac Rhythm Management	Yes
	e. National Audit of Percutaneous Coronary Interventions	Yes
	f. National Heart Failure Audit	Yes
27.	National Child Mortality Database	Part of the (Child Death Overview Panel) CDOP process and managed in the community
28.	National Clinical Audit of Psychosis	No
29.	National Early Inflammatory Arthritis Audit	Yes partial
30.	National Emergency Laparotomy Audit	Yes
31.	National Joint Registry	Yes
32.	National Lung Cancer Audit	Yes
33.	National Maternity and Perinatal Audit	Yes
34.	National Neonatal Audit Programme	Yes
35.	National Obesity Audit	No
36.	National Ophthalmology Database Audit	No
37.	National Paediatric Diabetes Audit	Yes
38.	National Perinatal Mortality Review Tool	Yes
39.	National Prostate Cancer Audit	Yes
40.	National Vascular Registry	MKUH data is added to Bedford
41.	Neurosurgical National Audit Programme	No
42.	Out-of-Hospital Cardiac Arrest Outcomes	Yes
43.	Paediatric Intensive Care Audit	No
44.	Perioperative Quality Improvement Programme	Yes
45.	Prescribing Observatory for Mental Health:	
	a. Improving the quality of valproate prescribing in adult mental health services	No
	b. The use of melatonin	No

Programme count	Programme / Work stream	Participated at MKUH
46.	Renal Audits:	
	a. National Acute Kidney Injury Audit	No
	b. UK Renal Registry Chronic Kidney Disease Audit	No
47.	Respiratory Audits:	
	a. Adult Respiratory Support Audit	No
48.	Sentinel Stroke National Audit Programme	Yes
49.	Serious Hazards of Transfusion UK National Haemovigilance Scheme	Yes
50.	Society for Acute Medicine Benchmarking Audit	Yes
51.	Trauma Audit and Research Network	Cyber-attack – no data collection in this financial year
52.	UK Cystic Fibrosis Registry	No

2023

- COSD (Cancer outcomes and services dataset)
- NBOCA (National bowel cancer audit)
- NLCA (National lung cancer audit)
- NPCA (National prostate cancer audit)
- NOGCA (National oesophageal cancer audit)
- NABCOP (National audit of breast cancer in older patients)

Participation in Clinical Outcome Review Programme 2023/24

Name of Enquiry	Did MKUH participate?	Stage / % of cases submitted
End of Life Care	Yes	
Endometriosis	Yes	33% questionnaires completed
Juvenile Idiopathic Arthritis Study	Yes	

National clinical audits - Improvements/Actions QIPS to improve quality of care

Specialty	Project Title	Quality Improvements
Acute	Society for Acute Medicine Benchmarking Audit (SAMBA	Nationally not always meeting the care quality indicators of assessing patients within 4 hours of arrival and review by consultant within 6 hours for daytime admissions and 14 hours for night-time admissions. There has been evidence that there has been some improvement in meeting these targets compared to the 2022-2023 audit.
Acute	National audit of Dementia	On- going QIP programme of work using QI model for improvement. Patients' relatives feedback report received and circulated to hospital geriatricians and dementia nurse to distribute it to nursing staff.
Cardiology	National Cardiac Audit Programme (NCAP): National Audit of Cardiac Rhythm Management (CRM)	Installation of MediConnect in May 2023 has been an improvement to the previous system where the use of manual repeated data entries into the working database, a reporting system as well as onto the National Institute for Cardiovascular Outcomes Research (NICOR) system. With MediConnect, data is only required to be entered once which saves time and makes the data more consistent. Patient demographics are taken directly from eCARE (hospitals electronic patient record system), and any new pacemakers and leads are scanned into the system rather than manually entered. Chronic leads are retained and added to the new pacemaker when a battery change occurs rather than again being manually re-entered and the reports cannot be completed unless all qualifying fields are fulfilled.
Emergency Medicine	National audit of Pain in Children	• A focus on improvement in triage times has been in place which should improve time to pain assessment and analgesia • Vacancies have been filled in the Children's Emergency Department which will improve triage performance, capacity to administer analgesia in a timely fashion and regular observations by newly appointed Healthcare Assistants who will be able to reassess pain on a regular basis • Pain clocks have been trialled to promote reassessment but issuing and use of these has not been as successful as planned • A Quick Response (QR) code linking to a phone timer to promote pain reassessment has been designed and this is the next planned intervention for improvement

Specialty	Project Title	Quality Improvements
Neonatal	National Neonatal Audit Programme (NNAP)	• Temperature - monitored and documented on labour ward and in theatres. Use of heated mattress for neonates < 34 weeks and weighing 1.5 Kg • Breast Milk - improvement in neonate receiving maternal breast milk within 24 hours of birth • Communication - parents being seen by consultant within 24 hours
Respiratory	National Lung Cancer Audit (NLCA)	The last National Lung Cancer (NLCA) audit data was published in April 2023 and was discussed in the Annual Lung meeting. Performed very well in cancer patients seen by Lung cancer Nurses. Challenges identified from the meeting in general included getting accurate data readily available, faster diagnostics, especially radiology biopsies.
Therapies	National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme (COPD): Pulmonary Rehabilitation	• Able to provide rehab twice weekly for 6 weeks - as per evidence-based standard • Introduced a practice walk when exercise testing patients which is required to meet evidence-based standards

Local clinical audits - Improvements/Actions QIPS to improve quality of care

Project Title	Quality Improvements and actions required to improve quality of care
Adherence to GIRFT (Getting it Right First Time) using Day Case Ureteroscopy	• List prioritization: Patients who were at risk of overnight admission e.g. be prioritised in the morning to see if they can be optimized in the morning • Clear plans e.g. What to do if there is a failed trial without catheter (TWOC) may reduce admission. Nurse led / community TWOC pathway
Adherence to NICE (National Institute for Health and Care Excellence) guidelines in patients presenting with Haematuria	• Aim to do cystoscopy and Computed Tomography of Kidneys, Ureters and Bladder (CT KUB) in all patients presenting with haematuria within 2 weeks • Scan from Emergency Department door and escalate at early stages so we meet the National Institute for Health and Care Excellence (NICE) guidelines. • We will aim to re-audit in a few months' time to check the improvement
CASCADE - cardiovascular outcomes after abdominal surgery	• Improving the availability of pre-op electrocardiograms (ECGs) e.g. by uploading them quickly
Computerised Tomography (CT) Extravasation audit following implementation of tick sheet (Aug 23-Nov 23)	• 100% of all events had documentation of some form of aftercare, the thoroughness' of this description varied in each event. Low or no harm was documented in 100% of cases. No psychological harm was documented in 100% of events • Incident rate is 0.27% and is at the lower end of the national average of 0.1-0.9% (literature variation) for all Computerised Tomography (CT) contrast examinations • Trends can be more easily identified with the new system • Inpatients accounted for 55% of extravasations and CT pulmonary angiogram (CTPA) accounted for 45% of all extravasations
Good Medical Practice / Council (GMC) audit: Trauma Meeting Documentation	• Assign roles to staff to document trauma multi-disciplinary team (MDT) outcome • Create template to improve documentation accuracy and efficiency. Presentation of recommendations at a departmental level • Posters on display in trauma room
Mood Assessment in Stroke Inpatients	• Confirm mood assessment done on daily morning multi-disciplinary team (MDT) meeting at least once a week • Using Auto-text for mood assessment at least once a week and reviewing compliance with this • Re-audit every 6 months to ensure compliance • Distribute posters to disseminate this information
Missed Upper Gastrointestinal (GI) Cancers on Endoscopy within the last 3 years of Diagnosis	• Continue to perform high quality studies • Take second opinions where-ever there is a doubt. If this is not possible, biopsy • Blind spots such as posterior wall of the D1-D2 junction may hold subtle lesions • Annual review - Sept 2024
Thirty Days Mortality Post-Endoscopy	• All procedures were performed for appropriate indications • Appropriate and thorough meetings with family have been held after events to ensure clarity and closure of events
Venous Thromboembolism (VTE) in Lower Limb Immobilisation	• A Trust patient information leaflet, whether paper-based and/or online format, for Venous Thromboembolism (VTE) risk, symptoms and where to seek medical help should be created and the use encouraged among clinicians treating patients with lower limb injuries requiring temporary immobilisation in a plaster of Paris (POP) or walking boot • Consideration to create and use a tailored eCARE VTE risk assessment form for recording decisions, along with education on how and when to use, to replace the existing paper form. There will need to be a consideration regarding current evidence for other specific risk assessment models to further categorize risk into discrete high and low risk. • Regular education for all clinicians and emergency nurse practitioners (ENPs) regarding the use of the Milton Keynes University Hospital Emergency Department VTE risk assessment forms for all patients with injuries requiring treatment with lower limb immobilisation with POP or with walking boot appliance (NICE guideline NG89 currently defines lower limb immobilisation as 'any clinical decision taken to manage the affected limb in a way that would prevent normal weight-bearing status, or use of that limb, or both)

LOCAL QUALITY IMPROVEMENT PROJECTS (QIPS) - Improvements/Actions QIPS to improve quality of care

Project Title	Quality Improvements and actions required to improve quality of care
Consent	• Trust policy updated, incident monitoring against policy to commence for audit and learning
End of Life Care	• 3 workstreams with leads identified (Advanced Care Planning, Faith and bereavement, and Education)
Medicine division: From Mediocre to Meaningful: Individualised Feedback Leading to Improvement in the Quality of Discharge Summaries – Quality Improvement Project (QIP)	• A comprehensive range of interventions introduced within the department significantly improved the quality of discharge summaries. Individualised feedback has been used in similar projects to drive improvement. Electronic records have the potential to greatly expand our use of personal feedback in areas such as documentation, prescribing and requesting. Our challenge is to sustain and build upon this improvement within our department. To this end, we aim to provide annual teaching on discharge summaries as well as continued sampling of summaries to monitor quality and provide feedback
Oxygen Prescribing (learning from local audit)	• Therapies local audit highlighted poor compliance from an audit completed in Dec 23, shared at audit afternoon • The medical gas committee will be taking actions forward for improving compliance with oxygen prescribing and monitoring. • Similar audit to be conducted in Acute medicine for comparison across the trust.
Sepsis	• Identified as requires improvement after inquest outcomes, for areas of identification and management. Core group established May 2023. Data to support performance for inpatient setting is continuously being sourced, current data analysis using Tendable, observational audit tool, incident monitoring, and eCare (de-escalation metrics). • Awareness campaign Sep 2023 held; staff encouraged to participate. Learning event held with Acute wards and local actions identified. • Online training modules progressing in development and to become mandatory • Continuous metrics being sourced using eCare • Will be taken forward for reporting under Care of Critically ill Group • PSIRF priority

2.5 Participation in Clinical Research

The National Institute for Health Research (NIHR) mainly funded by the Department of Health and Social Care has as its main objective improvement of the nation's health and wealth through research. It plays a key role in the Government's strategy for economic growth, attracting investment by the life-sciences industries representing the most integrated health research system in the world.

MKUH is committed to delivering high quality clinical care with the aim of providing patients with the latest medical treatments and devices and offering them an additional choice where their treatment is concerned.

Patients who are cared for in a research-active hospital have better overall healthcare outcomes, lower overall risk-adjusted mortality rates following acute admission and better cancer survival rates. Furthermore, health economic data shows that interventional cancer trials are associated with reduced treatment costs, benefiting the NHS financially. These benefits may result from a culture of quality and innovation associated with research-active institutions. There is a reasonable further assumption that departments and clinicians within the hospital, who are research-active, provide better care. In turn, this suggests that it is desirable to encourage as many staff and departments to become research active as is practicable.

An increasing number of patients receiving relevant health services provided or sub-contracted by MKUH in 2023/24 were recruited to participate in National Institute of Health Research (NIHR) studies approved by a research ethics committee. In 2023/24 over 4,000 participants were recruited to 104 studies in the Trust, and the Research and Development (R&D) Department received funding of £910,000 for 2023/24 to deliver the NIHR portfolio research.

This year the team has continued to grow to support the increasing research activity across the Organisation and the budget award for 2024/25 has been finalised at £1million in order to support the delivery of first-class research to our patients and local community.

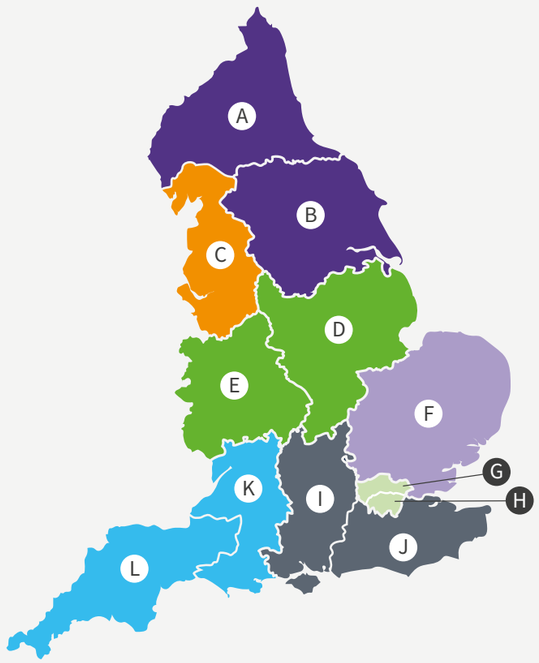
The Department has supported and delivered training of new research staff at MKUH and through network supported training programmes e.g. face-to-face, virtual, and online Good Clinical Practice (GCP) training, Principal Investigator study support services, and study specific training. These courses are open to our staff and other research staff across the Thames Valley and South Midlands Clinical Research Network.

Our research activity has contributed to the evidence base for healthcare practice and delivery, and in the last year (2023/24) publications have resulted from our involvement in research, demonstrating our commitment to improve patient outcomes and experience across the NHS.

The NIHR Clinical Research Network (CRN) supports patients, the public and health and care organisations across England to participate in high-quality research, thereby advancing knowledge and improving care. At present, CRN supports research being delivered through 30 specialty therapy areas and 15 Local Clinical Research Networks. These provide a network of research expertise and clinical leadership to deliver research studies on the NIHR CRN Portfolio of studies.

However, from April 2024, the CRN will transition to a new organisation, the NIHR Research Delivery Network (RDN). The NIHR RDN is being established to support the delivery of high-quality research that enables the best care for our population. The RDN will have a shared vision and purpose, delivering a consistent experience for the research and healthcare communities. Innovations in one region will be shared and replicated across the country. It will be rooted in the local experience and needs of the research system and the populations it serves.

Our Organisation will transition from Thames Valley and South Midlands to East of England - hosted by Norfolk and Norwich University NHS Foundation Trust. Guidelines and further instruction will be made available after 1st April 2024.



A. North East and North Cumbria

B. Yorkshire and Humber

C. North West

D. East Midlands

E. West Midlands

F. East of England

G. North London

H. South London

I. South Central

J.South East

K. South West Central

L. South West Peninsula

2.6 Goals agreed with Commissioners

A proportion of Milton Keynes University Hospital NHS Foundation Trust income in 2023/24 was conditional upon achieving quality improvement and innovation goals agreed between Milton Keynes University Hospital NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

2023/24 CQUINs for Milton Keynes University Hospital NHS Foundation Trust

Indicator	Indicator Name	High level detail	Expected delivery 2022/23
CQUIN01	Flu vaccinations for frontline healthcare workers	Achieving 75-80% uptake of flu vaccinations by frontline staff with patient contact	The Trust achieved a total frontline flu vaccination uptake of 73%
CQUIN02	Supporting patients to drink, eat and mobilise after surgery	Ensuring that 70%- 80% of surgical inpatients are supported to drink, eat and mobilise within 24 hours of surgery ending	This CQUIN has been achieved in full.
CQUIN04	Prompt switching of intravenous (IV) antimicrobial treatment to the oral route of administration as soon as patients meet switch criteria	Achieving 60-40% of patients are switched to oral antimicrobial treatment	This CQUIN has been achieved in full.
CQUIN05	Identification and response to frailty in emergency departments	Achieving 10-30%	This CQUIN has been achieved in full with over 70% of patients being identified.
CQUIN07	Recording of and response to NEWS2 score for unplanned critical care admissions	Achieving 10-30%	This CQUIN has been achieved in full

2.7 Care Quality Commission (CQC) Registration and Compliance

Milton Keynes University Hospital NHS Foundation Trust is required to register with the Care Quality Commission and under its current registration status is registered to provide the following regulated activities:

- Urgent and Emergency Services
- Medical Care
- Surgery
- Critical Care
- Maternity and Gynaecology
- Services for Children and Young People
- End of Life Care
- Outpatients and Diagnostic Imaging

Milton Keynes University Hospital NHS Foundation Trust has no conditions on its registration. It received no enforcements actions during the reporting period.

Milton Keynes University Hospital NHS Foundation Trust is fully registered with the CQC and has a current registration without conditions. **No enforcement action has been taken against the Trust during 01 April 2023 and 31 March 2024.**

2.7.1 Review of Compliance of Essential Standards of Quality and Safety

CQC carried out a short notice announced focused inspection of the maternity service in March 2024, looking only at the safe and well led key domains. CQC rated maternity safety as good under the safe domain category. It identified that the staff had the required training and skills to work well together for the benefit of women and birthing people. The maternity service was also able to demonstrate, understanding of how to protect women and birthing people from abuse, and manage their safety well, this included staff assessing risks to women and birthing people, and acting on them.

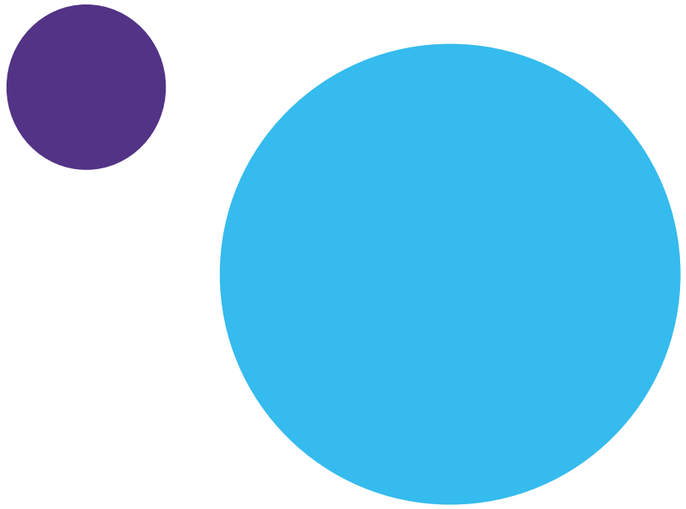
2.7.2 Overall Ratings for Milton Keynes University Hospital

Ratings of the Maternity service did not change the ratings for the hospital overall. The overall hospital rating remains as good.

Other areas of the Trust were inspected during April and May 2019, when the Trust received an unannounced CQC inspection which focused across 4 key areas, urgent and emergency care, surgery, medical care and maternity. Medical care increased its safe rating to good from a requires improvement rating in 2016; in Surgery, 'safe' was regraded from 'good' to 'requires improvement'. In urgent and emergency care, the rating for 'well-led' was amended from 'good' to 'requires improvement.' All other inspected areas maintained their previous ratings. All other areas were not inspected during this period and retain their rating of Good.

Latest overall Ratings for Milton Keynes University Hospital:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good	Good	Good	Good	Good	Good
Services for children & young people	Good	Good	Good	Good	Good	Good
Critical care	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Maternity	Good	Good	Good	Good	**Outstanding**	Good
Outpatients & diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Surgery	Requires improvement	Good	Good	Good	Good	Good
Urgent and emergency services	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Overall Rating	Good					



2.7.3 Key Findings from the CQC Inspection Report

The maternity service managed safety incidents well and learned lessons from them. The service actively and openly engaged with women and birthing people, staff, equality groups, the public and local organisations to plan and manage services. People could access the service when they needed it and did not have to wait too long for treatment.

The well led domain was rated as outstanding. It was identified during the inspection that the leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for women and birthing people and staff. They supported staff to develop their skills and take on more senior roles.

2.7.4 Areas of Outstanding Practice

Outstanding practice

The CQC chose to highlight the following as areas of outstanding practice at the Trust:

1. The trust had invested in additional middle grade specialty doctors who were on-site and available 24/7. This was to ensure women and birthing people safety and improve their experience following consultation with MDT staff.
2. The specialist bereavement midwife created a bereavement garden in the hospital grounds for bereaved parents of babies and children.
3. The specialist midwife was caring and compassionate and had gone above and beyond to develop the bereavement service for bereaved women and their families.
4. The maternity service recognised and understood their women and birthing people groups and the additional challenges the women and families who accessed the service faced. Particularly around health inequalities, co-complexities and co-morbidities. As a response to these challenges, the service had created more specialist roles to support women in the hospital and community to improve the outcomes and experiences of the women.
5. The access to information by women, birthing people, staff and public about the service, performance, policies and procedures was exemplary. Women and birthing people had access to 60 information leaflets about pregnancy, condition and delivery. Women, staff and the public could also access 105 service maternity specific policies and guidelines on the website. The service had also created a maternity glossary of terms for women and several maternity areas had tour videos which were available on their website for women to access. The information on the maternity website could be translated to any language.

2.7.5 Areas of Compliance or Enforcements

The Trust received no notifications of compliance or enforcement actions as a result of this report.

Areas were identified for improvement, and the Trust took immediate action to ensure those recommendations were acted upon:

- The trust should consider ensuring the bereavement room is soundproof to improve the experience of bereaved women and families who have experienced a loss. This work has been commenced within the current estates restraints as MKUH.
- The trust should continue to improve the incidents reporting process in the service. This has continued to be monitored monthly with an upward and stable trajectory.
- The trust should continue to address the vacancy and sickness rates in maternity staffing. Workforce recruitment and retention has continued as part of the workforce modelling and is monitored at divisional and regional level.
- The trust should continue to address the high smoking rates of pregnant women at booking and post-delivery. Development of this service has continued in 2023/2024 and has an onward plan for 2024/2025.

2.8 Data Quality

The Trust has implemented a wide range of clinical and administrative information systems, designed to improve the richness and completeness of information that is used to manage and treat our patients. Assurance against the quality and completeness of this information is systematically monitored in several ways, and externally through national benchmarking against key data quality metrics and internally through national reporting and local performance improvement groups.

The Trust has an Executive-led Data Quality Governance Group with membership from across the organisation. The primary focus of the Group is to focus on key priority areas as outlined in the NHS Operating Planning Framework, with a view to evolving the underlying governance frameworks and processes to deliver improved outcomes.

We recognise that the management of data quality is central to supporting transformation and digital maturity. During 2023/24 the Trust continued to make demonstrable progress in strengthening its teams that are dedicated to Data Quality audit, compliance as well as investing in systems and training. Having such teams embedded provides us with a more robust framework for identifying and managing data quality issues, utilising a combination of system expertise and policy knowledge, particularly in relation to emergency, outpatient and elective care. This in turn supports a reduction in the risks related to data quality; monitored by the Data Quality Governance Group and the Risk & Compliance Board.

The post COVID-19 pandemic challenge and subsequent need for us to address the backlog of patients waiting for treatment and manage longer waiting times, progress in some areas was inevitably delayed. In 2023/24, progress has been evident with positive outcomes:

- The Trust continues to improve the management of waiting lists through the production of daily reports on long-waiters, with weekly meetings to ensure patients are regularly reviewed and prioritised. This is also supported by regular clinical reviews and telephone conversations with patients to offer earlier dates where appropriate and where capacity allows the Trust to do so. This robust approach to managing waiting lists has ensured that the Trust delivered on its commitment to having no patients waiting over 78-weeks as for treatment at the end of March 2024. Whist this target was not met in full there were only 37 waiting over this target. The new target for the Trust is 65 weeks that we aim to clear in the calendar year 2024. The Trust has also increased its focus on improving data quality by utilising the nationally produced LUNA reports from NHS Digital. These reports offer an up-to-date national view of data quality from all providers in England.
- The delivery of the fourth phase of eCARE development (Phase D) will start in 2024/5 and this will aim to improve the data quality and performance of outpatients with the greater use of digital technology.
- The Trust was the first in the country to go live with implementing NHS England's Learning from Patient Safety Event (LFPSE) form in November 2021. Staff needed to complete NHSE's LFPSE questions on page one and then the Trust's local incident form questions as page two of the incident form. The addition of the LFPSE questions significantly increased the time it takes for staff to report incidents and had a negative impact on the Trust's reporting rate. In June 2023, working in partnership with Radar, we implemented a combined incident reporting form that removed much of the duplication and made the incident form much more succinct. Reducing the time taken to report an incident resulted in a significant increase in the rate of reporting throughout the rest of the financial year.

All of the above activities retain a focus on continued learning and development in a bid to improve data quality and not settling on the status quo. In addition, the Trust is actively engaged with its commissioners to monitor the quality of clinical services delivered through the delivery of local and national targets. These include both quality and performance indicators and hence data quality is important to ensure accurate reporting.

> "The Trust was the first in the country to go live with implementing NHS England's Learning from Patient Safety Event (LFPSE) form in November 2021."

2.9 Qualitative Information on Deaths (While Maintaining Patient Anonymity)

Milton Keynes University Hospital NHS Foundation Trust continues to implement National Quality Board guidance regarding Learning from Deaths. This includes quarterly publication of qualitative and quantitative data on deaths through Trust Board meetings held in public.

Qualitative mortality review is undertaken by the Medical Examiners, the Coronial System, Mortality and Morbidity Meetings, Structured Judgement Reviews, and a variety of multi-agency review teams looking at deaths that occur in specific circumstances: the peri-natal period, in patients with learning difficulties and in pregnant women.

The Trust implemented the Medical Examiner system in May 2019 and has a team of ten medical examiners who work on a sessional / part-time basis. This includes local general practitioners and hospital consultants from a range of specialties to provide a breadth of clinical experience and expertise.

Medical examiners provide independent scrutiny of all hospital deaths, assessing the causes of death, the care delivered before death and facilitating feedback from the bereaved. They refer cases for further investigation through Trust processes and / or the coronial system.

Deaths with concerns raised regarding care delivery undergo a formal Structured Judgement Review (SJR). SJRs are carried out by trained reviewers who look at the medical records in a critical manner and comment on all phases of care. The output of the SJR is discussed at monthly departmental Mortality and Morbidity Meetings. Lessons learned are disseminated within the specialty through local Clinical Governance Meetings. The Clinical Outcomes Review System (CORS) is an electronic interface that provides a single point-of-reference for all completed SJRs across the Trust. This has the facility for real-time reporting and review, providing additional oversight and the opportunity for organisation-wide learning.

The Medical Examiners' office at the Trust extended the Medical Examiner system to include scrutiny of deaths in hospice settings from December 2022. Since then, the system has been further expanded to include the majority of deaths in the community. Changes to the national process of death certification and registration were initially planned for April 2023. This was initially deferred to April 2024 but, with this deadline looming, it is likely there will be further delays to the introduction of a national statutory system.

The Medical Examiners' office has received positive feedback from bereaved families and has encouraged positive communication with the Coroner's Office

The Learning Disabilities Mortality Review (LeDeR) programme is established in the Trust to review the deaths of people with a learning disability, to learn from those deaths and to put that learning into practice. The Trust reported 5 deaths to the LeDeR programme in 2023. The Trust has a full-time learning disability coordinator who supports the pathway for the SJR process with LeDeR review. This takes place as part of the Bedfordshire, Luton and Milton Keynes (BLMK) review group and provides external independent review. Recommendations from the review are put into practice. Actions include improving communications with families, learning disability awareness to ensure adjustments to care are made, assessments and formal processes such as the Deprivation of Liberty Safeguards are followed. We have a specialist Learning Disability Nurse to advise and support staff, carers, and patients.

Perinatal losses occurring in association with the Trust's services are reported through the Perinatal Mortality Review Tool (PMRT). The cases undergo investigation and external review. Learning from PMRT is disseminated via different forums and meetings as well as the maternity newsletter. Actions taken include reviewing and updating guidelines; the introduction of a standardised triage tool; staff education; workshops to improve foetal monitoring and strengthened governance.

Table 1. Review and Investigation of Deaths 2023

	Q3 Oct-Dec 2022	Q4 Jan-Mar 2023	Q1 Apr-Jun 2023	Q2 Jul-Sep 2023	Q3 Oct-Dec 2023
Number of deaths	349	266	230	222	252
Number of deaths reviewed by Medical Examiner	100%	100%	100%	100%	100%
Number of SJRs Requested by Medical Examiner	25	28	28	38	63
% Deaths in which SJR requested	7.2%	10.5%	12.2%	17.1%	25%
Cases taken for investigation by the coroner following referral (% of total deaths)	15.5%	10.9%	9.1%	13.9%	9.1%
Cases in which MCCD (Form A) completed after discussion with Coroner (% of total deaths)	12.9%	9.4%	12.6%	15.3%	16.1%
% (Number) of Urgent Release completed paperwork within 24hours †	100% (2/2)	100% (2/2)	100% (4/4)	100%	100% (2/2)
MCCD completion within 3 days	91.4%	91.0%	91.3%	90.1%	79.5%
Number of Relatives directed to PALS	13	8	8	11	3
Number of MCCDs rejected after Medical Examiner scrutiny	18	8	4	3	6
Deaths of people with Mental Health or Learning Disability diagnoses	0	0	1	0	4

Qualitative review of deaths within the Trust runs in parallel with the quantitative reporting and analysis of data generated by Hospital Episode Statistics (HES). Caspe Healthcare Knowledge System (CHKS) is commissioned by MKUH to provide information on unadjusted mortality rates as well as several adjusted indices, notably Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital Mortality Index (SHMI). These measures adjust crude mortality for factors such as patient age, medical co-morbidities, and admission diagnosis to allow for comparison across healthcare providers.

In relation to its national peers, unadjusted mortality and HSMR are consistently in the 'mid-range' and SHMI remains 'as expected'. Values for crude mortality, HSMR and SHMI

have fallen steadily over the last year (see Figures 1-3). This is due to a combination of factors including better documentation of admission diagnosis and increased numbers of admissions via the Maple Unit and Same Day Emergency Care (SDEC).

In addition to Trust-level indices, further information is provided in the form of 'alerts' where data falls outside the expected range in specific diagnostic categories. Reviews take place through monthly Mortality Review Group Meetings which have representation from CHKS, the Clinical Governance team, Clinical Coding and the Medical Examiners' Office.

Interpretation of these alerts may be challenging due to the small number of cases in individual categories. Case records are reviewed when an alert has been raised, with a view to understanding the completeness of documentation, accuracy of risk prediction and triangulating these with the qualitative review conducted by the MEs.

Current alerts include the diagnostic categories of 'fractured neck of femur', 'abdominal pain' and 'other perinatal conditions' which includes still births, late terminations of pregnancy and neonatal deaths. Review of these alerts has led to quality improvement programmes in clinical documentation and engagement with local and national quality improvement programmes. Importantly, no significant concerns have been identified in relation to the clinical care pathways for these conditions.

Figures 1-3 show the position of MKUH (highlighted blue) compared to national peers for unadjusted mortality, HSMR and, SHMI – in hospital for the calendar year 2023.

Figure 4 shows data for SHMI, which includes data from 30 days post-discharge and therefore data are shown for the calendar year to October 2023. Given the continued fall in value of SHMI-in hospital for the months Oct-Dec 2023, it is likely that SHMI values will continue to fall for the next 3 months.

Figure 1. Unadjusted Mortality Rate

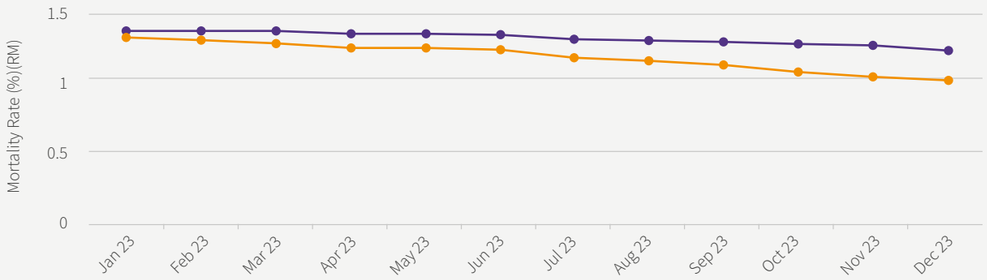


Figure 2. HSMR

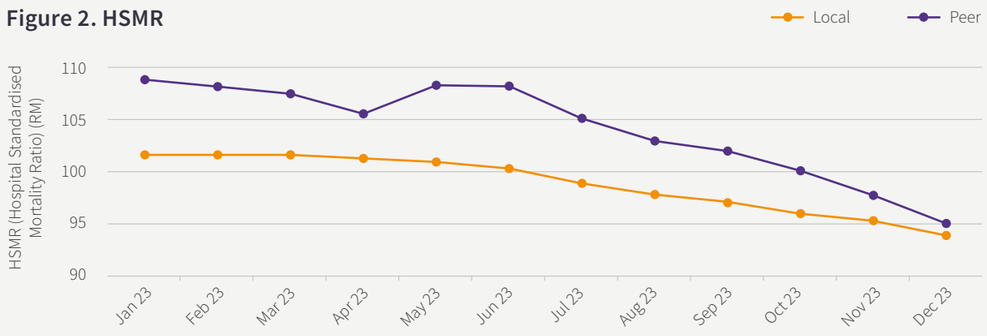


Figure 3. SHMI - in hospital

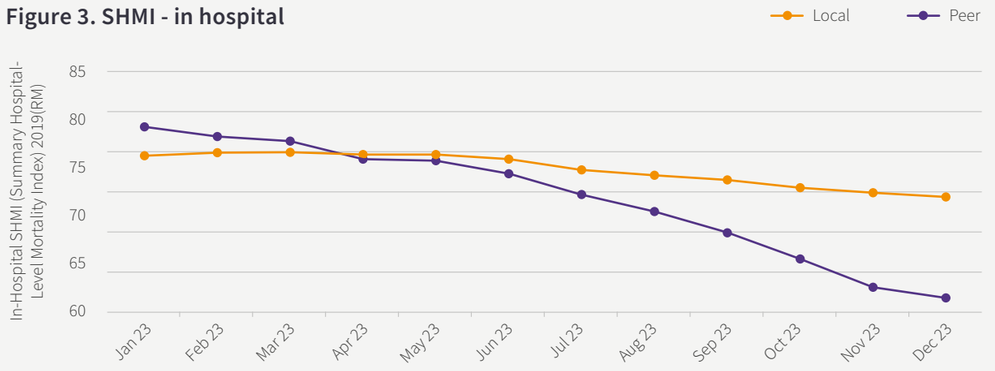
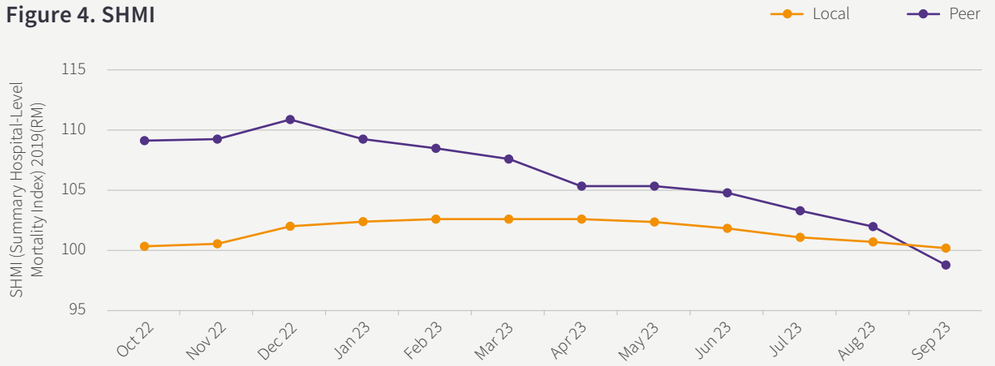


Figure 4. SHMI



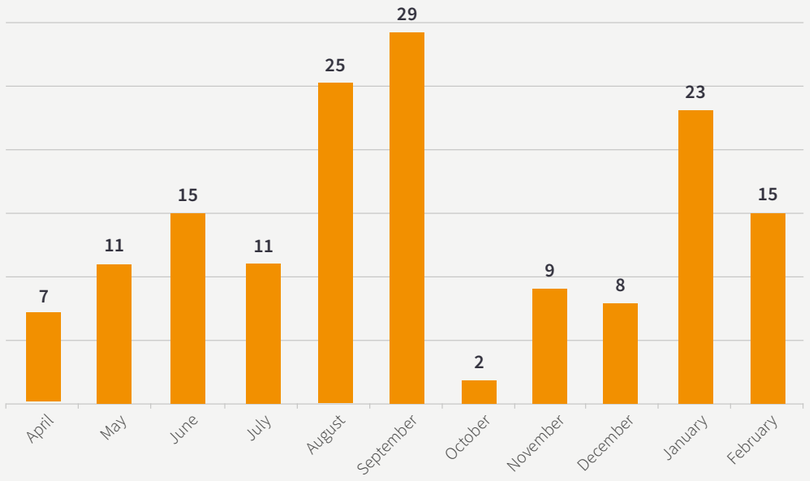
2.10 Report by the Guardian of Safe Working Hours

In 2016 a new contract for doctors in training was introduced nationally by NHS Employers. This updated contract placed several new requirements on the employing trust, including (but not limited to) changes to the rules on which rota designs could be based, the additional requirement for work schedules, the implementation of an exception reporting system, the appointment of a Guardian of Safe Working Hours and the setting up of a junior doctor forum to discuss these issues.

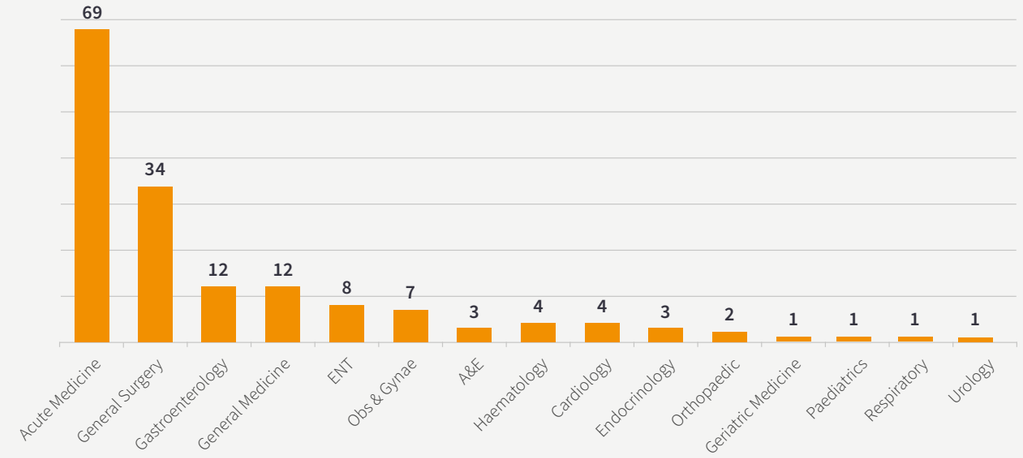
Exception reporting is the process where a trainee doctor can raise issues with their educational supervisor in relation to one or more of: their hours of work; the level of support offered to them by senior colleagues; or training opportunities which vary significantly from those described in their work schedule (supplied to them at appointment). Either the Educational Supervisor or Rota Co-ordinator, as chosen by the junior doctor, then reviews the exception report with the trainee and decides what action to take as a result. Exception reporting should then inform staffing, rota and training designs to improve the working conditions for doctors in training. The Guardian of Safe Working Hours governs this process ensuring exception reports are reviewed by both educational supervisors and service leads, and also that issues arising are fed directly to Trust Board through an annual report. Quarterly reports are also provided to the Trust Workforce and Development Assurance Committee.

During the financial year period of 01 April 2023 – 29 February 2024 the following exceptions have been reported:

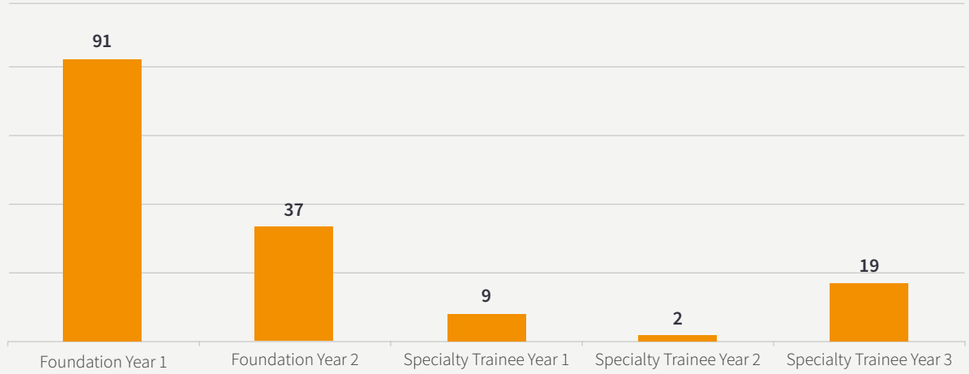
Exception reports by month



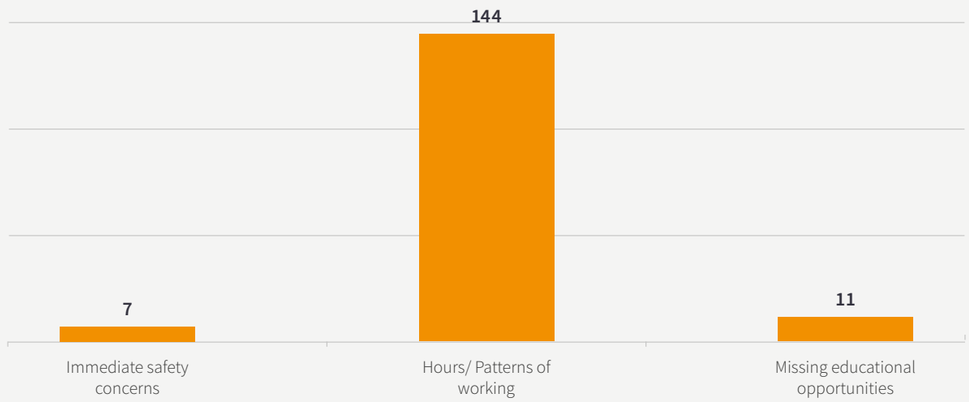
Exception reports by department



Exception reports by grade



Reasons for exception reporting



In summary, there were 155 exception report from April 23 – February 24, which indicates good use of the exception reporting system by junior doctors. Peak months of exception reporting were August, September and January. This is usually the regular pattern including last year too. Most of these exception reports were because of additional hours of working i.e. staying late after shift. Most of these exception reports were from Acute Medicine and General Surgery departments and the majority of them were from foundation year doctors. Overall, August and September are the time of junior doctors' rotation change over time which result in high volume of exception reports. December, January are the busiest winter months with high volume of hospital admissions which likely result in extra hours of working.

Maximum numbers of exception reports were from Acute Medicine (45%) and General Surgery (22%) along with other acute medical specialties Gastroenterology (7.7%), Geriatric medicine (7.7%) and ENT (5%.) Obs and Gynae (4.5%). These follow similar trends from previous years.

58% of the exception reports were from foundation year 1 doctors, 24% from foundation year 2 doctors, 12% from specialty year 3 doctors. These also follow the general trend, maximum exception reports came from foundation year doctors.

93% of reports were due to working additional hours i.e., staying late during ward duties on weekdays and on calls. Most quoted reasons by trainee doctors were pressure of acute patients and staffing shortages. These patterns are similar to previous years. This reflects junior trainee doctors needing more support including adequate ward staffing, senior support and reflects junior trainee doctors are more efficient in escalating issues and are aware of the exception reporting system.

There were 7 exception reports with immediate safety concerns. All of them were due to low staffing levels during acute on calls, acutely unwell patients and high patient loads during on calls; 5 were form acute medicine, 1 from Gastroenterology and 1 from Obs and Gynae. 6 of the exception reports were appropriately discussed in relevant departments with trainees and educational supervisors. They were further acknowledged for regular review of on call staffing levels. Maximum efforts were agreed to be given for short notice sickness cover for on call shifts specially for night and weekend on call cover. On detailed review, there were no actual patient care safety concerns. Communications were made to the relevant educational and clinical supervisors for adequate support to the junior doctors especially during on calls. One exception report from the Obs and Gynae department from January 2024 is still waiting for an update from the team about the final outcome. An email notification has been sent to all involved.

51% of exception reports (79 out of 155) were resolved with time in lieu(TIL), 49% (76 out of 155) were resolved with overtime payment and 5% did not need any further additional action. There were staffing/ rota changes as explained before in General Medicine department with the frailty on call rota over the weekend. This improved work life satisfaction of junior doctors during the weekend frailty on call weekend cover, as per feedback from junior doctors.

There is one unresolved exception report with safety concerns from the Obs and Gynae department at the time of writing the report. Weekly email reminder have been sent to the supervisor, trainee and the Obs and Gynae rota co-ordinator. This was escalated to Obs and Gynae CSU lead and will be discussed in divisional meeting with midwife lead nurse for an oversight and implementation of any changes.

TIL/additional hours have been suggested to the trainee doctor.

2.11 Opportunities for members of staff to raise concerns within the Trust

At MKUH we have several routes by which our staff can speak up. These include:

- Freedom to Speak Up Guardians and Champions.
- Peer to Peer (P2P) Listening Service
- Health and Wellbeing Champions
- Human Resources
- Staff Health and Wellbeing
- Equality Diversity and Inclusion networks
- Mental Health First Aiders Mentors and educational supervisors and preceptors.
- Line managers
- Non-executive Directors and Executive Directors
- Confidential staff helpline
- Staff Side Unions
- Regulators

One of the routes for speaking up over concerns ranging from patient safety, quality of care, bullying, to incivility, is to use the Freedom to Speak Up Guardian. The team includes Freedom to Speak Up Guardians and a Lead Guardian, and Freedom to Speak Up Champions who act as signposts to the Guardians.

There is clear support from the Chief Executive Officer and Trust Board lead for Freedom to Speak Up. The Trust has a comprehensive and accessible Speaking Up Policy aligned with the national NHS Speaking Up Policy of 2022. This supports how colleagues can raise concerns with the Guardians and Champions and ensures that confidentiality is afforded to those individuals. Anonymity is possible and for all witnesses we strive to ensure that they are protected from detrimental behaviour that could arise from raising a concern. In addition to the policy, there is Trust-wide signage outlining the contact details of the FTSU Guardians and Champions. A contact card has

also been developed that is handed out at staff induction. Feedback is given directly to colleagues who raise a concern. Feedback received from those making disclosures indicates that the facility to raise their concerns and have them heard, often for the first time, has been beneficial.

There is a dedicated email address **freedomtospeakup@mkuh.nhs.uk** for staff to contact the Guardians, and there is a mobile telephone line 07779 986470 as another way of contacting the Guardians, particularly for staff who do not normally use email. The extension number is 85903, or direct dial 01908 99503. There is a QR code available for staff to use as a method for raising concerns.

In 2023/24 there has been 93 cases recorded and reported to the National Guardians Office, an increase from 54 cases reported in the previous year. The Lead Guardian is using the East of England regional Guardians group and other resources to seek ideas to improve the uptake of the Guardian service. Staff who have spoken up in the past have not reported any detriment to them for doing so.

The current Lead Guardian has had opportunities in 2023-24 to speak to various groups, such as managers on the Managers MK Way Induction Programme, and newly recruited Healthcare Support workers. Further opportunities to raise the FTSU profile have taken place, including sessions with nursing and medical students. This is helped by the Trust offering Guardians protected allocated time for FTSU activities, with the Lead Guardian being employed substantively.

The Trust has Freedom to Speak Up embedded into mandatory training for staff by using the three videos: Speak Up, Listen Up, and Follow Up. Compliance is at 98% across the Trust for this training.

2.12 Reporting Against Core Indicators

Set out in the table below are the quality indicators that Trusts are required to report in their Quality Accounts.

Additionally, where the necessary data is made available to the Trust by the Health and Social Care Information Centre, a comparison of the numbers, percentages, values, scores or rates of the Trust (as applicable) is included for each of those listed in the table with

a) The national average for the same; and

b) With those NHS Trusts and NHS Foundation Trusts with the highest and lowest of the same, for the reporting period.

Where data is not included this indicates that the latest data is not yet available from the NHS Information Centre.

a. Indicator 1: Summary Hospital-Level Mortality Indicator (SHMI) value and banding

SHMI Table

Domain 1: Preventing People from dying prematurely							
12. Domain of Quality	**Level**	**2018/19**	**2019/20**	**2020/21**	**2021/22**	**2022/23**	**2023/24**
(a) The value and banding of the Summary Hospital-level Mortality Indicator ('SHMI') for the Trust	**MKUHFT**	1.05 (Band 2)	1.09 (Band 2)	1.16 (Band 1)	1.07 (Band 2)	1.07 (Band 2)	0.95
	National	1.0	1.0	1.0	1.0	1.0	2.0
(b) Percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust	**MKUHFT**	48%	47%	54%	53%	51%	42%
	National	34%	36%	36%	39%	40%	42%
	Other Trusts Low/High	14% / 60%	12% / 59%	8% /59%	11% / 64%	12% / 65%	16% / 66%

digital.nhs.uk/data-and-information/publications/statistical/shmi/2023-03/shmi-data

Latest publication date: 14th March 2024

Period used: November 2022 - October 2023

The Summary Hospital-level mortality (SHMI) reports at Trust level across the NHS using a standard and transparent methodology. SHMI has a lag presentation time period of 6 months. The Trust's SHMI remains at statistically 'as expected'. The Trust remains committed to monitoring the quality of care through mortality review processes to identify themes, areas for improvement as well as good practice. Our aim is to create a learning environment from deaths. All deaths at MKUH are reviewed by the independent Medical Examiner.

SHMI palliative care coding contextual indicators - NHS Digital

Latest publication date: 14th March 2024

Period used: November 2022 - October 2023

b. Indicator 11: % of admitted patients risk assessed for Venous thromboembolism (VTE)

Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm								
23. Domain of Quality	**Level**	**2017/18**	**2018/19**	**2019/20**	**2020/21**	**2021/22**	**2022/23**	**2023/24**
Patients admitted to hospital who were risk assessed for venous thrombo-embolism (Q3 results for each year)	**MKUHFT**	76.9%	96.8%	98.0%	Not Available	Not Available	Not Available	Not Available
	National	95.4%	95.7%	95.3%				
	Other Trusts Low/High	76% / 100%	55% / 100%	72% / 100%				

Milton Keynes University Hospital NHS Foundation Trust considers that this data is as described for the following reasons: The data sets are nationally mandated and internal data validation processes are in place prior to submission. Indicators are usually sourced from **NHS Digital** to align with the NHS Outcomes Framework.

During 2023/24, the Trust made effective use of eCare, its electronic patient record system to simplify the data collection process. The Trust also keeps record of local VTE data but until NHS Digital updates the indicators on the above website, the Trust is unable to provide 'National' or 'Other Trusts Low/High' performance which historically has also been required.

MKUH local VTE performance for Q3 2023/24 was 97.2% as reported on the Trust Performance Scorecard.

NB: Due to the Trust's response to the COVID-19 pandemic, Venous thromboembolism (VTE) Assessments were suspended in 2020/21, and remained suspended in 2021/22, 2022/23 and 2023/24.

c. Indicator 12: Rate of Clostridium difficile (C. diff)

24. Domain of Quality	**Level**	**2017/18**	**2018/19**	**2019/20**	**2020/21**	**2021/22**	**2022/23**	**2023/24**
C.difficile infection rate per 100,000 bed days (Hospital-onset)	**MKUHFT**	7.1	8.6	5.1	6.5	10.5	11.5	Not Available
	National	13.6	12.2	13.6	15.4	16.3	18.3	
	Other Trusts Low/High	0 / 90.4	0 / 79.8	1 / 51.0	0 / 80.6	0 / 53.6	0 / 73.3	

NHS Digital : Domain 5 – Treating and caring for people in a safe environment and protecting them from avoidable harm.

NB: The national data for 2023/24 is not yet available from NHS Digital.

d. Indicator 13: Rate of patient safety incidents and % resulting in severe harm or death

There were 7,576 Patient Safety incidents reported during 2023/24. This equates to a reporting rate of 42.41 incidents per 1,000 bed days. Of these 88 (1.16%) were categorised as Major/Catastrophic.

The Trust reports patient safety incidents directly to NHS England via the Learning from Patient Safety Events (LFPSE) system. The reporting rate of all incidents decreased during 2022/23 following a move to a new incident reporting system. Actions were put in place to increase awareness of the importance of reporting incidents, and to encourage the reporting of incidents including collaboration ongoing between staff, NHS England and the system provider to make reporting quicker and easier for staff. A new design of the incident form implemented in June 2023, along with staff being more familiar with the new system, has seen a significant increase in the rate of reporting in subsequent months.

Comparative data between MKUH and other Trusts is currently not available, as MKUH were the first Trust to move across to NHS England's LFPSE system. There is an increasing number of Trusts that have switched from the National Reporting & Learning System (NRLS) to the LFPSE system; however benchmarking data is still not currently provided. We expect that improved benchmarking will be made available in the future.

e. Responsiveness to Inpatient Needs

The Trust's Patient and Family Experience Team continues to work with the clinical teams with a view to improving the experience of patients and their families. There are a number of channels by which patients and their families are able to provide feedback, and the Trust responds proactively to these emerging messages.

NB: Due to the impact of COVID-19 and the pause placed on the Friends and Family Test nationally, the Friends and Family Test was not implemented between April 2020 and December 2020, and some domains remain suspended.

Domain 4: Ensuring that people have a positive experience of care								
20. Domain of Quality	**Level**	**2017/18**	**2018/19**	**2019/20**	**2020/21**	**2021/22**	**2022/23**	**2023/24**
Responsiveness to inpatients' personal needs	**MKUHFT**	63.1%	64.5%	62.6%	71.6%	Not Available	Not Available	Not Available
	National	68.6%	67.2%	67.1%	74.5%			
	Other Trusts Low/High	60.5% / 85.0%	58.9% / 85.0%	59.5% / 84.2%	67.3% / 85.4%			

Domain 4: Ensuring that people have a positive experience of care								
20. Domain of Quality	**Level**	**2017/18**	**2018/19**	**2019/20**	**2020/21**	**2021/22**	**2022/23**	**2023/24**
Staff who would recommend the trust to their family or friends	**MKUHFT**	66%	68%	70%	76%	Not Available	Not Available	Not Available
	National	70%	70%	71%	74%			
	Other Trusts Low/High	47% / 89%	41% / 90%	41% / 88%	50% / 92%			
Patients who would recommend the trust to their family or friends (Inpatient FFT - February in each year available)	**MKUHFT**	97%	96%	96%	94%	94%	93%	93%
	National	96%	96%	96%	100%	99%	94%	94%
	Other Trusts Low/High	82% / 100%	76% / 100%	80% / 100%	41% / 100%	77% / 100%	66% / 100%	74% / 100%

3

Other Information

3.1 Patient Experience

3.1.1 Complaint Response Times

The total number of complaints received for 2023/24 totalled 1124. When compared to 2022/23 this amounts to a decrease of 1.75% (2022/23 n = 1144).

All complaints are triaged by severity upon receipt. The number of complaints received by severity for 2023/24 is detailed below:

Red - Severe harm	3
Amber - Moderate Harm	199
Yellow - Low Harm	906
Green - No Harm	16

In percentage terms the number of no and low-harm complaints amounts to 82.03% (84.1 % 2023/24) of total complaints received. Low and no-harm complaints are those that are usually dealt with by the PALS team on an informal basis, and are in relation to issues such as appointments, staff manner and attitude and lost property.

Severe and Moderate-harm complaints are those that usually involve historical issues or a number of care issues in respect of the patient's care pathway. These complaints are dealt with by the Complaints team and require an in-depth investigation by the responsible division and either a written response from the Chief Executive or a local resolution meeting with the complainant and the responsible staff or both.

A complaint that is made verbally and resolved to the person's satisfaction within one working day is not reportable under national complaint regulations.

All complaints are dealt with in accordance with 'The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009'. The regulations dictate that all complaints should be acknowledged either verbally or in writing within three working days of receipt and should be responded to in full within 6 months.

To ensure that complainants are provided with a timely response to their complaint and investigations are undertaken in a timely manner, the Trust has set its own internal timescales for dealing with complaints and these are set at 60 working days for severe harm (red), 30 working days for moderate harm (amber) complaints, and 15 working days for no and low-harm (yellow and green) or within timescales agreed with the complainant.

Divisional compliance with these timescales is monitored and reported through the Trust's scorecard which is reported to the Board monthly. The target for responding to complaints in the timescales agreed with the complainant is set at 90%. In 2023/24 The Trust has achieved an average monthly performance of 64.1% which has decreased since 2022/23 due to the divisions not responding to complaints within the required timescales and capacity issues within the Complaints and PALS teams. Actions to address this are in place for 2024/25 with training being provided to matrons and senior sisters in the investigating and responding to complaints and a complaints panel will be formed with a multi[1] disciplinary membership. One of the primary functions of the group will be to monitor late investigation responses from the divisions.

3.2 Patient Safety

3.2.1 Duty of Candour

The Trust looks to proactively be open and honest in line with the duty of candour requirements and looks to advise/include patients and/or next of kin in investigations. The Trust incident reporting policy outlines duty of candour compliance in line with national regulatory and standard contract requirements. For patient safety incidents reported as a moderate grading or above an initial apology is required where it is recognised that there have been care/service delivery omissions that have resulted in significant harm, followed by a formal written apology. This is tracked on the Trust's electronic reporting system where a dashboard reflects live compliance with both the first & second stages. Duty of candour data is included as a Trust KPI and reported at corporate governance meetings. The Trust's Head of Patient Safety and Legal Services has lead responsibility with delegated responsibilities within the Risk Management Team for day-to-day management. Duty of candour letters are approved by the Head of Patient Safety and Legal Services and her details given as a point of contact if required. For serious incidents reported on the Strategic Executive Information System (STEIS) a formal duty of candour apology letter is sent which includes offering the patient /relatives the opportunity to be involved in the investigation and a further letter sent on completion of the investigation. Moving towards the implementation of the National Patient Safety Framework (PSIRF) compassionate engagement and involvement of those affected (patients and/or relatives) is one of the four defining PSIRF principles and in pilots this year has been well received.

From March 2017 a covering letter was included in the Trust bereavement packs informing that all deaths across the organisation are investigated and, if relatives had concerns regarding care or treatment, we would look to include this in the Trust mortality reviews and feedback the findings. This process has received positive feedback and helped to give reassurances that as an organisation we look to actively learn from incidents and put in place mitigation against other similar incidents in the future. In 2019 this has evolved further with the introduction of Medical Examiners and their communications with families.

The 2023/24 Service Quality Performance Reports 100% compliance based on the Trust's incident reporting system (Radar) for quarters 1 and 2 and 4. There was 1 breach in quarter 3. Duty of candour dashboard data and is provided at month end (last working day) against a performance denominator of 0.

3.2.2 Preventing Future Death (PFD) reports

The Trust received 3 PFDs from HM Coroner in the year 2023 – 2024 which related to:

June 2023

Concern expressed in relation to:

- Lack of attention to the referral note from the Urgent Care Centre (UCC) – inaccurate transcription by triage nurse and failure of doctor to seek out the original
- Failure on the part of the assessing doctor to record changes in bowel habits as a prominent presenting symptom in his contemporaneous record leading to an implied concern and his subsequent evidence
- Lack of reliable recording of intravenous (IV) fluids in the Emergency Department (ED)
- A potential contributory factor (fluid prcriptions 'disappearing' from the electronic prescription chart had not been raised to hospital authorities between the incident date and the inquest
- A serious incident report which HM Coroner felt to be of an unacceptable standard

The Trust's response noted:

- That the fluid issue had been raised with Cerner (technology firm and we developed a 'short infusion' order and a training video for staff
- Advised of advances in recent years in relation to the visibility of the electronic patient record between different providers and the IT systems involved a patient's pathway
- Implementation of the National Patient Safety Framework (PSIRF) and a focus on robust clinical triage on presentation in the ED including timely manager of sepsis where indicated, and the recognition of and response to deteriorating patients including escalation in the inpatient environment where sepsis may be the driver of that deterioration
- Sepsis as a priority in the 2023 Quality Accounts and the formation of a sepsis quality improvement group
- Formal letter from the Chief Nurse to all registered staff in the ED noting the key learning points of the PFD

August 2023

Concern raised in relation to:

That once the percutaneous endoscopic gastronomy (PEG) tube was inserted at Milton Keynes Hospital it seems that the deceased's deteriorating condition was not monitored closely even though he was complaining of abdominal pain soon after the procedure was completed, his concerns were not escalated to a senior doctor for consideration of a possible bleed. The procedures and protocols following PEG insertions should be reviewed.

The Trust responded recognising that the post-procedural guidance could have been clearer. The Gastrointestinal Team were asked to review their discharge protocol following PEG insertion and to liaise with the specialist body (British Society of Gastroenterology) to see if they could signpost excellent practice. The Trust noted that as part of discussions a gap was identified in relation to the post-procedural observations of patient undergoing other endoscopic procedures which would further be reviewed.

October 2023

Concern expressed in relation to:

There may not have been a clear indication on the patient's medical record about the potential risk of opioid abuse, or for the risk to be flagged up to members of staff before discharge. This oversight raises serious questions about the hospital's processes and procedures for managing opioid medication and patient records. The hospital was strongly urged to undertake a comprehensive review of the procedures concerning the distribution of opioid medication. It is imperative that the hospital ensures that the potential risks and warnings are clearly marked on the patient's medical record and that all staff are made aware of any potential concerns regarding opioid use.

The Trust's response noted:

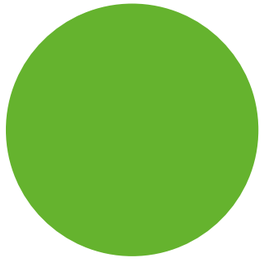
- This case was used for awareness raising and training within the broad pharmacy team
- Reviewed the electronic health record (EHR) to see if additional safety steps and have been able to incorporate new measures which codify information/recommendations around the restriction of restriction of medicine supplied at discharge (i.e. exceptions to the 14-day contractual supply expectation)

3.2.3 Serious Incidents (SIs) & Never Events

The Trust reported 1 Never Event in the year 2023-24 for Cancer Services where a patient underwent a biopsy that was not intended for them (wrong site surgery) due to a failure to correctly confirm the patient's identification

The Trust reported 36 SIs in the year which can be broken down as follows:

SI Category	Number of incidents
Delayed Diagnosis	4
Sub-optimal care of the deteriorating patient	7
Drug Incident	8
Surgery/invasive procedure related incident	1
Slips, Trips, Falls	2
Maternity Services (baby)	4
Death of a Patient Under the Mental Health Act	1
Environmental	1
Treatment delay	2
Healthcare-acquired infection	3
Unexpected death of an adult (maternal death)	2
Total	**35**



The Trust's Serious Incident Review Group (SIRG) consisting of staff from across the Multi-Disciplinary Team, reviews all incidents reported on Radar at moderate and above, commissioning deep dives and working groups in respect of themes/trends which are monitored via SIRG's action log.

Key themes in 2023/24 were:

- Admitted with and new (hospital acquired) pressure ulcers – Care, Review and Learning Group within the corporate nursing team ensures accuracy of pressure damage validation and Harm Improvement Group leading on cross-themed quality improvement work
- Recognition of the deteriorating patient (especially in relation to sepsis), with sepsis identified as a priority to ensure focus and co-ordination on related quality Improvement (QI) work. Key areas of focus being timely and accurate clinical triage on presentation to the Emergency Department and prompt recognition and appropriate escalation of patients who deteriorate whilst in hospital. From April 2024 sepsis training will be mandatory for all clinical staff
- Discharge incidents relating to medications supplied on discharge and communications with patients, relatives and third parties (for ongoing care and management) with a bespoke working group set up focusing on discharge processes
- The management of acutely unwell patients on SGLT2 inhibitors (medications used to treat diabetes) with an alert flag to be added to the electronic prescribing
- Medication incidents relating to aminoglycosides (gentamicin, vancomycin and teicoplanin antibiotics) that can have serious and established adverse effects in overdose (specifically, damage to the ear and kidney). Electronic prescribing default agreed to enable prescribing through a bespoke PowerPlan with built in prompts and safety netting
- Medication incidents specifically relating to incidents relating to the prescribing and administration of insulin. This will form one of the PSIRF local priorities in 2024 – 2025 and a quality improvement group has been established
- Diagnostic delays with incidents relating to diagnosis, specifically delay or failure to follow up on abnormal scan/test results resulting unexpected progression or worsening of disease, a delay in surgical intervention and/or the need for additional tests or procedures. This will form one of the PSIRF local priorities in 2024 – 2025
- Increase in violence and abuse between staff and patients/third parties to staff (verbal and physical). Process in place with Chaplaincy/Security/Health and Safety to follow through and ensure support for staff. Focus on early capacity assessments and behavioural management, de-escalation and environmental safety and security presence
- Record keeping in eCare to ensure a timely chronology of care as documented can be provided
- Patients (especially children) with mental health needs with an increase in self-harm incidents

The national Patient Safety Incident Response Framework (PSIRF) will replace the current Serious Incident Framework (2015) and represents a significant shift in the way the NHS responds to and learns from patient safety incidents and other safety intelligence.

Learning is shared in local and Trust-wide newsletters and governance reports for clinical improvement meetings (CIGS), with escalation reports to corporate governance committees.

At the Quality, Learning, Risk and Improvement Board Divisions report on learning matched against the CQC core standards.

SIRG also has an agenda item for 'spotlight on safety' flagging key learning points from the meeting to be included in the CEO weekly newsletter sent to all staff. The Trust also has the Greatix system for sharing learning and congratulating individual staff.

3.2.4 Midwife-to-Birth Ratio

The midwife-to-birth ratio is calculated using Birthrate Plus® as the recognised midwifery staffing workforce assessment at MKUH. Birthrate Plus® is a framework specifically aligned with midwifery workforce planning. Birthrate Plus® measures the workload for midwives arising from the needs of women starting from the initial contact in pregnancy until final discharge from midwifery care in the puerperium.

Birthrate Plus® is based on the time required to care for women. Using NICE guidance and available evidence and best practice, Birthrate Plus® calculates how many midwives would be required to meet the needs of women. A full workforce review should be undertaken as a minimum every 3 years to reassess the staffing requirements, however a review should be undertaken sooner if there is evidence of a raising birthrate, changing population demographic such as increased complex birth or service reconfiguration to ensure staffing levels meet the service demand.

A Birthrate Plus® assessment took place in 2018 which recommended a midwife-to-birth ratio of 1:28, a further Birth Rate Plus® assessment took place and was published in May 2022 which recommended a midwife-to-birth ratio of 1:24. A Birthrate Plus® is planned for 2024.

The midwife-to-birth ratio is monitored on the maternity dashboard and reported on the Women's clinical governance report and in the maternity workforce overview paper. The midwife-to-birth ratio is reported through CSU meeting, Maternity Assurance Group, Patient Safety Board and Trust Board.

Month	Midwife to birth ratio
March 2023	1: 29
April 2023	1: 34
May 2023	1: 31
June 2023	1: 32
July 2023	1: 29
August 2023	1: 32
September 2023	1: 32
October 2023	1: 29
November 2023	1: 33
December 2023	1: 31
January 2024	1: 31
February 2024	1: 33

The average ratio for the last 12-month period (March 2023 – February 2024) is 1:31.3

3.2.5 Statutory and Mandatory Training

Statutory training is that which an organisation is legally required to provide as defined by law or where a statutory body has instructed organisations to provide training based on legislation.

Mandatory training is that which is determined essential by an organisation for the safe and efficient running in order to reduce organisational risks, comply with policies, and meet government guidelines.

MKUH Mandatory training competencies are mapped to the Core Skills Training Framework. There has been a steady improvement in statutory and mandatory training – the table below shows the compliance rate by year and at the end of each quarter.

	Q1	Q2	Q3	Q4
2017/2018	91%	89%	90%	89%
2018/2019	90%	89%	90%	93%
2019/2020	93%	92%	94%	94%
2020/2021	94%	95%	95%	97%
2021/2022	96%	96%	96%	94%
2022/2023	95%	92%	94%	94%
2023/2024	95%	95%	96%	94%

Mandatory training is reported at Workforce Board, Workforce and Development Assurance Committee (quarterly) and Trust Executive Committee (monthly) meetings.

3.3 Clinical Effectiveness

3.3.1 Cancer Waits

Nationally there continues to be a significant increase in the number of people being diagnosed, living with and beyond cancer. Current figures show that one in two people will be diagnosed with cancer in their lifetime, and it is expected that by 2030 3.4 million people will be affected by a cancer diagnosis.

At the time the NHS Long Term Plan was published in January 2019, cancer survival was at the highest it had been – and thousands more people survive cancer every year. For patients diagnosed in 2018, the one-year survival rate was nearly 74% – over 10 percentage points higher than in 2003. Despite this progress, improving cancer survival is still a priority and diagnosing cancer earlier is one of the biggest actions the NHS can take to improve cancer survival. Patients diagnosed early, at stages 1 and 2, have the best chance of curative treatment and long-term survival.

During the pandemic, Cancer Services were asked to prioritise elements of the NHS Long Term Plan that could help with recovery, such as the roll-out of the faster diagnosis of non-specific symptoms across the country, with a further 20 places due to join the programme in 2022. These are important building blocks towards meeting the ultimate ambition of 75% diagnosis at stage 1 and 2 by 2028.

10-Year Cancer Plan: Call for Evidence - GOV.UK (www.gov.uk)

Milton Keynes University Hospital cancer services team continues to strive to continue local cancer provision in line with the NHS 10-year Cancer Plan and has provided a lot of focus on recovery and restore programmes across specialities. The cancer management team lead on the recovery programme enabling all speciality multidisciplinary teams' access to cancer performance targets and a live patient tracking tool. This enables the speciality team's management of cancer patients' pathways and the early identification of delays and an understanding to trends and issues. There are weekly restore and recovery meetings managed with the Head of Cancer Services with operational leads and speciality cancer leads to discuss patient level detail, harm reviews and capacity and demand management.

There is a further weekly overview of the cancer position at the Executive PTL led by the Cancer Manager to review outstanding actions and risks. Escalation alerts sent to the divisional and executive leads for any pathway that is raising concerns and resulting in patient delays. The Cancer Services Operational Manager meets with the BLMK Cancer Alliance Governance Lead to review cancer breaches monthly and presents root cause analysis and risk assessments for those raising concerns and identifies actions in place. Both MKUH and BLMK ICS report the cancer positions back through their Board meetings. The Head of Cancer Services attends performance review meetings with both the BLMK Cancer Alliance and TVCN Cancer Alliance to review the local position against the network performance measures, presenting action plans and constraints against improvement trajectories.

The Trust actively works with the Cancer Alliance and both East of England and the Thames Valley Cancer Strategic Clinical Network on the new cancer standards, striving to provide a faster diagnostic pathway of 28 days to enable patients receiving treatment within the 62-day standard. There is an active cancer clinical improvement group that meets monthly chaired by the Head of Cancer services and recently commenced, a combined cancer pathway improvement group between primary and secondary care. The combined meeting is held on a speciality bases per month combining the cancer leads with the primary care leads to enhance collaborative working, share lessons learnt and develop new pathways aimed to improve patient experience and outcomes.

Milton Keynes University Hospital opened the Cancer Centre in March 2020 and provide additional capacity and services to the cancer patient groups enabling additional access for patients alongside meeting living with and beyond cancer standards.

This has brought together cancer services under one roof in a purpose-built facility with treatment rooms and a ward specifically designed for these patients. Over the last 4 years we have seen a 47% increase in outpatient referrals (14% Oncology and 33% Haematology) and a 19% increase in anti-cancer treatments which has seen the chemotherapy suite increase from 24 treatment chairs to 32. Ward 25 escalates the 4-bed acute assessment unit on a regular basis to increase inpatient provision to 24 beds to support patients requiring an inpatient stay. Clinic rooms are full daily with only minimal capacity for overflow clinics remaining. The wellbeing area has re-opened to group therapy and education sessions. This provides a valuable resource to both patients and staff compared to post-Covid restrictions when these were reduced.

2023 saw the commencement of the radiotherapy build alongside the Cancer Centre. This is being built in conjunction with Oxford University Hospital (OUH) to support the Milton Keynes vision of 'treatment closer to home'. This had been a long-term action from patient experience surveys to ensure that treatment was close to where they lived with all services under one roof. 2023 also saw the cancer patient experience survey from 2022 returned seeing MKUH in the top quartile of the country for good patient experience with an overall score of 8.9 out of 10.

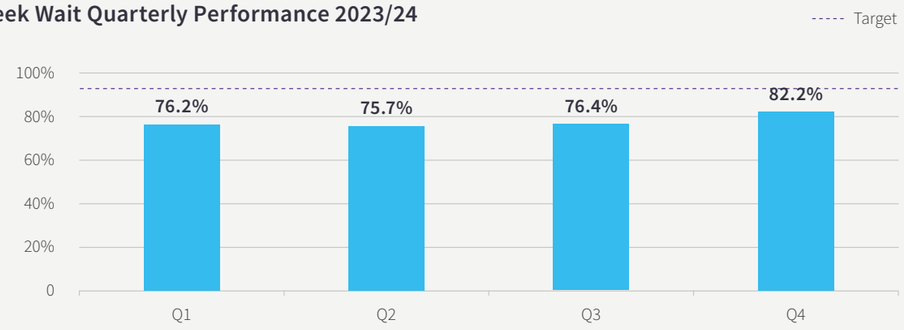
The Cancer Services team strive to maintain recovery to the cancer pathways utilising capacity within the independent sector as well as maximising the capacity in the Cancer Centre enabled local capacity to be protected to continue with treatments on a treatment priority basis. MKUH continues to see an increase in urgent cancer referrals, with another increase of 14% from 22/23- 23/24 increase. This has seen a sharp increase in demand for diagnostic services following the development to STT (straight to test pathways). This remains challenging and requires daily tracking to ensure patients are booked in priority order and escalation to capacity concerns. There has been ongoing investment via the East of England Cancer Alliance for cancer navigator posts in Imaging and Pathology to support this patient tracking which have helped to support this valuable work. Cancer performance remains challenged due to the volume of cancer referrals received, on average there are around 2,000 patients tracked for a cancer diagnosis on an ongoing basis.

Cancer services achieved recognition from the national cancer team for the quality of their data tracking achieving second to top ranking position in the country for data compliance, this provides reassurance on accuracy of data and enables effective planning against clinical outcomes.

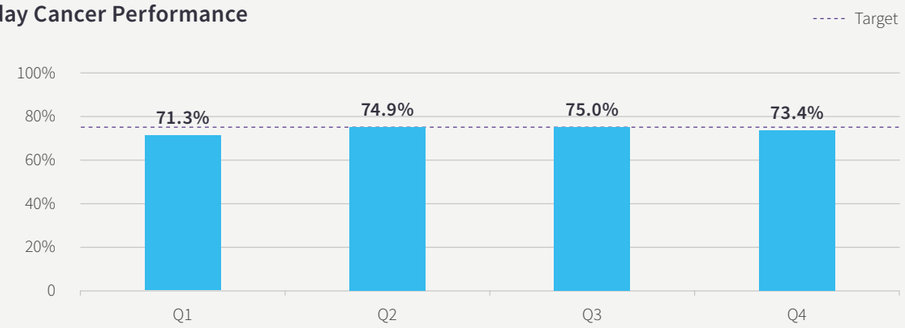
Over 62-day Recovery Trajectory

MKUH 62-day recovery	01 Apr	01 May	01 Jun	01 Jul	01 Aug	01 Sep	01 Oct	01 Nov	01 Dec	01 Jan	01 Feb	01 Mar
Trajetory	162	157	152	147	142	138	133	128	123	118	113	108
Actual	144	162	153	146	114	131	142	147	157	132	131	98

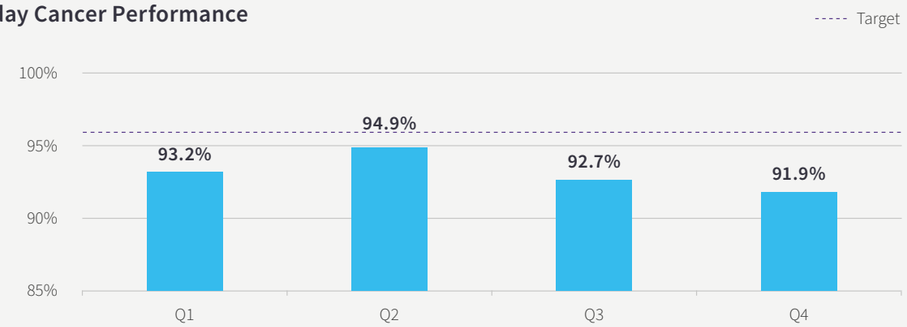
2 Week Wait Quarterly Performance 2023/24



28-day Cancer Performance

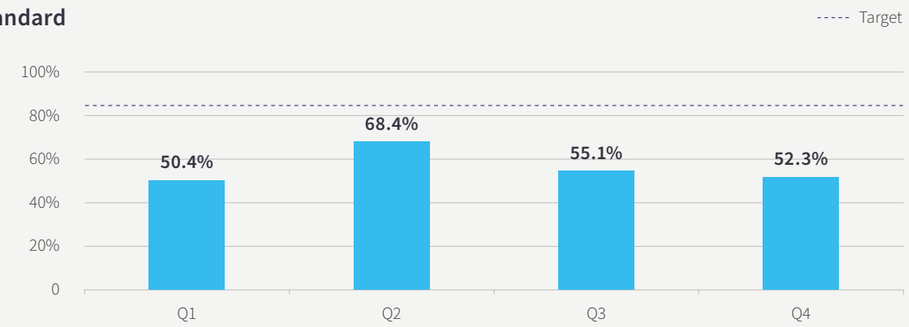


31-day Cancer Performance

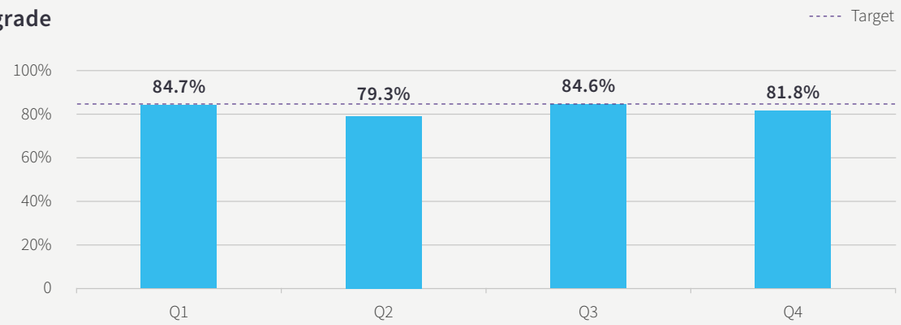


62-day cancer performance

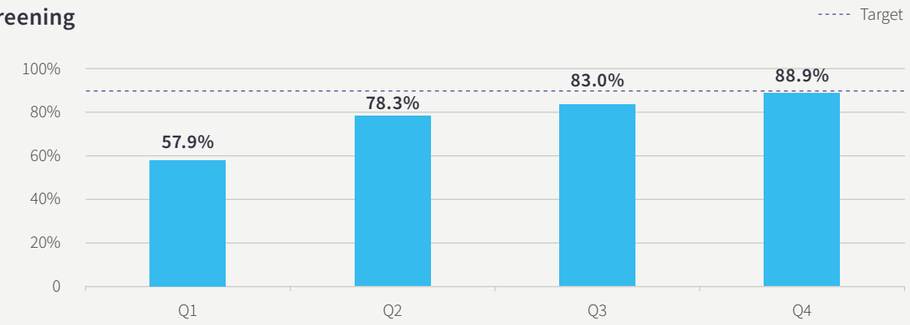
Standard



Upgrade



Screening

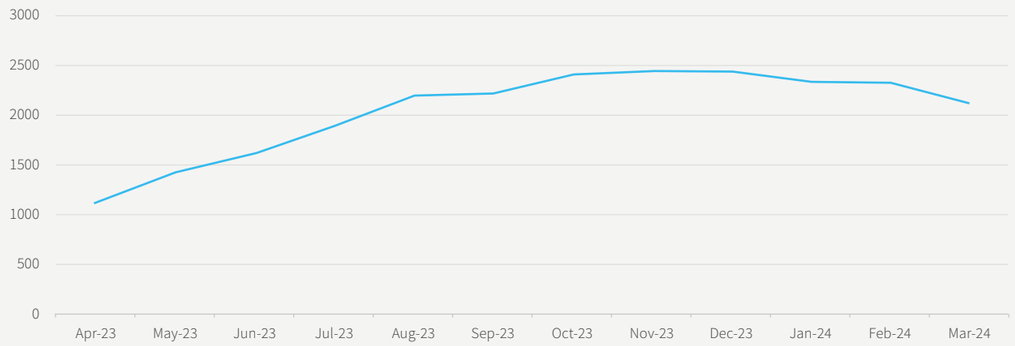


3.3.2 Long-waiting patients

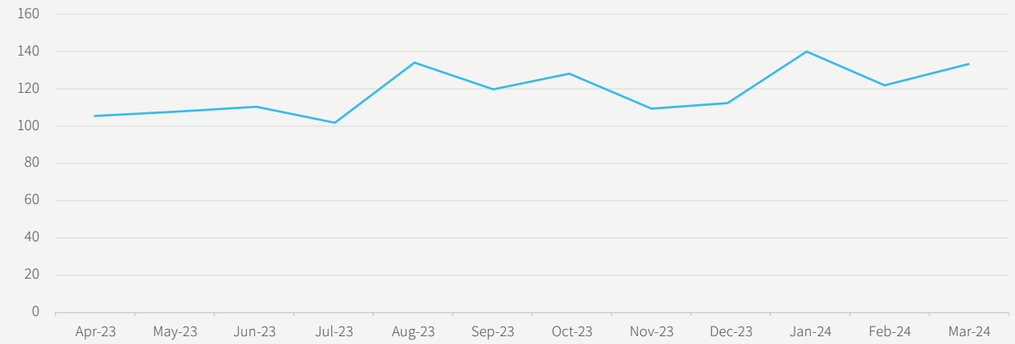
Though the significantly increased activity post-Covid has resulted in the number of patients who have waited for 52 weeks or more on the waiting list remaining high. The various waiting list initiatives implemented was beginning to make an impact during 2023/24.

Providing care to patients in a timely manner is a key element of the high-quality services the Trust seeks to offer, and as the hospital recovers from the response to the pandemic, our aim is to return to the position of having no patients at all waiting a year for their planned treatment.

Number of >52 week waiters on RTT waiting list at MKUH



Number of patients with length of stay 21 days and over at MKUH



3.3.3 Quality Improvement (QI)

Quality improvement is key to improving the safety and effectiveness of the care we provide, and the experience of our patients while using our hospital.

The focus of the last year has been on continuing to introduce and embed Appreciative Inquiry (AI) – a strengths-based, positive approach to encouraging and supporting innovation and learning. This has been embedded by the Patient Safety Specialists to learn from what goes well in the delivery of care to support the spread and adoption of good practice and to facilitate caring conversations with staff and patients who may have been involved in an event. QI projects use AI to involve staff and patients, to test ideas and pilots for change and to understand different perspectives to help improve quality. Quality Improvement has included educating and training teams on using Appreciative Inquiry in practice. Specific staff focus groups have patient experience teams to promote and increase positive practice.

We have introduced the CLEAR Pathway (Capturing and Learning from Everyday Experience) to capture examples of experiences and positive practice. Learning from Everyday Event (LIFE) sessions are held in the organisation to learn from patient stories. Patients have been involved with sharing their own stories which have been shared at Trust Patient Experience Board and Trust Board.

A head of quality improvement and quality improvement lead were appointed in the reporting year, who work with the existing quality, safety, experience and governance teams to continue developing and driving the improvement agenda.

QI strategy

A Trust QI strategy was introduced last year which sets out the ambition and vision for the organisation over the next 3-5 years. Initial adoption of the strategy is to build upon capacity and capability of staff with QI skills in the organisation.

Planning has commenced with incorporating Quality Improvement into the new National Patient Safety Strategy and Framework (PSIRF) which every healthcare organisation had to adopt by Autumn 2023.

In recognition of the range of improvement methodologies in use, QI (Model for Improvement), AI, Human Factors, Audit, Research and Development, and the Cultural Change Programme, a virtual Improvement Hub team and network continues to be developed as part of the Trust QI strategy.

This brings together the approaches in one virtual area, providing staff with a central point of access to log and access information on the appropriate tools, training, techniques, and to contact staff who lead and are skilled in a particular area to support improvement ideas.

The virtual improvement hub facilitates central capture of the improvement work being undertaken, to share and celebrate the small and large improvement work being delivered and enable reporting organisationally.

The Improvement Network

The improvement network aims to provide all staff access to improvement skills, learning, ideas and to other staff interested in improvement for mentoring and support.

Training

A Trust training strategy sets out the ambition and vision for the organisation over the next 3-5 years. A QI practitioner course commenced last year. Each member of staff who attends the QI Practitioner training is assigned a QI coach from the QI team to support them with their QI project.

There are training programmes for improvement across the Trust including QI Practitioner, Appreciative Inquiry, and Human Factors. In addition, there are QI modules within training sessions held with Preceptorship Nurses and the Trust MK Managers. Bespoke AI and QI sessions have been held with teams as part of away days.

Staff can also access online QI methodology training tools provided by Future Learn, NHS Elect and NHS England, and are provided with coaching and support from the QI team in using these tools in their improvement work at a team and individual level.

Systems, Processes and Sharing

Appreciative Inquiry-led systems have been embedded, including:

- Exploring and reporting on incidents
- Meetings with complainants
- Debriefing with staff after incidents
- Student experience check in sessions
- Story elicitation to learn about staff, student partner and patient experience
- Noticing, reporting and discussing positive practices
- Appreciative meetings – LIFE sessions
- Reflective sessions on stories gathered

Next Year

Embedding the Quality Improvement Strategy for next year will continue to focus on building capacity and capability of staff trained in QI methodologies and to integrate the various QI methods (audit, Model for Improvement, GIRFT, NICE). A QI coach course will be introduced next year to develop the staff who have completed the QI practitioner course. Appreciative Inquiry tools will be incorporated into all QI projects to understand the patient/relative/staff perspective and to help understand whether improvement interventions are effective/beneficial.

3.4 Performance Against Key National Priorities

Indicator	Target and source (internal/ regulatory/ other)	2016/ 17	2017/ 18	2018/ 19	2019/ 20	2020/ 21	2021/ 22	2022/ 23	2023/ 24
Maximum waiting time of 31 days from diagnosis to treatment for all cancers	96% (National)	99.0%	99.6%	99.2%	98.0%	94.5%	95.3%	95.3%	94.9%
Maximum waiting time of 62 days from urgent referral to treatment for all cancers	85% (National)	86.0%	88.2%	83.9%	81.1%	78.5%	70.6%	61.6%	57.6%
Maximum wait of 2 weeks from GP referral to date first seen for all cancers	93% (National)	95.0%	95.9%	96.4%	94.3%	84.1%	86.5%	77.1%	77.7%
Maximum waiting time of 31 days for subsequent cancer treatments: drug treatments	98% (National)	100.0%	100.0%	100.0%	99.0%	98.3%	98.8%	98.9%	98.6%
Maximum waiting time of 31 days for subsequent cancer treatments: surgery	94% (National)	98.0%	100.0%	98.9%	98.6%	84.2%	83.6%	80.8%	79.1%
Maximum of 2 weeks wait from referral to being seen: symptomatic breast cancer patients	93% (National)	94.0%	96.0%	96.4%	97.5%	92.1%	96.8%	98.9%	90.1%
Referral to treatment in 18 weeks - patients on incomplete pathways	92% (National)	92.5%	90.7%	87.4%	85.5%	57.8%	52.5%	47.3%	36.2%
Diagnostic wait under 6 weeks	99% (National)	99.6%	99.0%	98.7%	98.9%	83.2%	64.5%	84.5%	60.7%
A&E treatment within 4 hours (including Urgent Care Service)	95% (National)	92.1%	91.0%	91.4%	88.8%	93.1%	83.9%	79.1%	74.9%
Cancelled operations: percentage readmitted within 28 days	95% (National)	87.4%	67.0%	70.4%	86.5%	50.0%	74.3%	77.7%	79.7%
Clostridium difficile infections in the Trust	10 (National)	10	13	15	14	6	13	19	27
MRSA bacteraemia (in Trust)	0 (National)	2	3	1	0	1	1	2	0

Appendix 1

Statement from Bedfordshire, Luton & Milton Keynes Integrated Care Board (BLMK ICB) to Milton Keynes University Hospital NHS Foundation Trust (MKUH)

Quality Account 2023 – 2024

BLMK Integrated Care Board acknowledges receipt of the draft 2023/2024 Quality Account from Milton Keynes University Hospital NHS Foundation Trust (MKUH) and welcomes the opportunity to provide this statement.

The Quality Account was shared with key members of the ICB and reviewed by members of the ICB's Quality Team as part of developing our assurance statement.

2023/24 was another very difficult year, both locally and nationally, with the on-going work to recover services, system wide pressures, and continuing national industrial action but it is encouraging to see the progress the Trust has made despite these challenges.

The ICB recognises the work of the Trust and thanks all their staff and volunteers for their efforts and dedication during these incredibly challenging times. It is positive to see the Trust has been recognised for their work supporting internationally educated staff by being awarded the NHS Pastoral Care Quality Award.

We would also like to thank all individuals involved in developing and producing this account.

Due to the requirement to ensure the Quality Account meets the publication date this statement has been based on information and data which was available within a draft version received from the Trust on 03/06/2024.

The information provided within the draft account is to the best of our knowledge, accurate and fairly interpreted. It highlights the progress and improvements which have been achieved in 2023/2024, the plans to continue to embed and develop the workstreams which are not being taken forward as priorities in 2024/2025 and recognises where further improvements are needed.

The ICB acknowledges the Trust's achievement of 4 out of 5 of the agreed Commissioning for Quality and Innovation (CQUIN) requirements, with the excellent results for the identification and response to frailty in emergency departments, and the significant work to almost achieve the flu vaccinations for frontline healthcare workers indicator.

Reducing inequalities is a strategic priority for the health and care partnership and we hope to see the work the Trust is undertaking to tackle inequalities reflected in future Quality Accounts.

We are aware of the significant amount of work the Trust has carried out to fulfil the relevant requirements within the National Patient Safety Strategy, and in particular the work of the Patient Safety Specialists, the roll out of the Medical Examiners role and the on-going work to transition from the National Serious Incidents Framework to the Patient Safety Incidence Response Framework.

It is also very positive to see the Trust's investment in its Quality Improvement culture, including the focus on Appreciative Inquiry and the appointment of a Head of Quality Improvement and Quality Improvement Lead.

Maternity and Neonatal services remain a key priority nationally and locally, and the ICB acknowledges the work the Trust has already undertaken, and we look forward to continuing to work collaboratively with the Trust through the Local Maternity and Neonatal System, to ensure on-going quality, safety, improvement, and transformation of maternity services.

The ICB is supportive of the Trust's 2024/2025 Quality Account priorities, one of which will build on the work already undertaken in 2023/2024 on the improvement in sepsis management.

Patient participation, engagement and co-production are fundamental to ensuring services are developed which are truly able to meet the needs of the local population, and the Trust has identified a priority to reduce the number of complaints citing poor communication. The ICB hope that co-production will be reflected in the development of future Trust Priorities as this work, and the role of the Patient Safety Partners continues to evolve.

Recovery of services, including those for paediatric services, is of on-going importance. We are therefore encouraged to see the number of exciting initiatives and innovations undertaken by the Trust such as the Trust's Paediatric Super Surgery Days, the opening of the Mobile Theatre Unit, the launch of a new Percutaneous Coronary Intervention Service to provide services closer to home and the collaborative prevention work, in partnership with Milton Keynes Council, on the Milton Keynes Activity Reward Programme which aims to encourage people with Type 2 diabetes to increase their physical activity. We look forward to hearing more about these developments and the new ones coming on stream in the coming year.

The ICB are aware of the continuous work the Trust is undertaking to restore cancer services, manage patients along their pathways, and develop services 'closer to home'. It was therefore positive to see this work reflected in the latest results from the National Cancer Patient Experience Survey.

Following the commencement of the Thirlwall Inquiry embedding and developing the role of the Trust Freedom to Speak Up (FTSU) Guardians and Champions will be imperative to support an open listening culture. It is reassuring to see the Board level support for the Freedom to Speak Up and the numerous avenues by which staff can raise concerns.

The ICB looks forward to continuing to work in partnership with the Trust as we strive to achieve our vision for everyone in our city, towns, villages, and communities to live a longer, healthier life.

We hope the Trust finds these comments helpful.

Signed:

Sarah Stanley,
Chief Nurse

Appendix 2

Suite 113, Milton Keynes Business Centre, Linford Wood
Milton Keynes MK14 6GD

Tel: 01908 698800

www.healthwatchmiltonkeynes.co.uk

20th May 2024

Healthwatch Milton Keynes response to Milton Keynes University Hospital NHS Foundation Trust Quality Account 2023-24

Healthwatch Milton Keynes (HWMK) would like to thank Milton Keynes University Hospital NHS Foundation Trust (MKUH) for inviting us to comment on the draft Quality Account 2023-24.

Healthwatch Milton Keynes asks resident volunteers to participate in the annual review of Quality Accounts on our Quality Account Panel. Our volunteers offer a unique perspective that staff within Healthwatch might overlook because they have good knowledge of local health systems and services. This year our panel had 4 members – 2 volunteers and 2 members of staff.

We were impressed by the quality of the Quality Account. All content was clear, well set out and focussed on communicating with the Patient/public reader. The Trust is commended in the delivery of a much-improved Quality Account, compared to more recent years.

There was a warm, clear introduction to the Quality Account which set the tone for a patient/resident focussed report. The introduction set out the strategic links between MKUH's strategy and the quality account with clarity. The CEO's introduction was very informative. It highlighted the innovative approach of the Trust to ensure that patients' and their families' needs are met today, and into the future.

Milton Keynes University Hospital Trust should be proud of its work and performance on food choices and provision on site. Improvements to this area are evidenced in the report by consistent and clear monitoring. Equally, there was evidence of actions and initiatives in place for persistent areas of poor patient experience, such as disturbances at night.

Healthwatch Milton Keynes has been involved in gathering patient views and accounts of navigating discharge pathways and well understand the impact of discharge delays on patients, the trust and other patients. We welcome MKUH's commitment toward the development of the Integrated Discharge Hub.

The main report in general accurately defined how the 2024-25 quality priorities will be met, monitored, measured and reported. We would welcome more detail regarding priority 1 – sepsis identification and management and how the work undertaken in 2023-24 sets the framework for achieving improvements in the year ahead. We would also welcome more detail against the actions planned in relation to priority 2 – reducing the number of complaints sighting poor communications. Detail defining planned activities against priority 3 – reducing falls was much clearer, with data on people affected and the approach set out to reduce falls in 2024-25.

On the reporting of progress against 2023-24 quality priorities, we found there to be clear impacts documented, as a result of the initiatives and actions put in place to address pressure ulcers. There was also good quality information on the areas of improvement for the identification of sepsis, evidence of QI programmes in key areas i.e. ED and other measure including training. Unfortunately, there was no information reporting against priority 3 – improvement on the reporting of low harm events.

We recommend that prior to the final account being published, a response against priority 3 is included.

The Quality Accounts panel wished to note other commendable areas of the Quality account, including:

- Very clear details of CQC ratings at the Trust and highlights on both outstanding areas of practice, and areas for improvement.
- Transparent reporting of patient complaints and actions taken to address them
- Clear narratives and data tables on areas such as waiting times and cancer care
- Clear data tables demonstrating Trust performance against kay national priorities and regulatory requirements.

Healthwatch Milton Keynes has the following recommendations against the report prior to publication:

1. Included report against performance of 2023-24 Quality priority 3 – improving reporting of low harm events.
2. Provide more information with regards to the significantly higher levels of reporting to National Guardians Office as this could indicate greater awareness and trust in staff raising concerns but could also indicate areas of concern.
3. Include a jargon buster/glossary of terms with the final report, as there are a number of unexplained acronyms in the report.

Healthwatch Milton Keynes thanks Milton Keynes University Hospital Foundation Trust for presenting their draft Quality Accounts for 2021-22.

Kind regards

Maxine Taffetani
Chief Executive Officer
Healthwatch Milton Keynes

Appendix 3

Central Bedfordshire Council

www.centralbedfordshire.gov.uk

Statement from Social Care Health and Housing Overview and Scrutiny Committee

Central Bedfordshire Council's Social Care Health and Housing Overview and Scrutiny Committee holds decision-makers to account for improving outcomes and services for the residents of Central Bedfordshire. As a critical friend to the Trust, we are pleased to have an opportunity to provide feedback on the Trust's Quality Account for Milton Keynes University Hospital NHS Foundation Trust.

We would like to start by acknowledging the many highlights and achievements delivered by the Trust during the last year. We make specific reference to the progress towards Quality Priority 1 Reduction in deep tissue injuries (pressure ulcers) and Priority 2: Improvements in sepsis management.

We welcome the inclusion of the three key quality priorities in the report, particularly the priority focused on reducing the number of complaints citing poor communication as poor communication from health services is an issue that is often mentioned by residents. Similarly, we welcome the third priority in particular as the Committee's remit considers both health and social care, and by preventing falls the Trust will better safeguard some of the most vulnerable patients. We hope this work will mean that more patients can leave hospital without negative impacts to their mobility and independence.

We highlight the following areas of concern and areas for improvement in relation to performance against national indicators;

- A&E treatment within 4 hours (including Urgent Care Service) - 74%compared to the National average of 95%
- Diagnostic wait under 6 weeks - 60.7% compared to the National average of 99%
- Referral to treatment in 18 weeks - patients on incomplete pathways - 36.2% compared to the National average of 92.5%

We would like further information in the future illustrating the ways in which patients and the public were involved with the production of the Quality Account.

In conclusion we welcome the opportunity to consider and comment on the report and we look forward to working constructively with the Trust to support the scrutiny process and our residents.

Cllr Emma Holland-Lindsay,
Chair,
Central Bedfordshire,
Social Care Health and Housing Overview and Scrutiny Committee

Appendix 4

Glossary of Terms & Abbreviations

Abbrev	Name	Description	Context
A & E	Accident & Emergency	Hospital department specialising in the acute care of patients who arrive without a prior appointment	NHS
AAAC	Admissions Avoidance and Ambulatory care	Generic term for activities aimed at reducing in patient care	
ACS	Ambulatory Care Services	Services provided to an outpatient, where the patient does not need to stay in the hospital.	NHS
AFC	Agenda for Change	NHS project re pay	NHS
AGM	Annual General Meeting	A meeting that is held every year to discuss issues and elect new officials	General
AHP	Allied Healthcare Professional	Generic term for professionals other than doctors and nurses who treat patients, therapists, physios, dieticians etc	NHS
AHSC	Academic Health Science Centre	A partnership between a healthcare provider and one or more universities	NHS
AIMS	Accreditation for Inpatient Mental Health Services	A standards-based accreditation programme designed to improve the quality of care in inpatient mental health wards	
ALE	Auditors Local Evaluation	The Auditors' Local Evaluation (ALE) assesses how well NHS organisations manage	NHS
ALOS	Average Length of Stay	The average amount of time patients stay in hospital	NHS
AMM	Annual Members Meeting	A meeting that is held every year to give members the chance to hear about what the trust has done in the past year	NHS
	Amber	Projects will be assessed as having an overall risk rating of amber where it is considered that the project is not delivering to plan in respect of progress and/or impact, however, appropriate action is planned and/or is underway	MKUH
ANP	Advanced Nurse Practitioner	A nurse who has completed a masters' degree in clinical practice, trusted to assess, diagnose, manage and care for patients with complex clinical needs	NHS
AO	Accountable Officer	A person responsible to report or explain their performance in a given area	NHS

Abbrev	Name	Description	Context
AOMRC	Association of Medical Royal Colleges	Brings together the expertise of the medical Royal Colleges and Faculties to drive improvement in health and patient care through education, training and quality standards	NHS
AOP	Annual Operating Plan	A plan setting out how the organisation will achieve its aims	NHS
APA	Annual Performance agreements	Clinical Service Unit performance priorities set as part of the Annual Plan	MKUH
APMS	Alternative Provider Medical Services	These are contracts that can be sought by the private, voluntary and public sectors	NHS
APR	Annual Plan Return	Submission of the annual plan to the regulator	NHS
ARM	Annual Reporting Manual	Monitor's rules on what should be included in the Annual report and accounts	Monitor
ASB	Accounting Standards Board		General
BADS	British Association of Day Surgery	Medical association, identify key performance metrics	NHS
BAF	Board Assurance Framework	Board document to assure the Board that risks to strategic priorities are being managed	NHS
BCM	Business Change Managers	Within IT, working mainly on process change and mapping	MKUH
BGAF	Board Governance Assurance Framework	Sets out the list of risks to the organisation and how they are being mitigated against	NHS
BLS	Basic Life Support	The medical care given to someone with life-threatening injuries before they can be given full medical care in hospital	NHS
BMA	British Medical Association	Trade union and professional body of doctors	NHS
BME	Black and Minority Ethnic	Terminology normally used in the UK to describe people of non-white descent	General
BoD	Board of Directors	Executive Directors and non Executive Directors who have collective responsibility for leading and directing the foundation trust	NHS
CG	Caldicott Guardian	Chief clinician who is held responsible for clinical record keeping (from Caldicott enquiry outcomes)	NHS
CAMHS	Children and Adolescent Mental Health Services	Specialise in providing help and treatment for children and young people with emotional, behavioural and mental health difficulties	NHS
CBA	Cost Benefit Analysis	A process for calculating and comparing the costs and benefits of a project.	NHS

Abbrev	Name	Description	Context
CCP	Co-operation and Competition Panel	The Panel helps ensure that the Principles and Rules of Co-operation and Competition for the provision of NHS-funded services support the delivery of high quality care for patients and value for money for taxpayers	NHS
CCG	Clinical Commissioning Group	Replaced Primary Care Trust. Led by local GPs to commission services	NHS
Cdiff	Clostridium difficile	A bacterial infection that most commonly affects people staying in hospital	NHS
CDU	Clinical Decisions Unit		MKUH
CE/CEO	Chief Executive Officer	Leads the day to day management of the Foundation Trust	NHS
CES	Commissioning Enablement Services		
CF	Cash Flow	The money moving in and out of an organisation	NHS
CGF	Clinical Governance Facilitator	Co-ordinates senior leadership team (doctor, nurse and manager) in new CSUs (replace HCFs)	MKUH
CIP	Cost Improvement Programme	Also known as Transformation programme	MKUH
CMACE	Centre for Maternal and Child Enquiries	Set up to address the relatively high stillbirth and infant mortality rates in the UK	NHS
CoA	Chart of Accounts	A list defining the classes of items against which money can be spent or received	NHS
	Code Victor	Major Emergency Alert	NHS
CoG	Council of Governors	The governing body that holds the non-executive directors on the board to account for the performance of the board in managing the trust, and represents the interests of members and of the public	NHS
	Common Front Door	Area where urgent care and A & E services can be co located	MKUH
CoP	Code of Practice	A set of regulations	NHS
CPA	Care Programme Approach	A particular way of assessing, planning and reviewing someone's mental health care needs	NHS
CPD	Continuing Professional Development	Continued learning to help professionals maintain their skills and knowledge	NHS
CPN	Community Psychiatric Nurse	A registered nurse with specialist training in mental health	NHS
CQC	Care Quality Commission	Regulator for clinical excellence	NHS

Abbrev	Name	Description	Context
CQUIN	Clinical Quality Incentive Scheme	The CQUIN payment framework makes a proportion of providers' income conditional on quality and innovation	NHS
CRS		IT System	MKUH
CSU	Clinical Service Units	Business units in MK Hospital	MKUH
CTG	Cardiotocography	A technical means of recording the fetus fetal pulse heartbeat	Medical
DANI	Dignity and Nutrition - CQC	CQC outcomes specifically for Dignity and Nutrition	NHS
	Datix	Risk management system	MKUH
DCA	Director of Corporate Affairs	The board member responsible for how the trust interacts with the community it services	NHS
DD	Due Diligence	Is the term used to describe the performance of an investigation of a business or person	General
DGH	District general hospital		NHS
DH/DoH	Department of Health	The ministerial department which leads, shapes and funds health and care in England	General
DNA	Did not attend	A patient who missed an appointment	NHS
DOC	Doctor on call		NHS
DOCC	Department of Critical Care		MKUH
DoF	Director of Finance	The Board member leading on finance issues in the trust; an executive director	NHS
DOSA	Day of Surgery Admission	When patients are admitted on the day of their surgery rather than the day before	NHS
DPA	Data Protection Act	The law controlling how personal information is used	General
DPH	Director of Public Health	A senior leadership role responsible for the oversight and care of matters relating to public health	NHS
	Delayed Transfer of Care	Patients who are medically fit but have not been discharged	NHS
	Dr Foster	Benchmarking tool to assess relative performance	NHS
	Duty of Candour	Consultation on including a contractual requirement for health providers to report and respond to incidents, apologise for errors etc	NHS
ED	Executive Directors' (meeting)	Semi-formal meeting of Executive Directors on Monday morning and Thursday afternoon	MKUH
EDD	Expected Delivery Dates		Medical
EBITDA	Earnings before interest, taxes, depreciation and amortisation	Measure of an organisation's earnings - used for Foundation Trusts	Finance

Abbrev	Name	Description	Context
EHR	Electronic Health Record	Health information about a patient collected in digital format which can theoretically be shared across different healthcare settings	NHS
	Ejusdem Generis	Latin for "of the same kind," used to interpret loosely written statutes. Where a law lists specific classes of persons or things and then refers to them in general, the general statements only apply to the same kind of persons or things specifically listed. Example: if a law refers to automobiles, trucks, tractors, motorcycles and other motor-powered vehicles, "vehicles" would not include airplanes, since the list was of land-based transportation	General
ENP	Emergency Nurse Practitioner	Specialist A&E nurse	NHS
EOC	Exec on Call		
EPR	Electronic Patient record		MKUH
ESR	Employee Staff Record system	HR system in use	MKUH
FCE	Finished Consultant Episode	Unit of measure for counting caseload	NHS
FOI	Freedom of Information	The right to ask any public sector organisation for the recorded information they have on any subject	General
	Formulary	Approved NHS list of prescribed drugs	
FP10		Forms used to prescribe drugs to outpatients that they can pick up at the hospital pharmacy, rather than having to pay themselves	NHS
	Force Majuere	A French term literally translated as "greater force", this clause is included in contracts to remove liability for natural and unavoidable catastrophes that interrupt the expected course of events and restrict participants from fulfilling obligations. Read more: **http://www.investopedia.com/terms/f/forcemajeure.asp#ixzz1WcZ76AP5**	General
	Francis Report	Report into Mid Staffs hospital	NHS
FRC	Financial Reporting Council	The UK's independent regulator responsible for promoting high quality corporate governance and reporting to foster investment	NHS
FReM	Financial Reporting Manual	Issued by HM Treasury	Government
FRR	Financial Risk Rating	Published quarterly by Monitor on the basis on a foundation trust's forward plan and in-year performance against that plan, rated 1-5 (1 is highest risk, 5 is lowest risk)	

Abbrev	Name	Description	Context
FT	Foundation Trust	A part of the NHS in England that provides healthcare to patients/service users and has earned a degree of operational and financial independence	NHS
FTE	Full Time Equivalent	A measurement of an employees workload against that of someone employees full time e.g. 0.5 FTE would be someone who worked half the full time hours	General
FTFF	Foundation Trust Financing Facility	Finance house for cheap credit for Foundation Trusts	NHS
FTGA	Foundation Trust Governors' Association	National membership association for governors of NHS foundation trusts	NHS
FTN	Foundation Trust Network	The membership organisation and trade association for the NHS acute hospitals and community, mental health and ambulance services that treat patients and service users in the NHS	NHS
FY	Financial Year	The year used for accounting purposes, in the UK from 6 April to 5 April	
GDP	Gross Domestic Product	The value of a country's overall output of goods and services	General
GMC	General Medical Council	The independent regulator for doctors in the UK	NHS
GI	Gastrointestinal		NHS
GMS	General Medical Services		
GP	General Practitioner	Doctor who provides family health services in a local community	NHS
	Green	Projects will be assessed as having an overall risk rating of green where it is considered that the project is delivering to plan in respect of progress and/or impact	MKUH
GT&FG	Governance Task & Finish Group	Previous governance struture for managing action plans (pre-dates Programme Board and PMO)	MKUH
GUM	Genito-unitary medicine	For sexually transmitted diseases/infections	Medical
HCA	Healthcare Assistant	Staff working within a hospital or community setting under the guidance of a qualified healthcare professional	General
HCAI	Healthcare Associated Infection	These are infections that are acquired in hospitals or as a result of healthcare interventions; MRSA and Clostridium difficile are both classed as HCAIs	NHS
	Healthwatch	Local independent health and social care critical friend	NHS
	Healthcare Standard 7	National IT standard to ensure healthcare systems can talk to each other	NHS

Abbrev	Name	Description	Context
HEE	Health Education England	The NHS body responsible for the education, training and personal development of staff	NHS
HES	Hospital Episode Statistics	A national return of activity data that is used for national and local planning	NHS
HCGF	Healthcare Governance Facilitators	Replaced by CGFs after 1 December	MKUH
HR	Human Resources	The department which looks after the workforce of an organisation e.g. Pay, recruitment, dismissal	General
HRG	Healthcare Resource Group	Groupings of interactions to enable tariff application	
HSCA	Health and Social Care Act 2012	an Act of parliament providing the most extensive reorganisation of the NHS since it was established, including extending the roles and responsibilities of governors	General
HSDU	Hospital Sterile Decontamination Unit	Part of Clinical Support Services CSU	MKUH
JHSMR	Hospital Standardised Mortality Rate	Number of deaths which is compared with other trusts	NHS
HWB/ HWBB	Health and Wellbeing Board	A local forum to bring together partners from across the NHS, local government, the third sector and the independent sector	General
	Hypoxic	Lack of oxygen	NHS
IAPT	Improved Access to Psychological Therapies	An NHS programme rolling out services across England offering interventions approved by the National Institute of Health and Clinical Excellence for treating people with depression and anxiety disorders	NHS
IBP	Integrated Business Plan	A strategy for connecting the planning functions of each department in a trust to align operations and strategy with financial performance	NHS
ICU	Intensive Care Unit	Specialist unit for patients with severe and life threatening illnesses	
	Intrapartum	During childbirth (as opposed to pre-natal and post-natal)	NHS
IBP	Integrated Business Planning		
IG	Information Governance		
IP	Inpatient	A patient who is hospitalised for more than 24 hours	NHS
IT	Information Technology	The study or use of systems(especially computers and telecommunications) for storing, retrieving and sending information	General

Abbrev	Name	Description	Context
JSNA	Joint Strategic Needs Assessment	Analyse the health needs of populations to inform and guide commissioning of health, well-being and social care services within local authority areas	General
	Keogh Reviews	Reviews of Hospitals led by Sir Bruce Keogh, originally targeted hospitals with high mortality rates.	NHS
	Kings Fund	Independent charity working to improve health and care in England	General
KPIs	Key Performance Indicators	Indicators that help an organisation define and measure progress towards a goal	General
LA	NHS Leadership Academy	National body supporting leadership development in health and NHS funded services	NHS
LAT	Local Area Team	Replaced SHA and reports to Commissioning Board	NHS
LD	Learning Disabilities	A disability which affects the way a person understands information and how they communicate	General
LETB	Local Education and Training Board	these are the local arms of Health Education England, now called by their region rather than LETB - e,g, training and workforce issues	General
LHE	Local Health Economy	the supply and demand of health care resources in a given area and the effect of health services on a population	General
LOS	Length of Stay	A term commonly used to measure the duration of a single episode of hospitalisation	NHS
M&A	Mergers & Acquisitions	Mergers are a joining of two corporate entities of notionally equal stature, acquisitions are take-overs	General
MDP	Maternity Development Plan		MKUH
MEWS	Maternity Early Warning System		
MHA	Mental Health Act	The law in England and Wales that allows people with a 'mental disorder' to be admitted to hospital , detained and treated without their consent - either for their own health and safety, or for the protection of other people	General
MI	Major Incident	A major incident affects, or can potentially affect, hundreds or thousands of people and can cause a significant amount of casualties e.g. closure of a major facility due to fire, or persistent disruption of services over several weeks/months	General
MIU	Minor Injuries Unit	Somewhere you can go to be treated for an injury that's not serious instead of going to A & E, e.g. For sprains, burns, broken bones	NHS

Abbrev	Name	Description	Context
MKUHFT	Milton Keynes University Hospital Foundation Trust	Abbreviation of Milton Keynes University Hospital NHS Foundation Trust	MKUH
MKUCS	Milton Keynes Urgent Care Centre	Consortium with GPs (40% owned by Trust) based in the hospital to alleviate A&E	MKUH
MOC	Manager on call		NHS
	Monitor	Regulatory Body ''Independent' organisation to monitor foundation trusts	NHS
	Morbidity	The proportion of sickness or of a specific disease in a geographical locality	General
	Mortality	The relative frequency of deaths in a specific population; death rate	General
MoU	Memorandum of Understanding		General
MRI	Magnetic Resonance Imaging	A medical imaging technique	NHS
MRSA	Methicillin-Resistant Staphyloccus Aureus	A bacterium responsible for several difficult-to-treat infections in humans	NHS
MSA	Mixed Sex Accommodation	Wards with beds for both male and female patients	NHS
MUST	Malnutrition Universal Screening Tool	MUST’ is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (under nutrition), or obese. It also includes management guidelines which can be used to develop a care plan. It is for use in hospitals, community and other care settings and can be used by all care workers.	NHS
	Mutatis mutandis	With suitable or necessary alterations. (used when comparing events or areas and taking into account obvious differences)	General
NE	Never Event		NHS
NED	Non Executive Director		General
NHS	National Health Service	Publicly funded healthcare system with the UK	General
NHSCB	NHS Commissioning Board, now NHS England	The national body with statutory responsibility for commissioning primary care and specialised care, it also authorises and develops CCGs	General
NHS Direct	NHS Direct	24-hour telephone helpline and website providing confidential information on health conditions local healthcare services, self help and support organisations	NHS
NHS England	NHS England	An executive non-departmental public body with a mandate from the Secretary of State to improve health outcomes for people within England	NHS

Abbrev	Name	Description	Context
NHSII	NHS Institute for Innovation and Improvement	Now part of NHS England, develops and spreads new work practices, technology and improvements in leadership	NHS
NICU	Neonatal Intensive Care Unit		MKUH
NHSLA	NHS Litigation Authority	Manages Clinical Negligence Scheme for Trusts	NHS
NHSP	NHS Professionals	Provides bank (locum)healthcare staff to NHS organisations	NHS
NHSTDA	NHS Trust Development Authority	Provide governance and accountability for NHS trusts in England and delivery of the foundation trust pipeline	NHS
NICE	National Institute for Health and Care Excellence	Provides national guidance and advice to improve health and social care	General
	Node	Joint leadership team of a clinical unit. Usually comprises a doctor , a nurse and a manager, but with some local variations	MKH
NMC	Nursing and Midwifery Council	Nursing and midwifery regulator for England, Wales, Scotland, Northern Ireland and the Islands	NHS
NPfIT	National Programme for IT	Linked to Connecting for Health	NHS
NPSA	National Patient Safety Agency		NHS
NRLS	National Reporting and Learning System	Database for recording patient safety incidents (held by MPSA)	NHS
NSFs	National Service Frameworks	Set clear quality requirements for care	NHS
Nuffield Trust	Nuffield Trust	Independent source of evidence-based research and policy analysis for improving health care in the UK	NHS
OASI	Obstetric Anal Sphincter Injuries	To do with vaginal tears (maternity)	Medical
OBC	Outline Business Case	BC preceeding FBC for large requirements	General
OFR	Operating and Financial Review		NHS
OFT	Office of Fair Trading	The UK's consumer and competition authority, which aims to make markets work well for consumers	General
OBMH	Oxfordshire & Buckinghamshire Mental Health		
OP	Outpatients	A patient who is not hospitalised for 24 hours or more but who visits a hospital, clinic, or associated facility for diagnosis or treatment	NHS

Abbrev	Name	Description	Context
	Orange form	Used to track the 18 week target	
OSCs	Overview and Scrutiny Committees	Established in local authorities by the Local Government Act 2000 to develop and review policy and make recommendations to the council	General
OUH	Oxford University Hospital		
PA	Programmed Activities	4 hour blocks that are used to make up a consultant's contract	NHS
PALS	Patient advice and liaison service	You can talk to PALS who provide confidential advice and support to patients, families and their carers, and can provide information on the NHS and health related matters	NHS
PbR	Payment by Results or 'tariff'	A way of paying for services that gives a unit price to a procedure	General
PDC	Public Dividend Capital	Public dividend capital represents the Department of Health's equity interest in defined public assets across the NHS. It constitutes an asset of the Consolidated Fund. The department is required to make a return on its net assets, including the assets of NHS trusts, of 3.5 per cent	NHS
PDD	Planned date of discharge		
PDR	Personal Development Review	Appraisal system	MKUH
PDSA	Plan, do, study, act		General
PEAT	Patient Environment Action Team		
PFI	Private Finance Initiative	A scheme where private finance is sought to supply public sector services over a period of up to 60 years	General
PIP	Performance Improvement Programme	Now superseded by (Financial) Recovery Plan	MKUH
PLACE	Patient-Led Assessments of the Care Environment	Local people go into hospitals as part of teams to assess how the environment supports patient's privacy and dignity, food cleanliness and general building maintenance	NHS
PLC	Patient Level Costing		NHS
PLCV	Procedures of Limited Clinical Value		
PLiCs	Patient Level Information Costing System	IT system to provide patient level costing	NHS
POA	Pre-operation assessment		
PPH		Relating to maternity care/caesarean section	MKUH
PCT	Primary Care Trust	A local commissioning body that has now been replaced by CCGs and NHS England LATs	NHS

Abbrev	Name	Description	Context
PPI	Patient and Public Involvement	Mechanisms that ensure that members of the community - whether they are service users, patients or those who live nearby - are at the centre of the delivery of health and social care services	NHS
PROM	Patient Reported Outcome Measures		NHS
	Productive Ward	Initiative to streamline operation of wards - included in Maternity Development Plan, due to be rolled out across the hospital	MKUH
	Protected time		
PSR	Patient Safety Requirements	Investments required for patient safety	MKUH
PTS	Patient Transport Services	Free transport to and from hospital for non-emergency patients who have a medical need	NHS
PYR	Prior Year		NHS
QA	Quality Assurance	Monitoring and checking outputs and feeding back to improve the process and prevent errors	General
QGAF	Quality Governance Assurance Framework	Assess the combination of structures and processes in place, both at and below board level, which enable a trust board to assure the quality of care it provides	
QIPP	Quality, Innovation, Productivity and Prevention	12 work streams to improve the quality of care they deliver while making efficiency savings that can be reinvested in the service to deliver year on year quality improvements	NHS
	Quality Accounts	An annual report to the public from providers of NHS healthcare services about the quality of their services	NHS
QOF	Quality and Outcomes Framework	A voluntary incentive scheme for GP practices in the UK, rewarding them for how well they care for patients	NHS
RAG	Red, Amber, Green classifications	A system of performance measurement indicating whether something is on or better than target (green), below target but within an acceptable tolerance level (amber), or below target and below an acceptable tolerance level (red)	NHS
RCA	Root cause analysis		General
RCGP	Royal College of General Practitioners	Professional membership body for GP's	NHS
RCP	Royal College of Physicians	Professional membership body for doctors	NHS
RCPSYCH	Royal College of Psychiatrists	Professional body responsible for education, training, setting and raising standards in psychiatry	
RCS	Royal College of Surgeons	Professional membership organisation representing surgeons	NHS

Abbrev	Name	Description	Context
R&D	Research & Development	Developing new products or processes to improve and expand	General
	Red	Projects will be assessed as have an overall risk rating of red where it is considered that the project is not being delivered as planned in respect of progress and/or impact.	MKUH
REID	Risk Evaluation for Investment Decisions by NHS Foundation Trusts	Governance processes for all major investments undertaken by NHS foundation trusts	
RGN	Registered General Nurse	A nurse who is fully qualified and is registered with the nursing and Midwifery Council as fit to practice	NHS
RoI	Return on Investment		General
RTT	Referral to treatment	Used as part of the 18 week indicator	NHS
	Rule 43	Issued by Coroners to organisations. Must be responded to within 56 days. Lord Chancellor's office keep a record of all rule 43s issued	Government
SEMLEP	South East Midlands Local Economic Partnership		
SFI	Standing Financial Instructions	Found on the intranet under 'Trust Policies'	
SHMI	Summary Hospital Level Mortality Indicator	Reports mortality at trust level across the NHS in England using standard and transparent methodology	NHS
SI	Serious incident	A serious incident requiring investigation is defined as an incident that occurred in relation to NHS-funded services and care	NHS
SID	Senior Independent Director	A non executive director who sits on the board and plays a key role in supporting the chair; the SID carries out the annual appraisal of the chair, and is available to governors as a source of advice and guidance in circumstances where it would not be appropriate to involve the chair	NHS
SIRG	Serious incident Review Group	To review serious incidents and identify learning points	MUKH
SLM	Service Line Management	A framework for the delivery of clinical services	MKUH
SLA	Service Level Agreement	An agreement between two or more parties	General
SLM/R	Service Line Management/Reporting	A system in which a hospital trust is divided into clinical areas that are then managed, by clinicians, as distinct operational units	NHS
SLR	Service Line Reporting	A reporting system which by comparing income against expenditure gives a statement of profitability at service line level	MKUH

Abbrev	Name	Description	Context
SoCI	Statement of Comprehensive Income	Overall summary showing income and expenditure	Finance
SoC	Strategic Outline Case	First Business Case for large investments	NHS
SoS	Secretary of State	Accountable to parliament for delivery of health policy within England, and for performance of the NHS	General
SPA	Single Point of Access	Provides a first point of contact for people wishing to access mental health, learning disability, and drug and alcohol recovery service	NHS
SPA	Supporting professional activities	Allowable time for clinicians to undertake professional development, research or medical audit work etc	NHS
SPERA	Surgical Procedures with Excluded and Restricted Access		
SRR	Significant risk register	Risks scored 15 and over	MKUH
SSA	Same sex accommodation		
	Start up report	Used as a 'PID ' for a programme, and produced by the Programme Manager	MKUH
SUI	Serious Untoward Incident	AKA Serious Incidents	NHS
T&C	Terms and conditions	Set the rights and obligations of the contracting parties, when a contract is awarded or entered into	General
TCS	Transforming Community Services	Local programme to implement a national initiative to improve 'field' services	MKUH
TDA	Trust Development Authority	Regulator for Non foundation trusts	Nationa;
T&O	Trauma & Orthopaedics		
TTO	To Take Out	Medication for patients to take home following discharge	MKUH
	Transition Plan	Outstanding actions from original CQC report - relates to ongoing actions not being monitored or actions the Board decided upon	MKUH
TRR	Trust risk register		MKUH
TTO	To Take Out	Medicines given to discharging patients	
	Vanguard method	Check. Plan. Do	General
VoC	Variation of Conditions	After conditions have been set by CQC they may be removed or varied. If the latter, then these VoCs supersede the original conditions	NHS
VTE	Venous thromboembolism	Blood clotting, usually caused by inactivity. Should be assessed for routinely to ensure care pathways take into risk	NHS
WiC	Walk in Centre	Provided jointly with the hospital and local GPs under a commercial arrangement as the Urgent Care Centre	MKUH
WLI	Waiting List Initiative	Waiting List Initiatives	NHS
	Work package	Sub-component of a project OR a single product project	General
WTE	Whole time employees	Member of staff contracted hours for full time	General
YTD	Year to Date	A period, starting from the beginning of the current year and continuing up to the present day. The year usually starts on 1st January	

Milton Keynes
University Hospital
NHS Foundation Trust

Standing Way,
Eaglestone,
Milton Keynes,
MK6 5LD.

01908 660033

www.mkuh.nhs.uk