

Operation green

A recent HFMA roundtable, supported by KARL STORZ, discussed how decarbonising the NHS supply chain could have a major impact on the way operating theatres contribute to global warming. Steve Brown reports

The NHS has set itself challenging targets to have net zero carbon by 2040 for the emissions it controls directly, and by 2045 for the wider emissions it can influence. All parts of the NHS will need to examine their established ways of working and make wide-ranging changes to deliver these ambitious goals. Operating theatres – major users of resources and energy and big contributors to NHS waste – will be a critical area for transformation.

Opportunities to improve the environmental performance in the NHS supply chain, particularly operating theatres, were the focus of an HFMA roundtable in May. Supported by surgical endoscope and medical device manufacturer KARL STORZ Endoscopy (UK), the event brought together clinicians, finance leaders and procurement specialists to share current work and highlight opportunities for improvement.

The wide-ranging discussion highlighted lots of good practice in the NHS – for example, in reducing the use of environmentally damaging anaesthetic gases. But there is potential for much wider cross-fertilisation between organisations and systems.

Nicky Lloyd, chief finance officer of Royal Berkshire NHS Foundation Trust and the roundtable chair, said the challenge was to kick start activity to reduce the service's carbon footprint and help organisations just starting the journey. 'We need to have a dramatic impact on the pace at which the net zero agenda progresses within the NHS,' she said.

Procurement requirements should help push progress on improving sustainability. For example, the NHS has decided to adopt and extend the public policy note PPN 06/20 requiring NHS bodies to take account of net zero and social value when awarding contracts from April 2022. And from April 2023, building on the further PPN 06/21, any supplier to the NHS with a contract over £5m must have its own carbon reduction plan to achieve net zero (see the net zero supplier roadmap).

HFMA ROUND TABLE

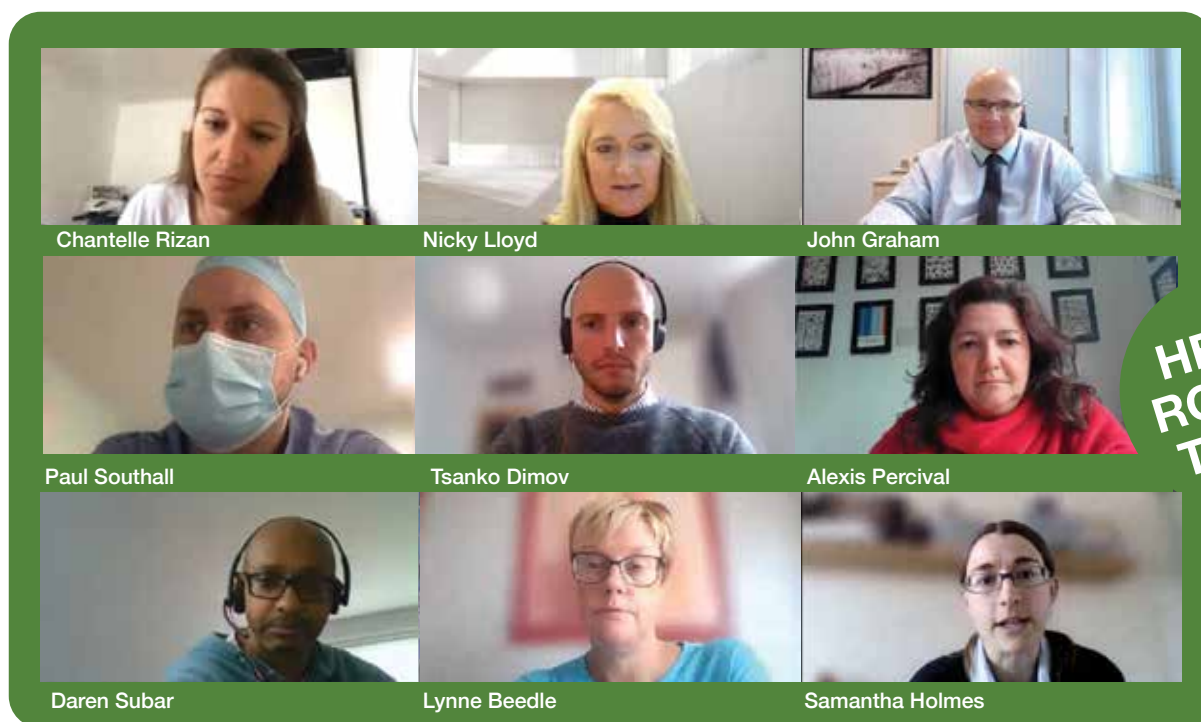
'The procurement standard for the supply chain will actually help to drive a lot of the sustainability requirements,' said Alexis Percival, environmental and sustainability manager at Yorkshire Ambulance Service NHS Trust and net zero lead for the Humber Coast and Vale Integrated Care System. 'The problem is I'm already seeing that the procurement and finance leads don't understand what needs to be asked or how to interpret the answer. So, lots of work needs to be done working with supply chains.'

The focus increasingly had to be on sourcing sustainable products, she said. These may be more expensive in terms of upfront cost, but deliver savings in the long term because of their impact on waste reduction, reuse and whole life-time costs.

Supply chain accountability

Lynne Beedle, head of procurement at Rotherham, Doncaster and South Humber NHS Foundation Trust and procurement lead for sustainability at South Yorkshire ICS, agreed that suppliers had to be accountable for sustainability if the NHS was to meet its broader carbon footprint plus goal (the emissions it can influence). 'It's not just the direct supplier you are working with, it's their supply chain, and making sure that when you do a procurement, you dig into that,' she said.

Social value, which includes net zero progress and tackling economic inequality, must now be worth 10% of any tender evaluation under the new net zero and social value guidance. 'You have to not only ask them what they are doing at present, but what additionally they are going to do over the life of the contract to contribute to net zero and social value,' added Ms Beedle. 'And then you need to manage that through the whole life of the contract and make sure they are accountable on a six-monthly and 12-monthly basis for what they promised at the outset.'



HFMA
ROUND
TABLE

Ms Lloyd questioned whether all organisations were fully aware of, and compliant with, the new requirements.

John Graham, deputy chief executive and director of finance at Stockport NHS Foundation Trust, said an enhanced focus on the environment should be clearly supported by boards and written into governance processes such as the scheme of reservation and delegation.

‘There is a real opportunity for us at the moment to influence some of the decision-making principles at the integrated care system (ICS) level,’ he said. There needs to be more consistency in organisations in putting together business cases with an emphasis on sustainability, he added.

Business cases

David Moon, strategic finance adviser for the foundation group that includes South Warwickshire NHS Foundation Trust and the Wye Valley and George Eliot Hospitals NHS trusts, said sustainability should be a clear mandatory consideration in business cases as well as in tender evaluations. The five-case model for business cases is supported by the Treasury’s *Green book* and includes an economic dimension that should cover social value. But there is an argument for further emphasis.

‘The NHS would benefit from really clear direction on the need to consider sustainability in business cases,’ said Mr Moon. ‘It should become custom and practice that you include the sustainability piece in any case you write.’

Mr Graham pointed out that, in recent approval processes for business cases at regional and national level, the Stockport trust was quizzed about the environmental impact. But he agreed this should be backed up by a formal requirement to address sustainability in business cases.

Tsanko Dimov, a senior net zero delivery manager at Greener NHS, within NHS England and NHS Improvement, stressed the opportunity of looking at full lifecycle costs in all procurement decisions.

‘It can be difficult to demonstrate a saving,’ he said. A product may appear more expensive in terms of the upfront price, but if you factor in a reduction in waste, for example, it can change the balance. The saving might be in a different department to the one making the purchase. Value, not cost, should be the goal.

There can also be other benefits too – for example, with personal protective equipment. ‘One thing we see when we invest in reusable

Participants

- Lynne Beedle, Rotherham Doncaster and South Humber NHS FT
- Tsanko Dimov, NHS England and NHS Improvement
- John Graham, Stockport NHS FT
- Samantha Holmes, South Warwickshire NHS FT
- Nicky Lloyd (chair), Royal Berkshire NHS FT
- Naomi MacKenzie, Wrightington, Wigan and Leigh Teaching Hospitals NHS FT
- Mark Martin and Ben Pinder, KARL STORZ Endoscopy (UK)
- David Moon, South Warwickshire, Wye Valley, George Eliot foundation group
- Alexis Percival, Yorkshire Ambulance Service NHS Trust
- Chantelle Rizan, Brighton and Sussex Medical School
- Paul Southall, Worcestershire Acute Hospitals NHS Trust
- Daren Subar, East Lancashire Hospitals NHS Trust

items, which can offer greater value over their lifetime, is that we can have better produced items,’ he says. This could mean masks that fit a wider variety of face types better and so are more effective, enhancing staff safety while also improving sustainability.

‘If we discuss the value that products are creating and how effectively they’re doing their job, even if there is still an increase in cost over their lifetime, the value we might be getting may be much greater,’ he said.

Chantelle Rizan said there was a growing body of research to support the lower environmental impact of reusable items using a lifecycle approach. Dr Rizan is in the final stages of a PhD at Brighton and Sussex Medical School and is a former sustainable surgery fellow at the Centre for Sustainable Healthcare. She echoed the importance of capturing the costs of single-use items incurred in different departments. ‘There is also an issue with accurately predicting the number of users over a product’s lifespan,’ she said. ‘Often business cases try to account for the cost over a short period, when in reality the product may last for 10 years or more.’

She suggested that procurement catalogues could be sectioned to highlight the choice of reusable or more sustainable items, where these offered the better value solution.

Daren Subar, a hepato-pancreatic-biliary service surgeon at East Lancashire Hospitals NHS Trust, said that more formal proof-of-concept would be helpful. 'If we could get 10 to 15 hospitals to explore sustainability programmes and monitor them over a period of time, that could be helpful,' he said.

Having evidence about the things that deliver results in practice could short circuit the decision-making process and galvanise a lot of trusts. This may not currently be happening on a national level – although best practice is shared via the Future NHS platform – but there are examples on a smaller scale within the West Midlands.

Paul Southall is a consultant anaesthetist at Worcestershire Acute Hospitals NHS Trust and its lead for clinical sustainability. A local anaesthesia theatres network looks to establish best sustainable practice across the region and then roll-out what has been shown to work.

The trust was also one of five hospitals to pilot the social value procurement changes. 'We are trying to put in a minimum of 10%. For a couple of contracts, we've specifically stipulated a reduction in single-use plastics and packaging over a defined period,' he said. 'And that has to be auditable.'

Making an impact

His tip for engaging clinical and managerial colleagues is to convert kilograms of carbon dioxide to miles driven in a car. 'When you can say some of our anaesthetic gas capture will save five million miles in a car every year, it makes a big impact on people.'

Naomi MacKenzie, consultant colorectal surgeon at Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust, said infection control and sterile services teams were often barriers to change in theatres.

To counter this, Dr Southall said it was important to involve them at the outset. In Worcestershire, the aim is for the head of infection control to sit on the trust's sustainability working group. 'This won't mean objections disappear, but if you can get to them straight away, it's easier than trying to sort it when you've got everything 90% done,' he said.

Dr Rizan said that environmental accounting was the elephant in the

"We should have a sustainability checklist at the beginning of every operation to support a discussion about what equipment you are going to be using"

Naomi MacKenzie

room that needed to be addressed. 'A growing body of people want to support the transition to sustainable models of healthcare delivery,' she said. 'But we need to ensure they are delivering a true net benefit in terms of environmental impacts.'

She cautioned against relying on detailed and specific carbon footprint figures and impacts provided by industry, which often relied on different assumptions. 'I'd even be cautious about comparing figures derived by different research groups,' she said. Instead, she wondered if a simpler 'tick-box' approach

could be taken to support decision-making, encouraging changes that would definitely have an impact on greenhouse gas emissions.

'I did a full lifecycle assessment of PPE used in the first six months of the Covid-19 pandemic, which equates to more than 100,000 tonnes of carbon dioxide equivalents,' she said. If this had been brought in by air rather than shipping, it would have increased the carbon footprint by 50% – and domestic manufacture would have provided a huge environmental benefit.

'Instead of relying on carbon footprints to make decisions, there may be some principles we can use instead,' she said. For example, trusts could ask suppliers about how much air freight is used in their supply chain. Eliminating use of air freight in NHS procurement would provide a major environmental dividend. She added that requiring suppliers to detail all the materials used in their products would help the NHS in identifying options for onward processing and recycling.

Dr Southall added that Worcestershire Acute was working with a local supplier and Loughborough University to analyse the trust's non-contaminated clinical waste to provide it with better information in this area. The aim is to explore the potential to develop a bespoke recycling service. While he said the ideal situation was to be provided with this information by suppliers, this two-pronged approach could give the trust a way to move forward with such a scheme more quickly.

Ms MacKenzie said steps could be taken in theatres to improve sustainability. These ranged from very small steps, such as wearing reusable hats, to addressing the use of greenhouse gases in anaesthesia and ensuring supplies are only opened when needed, rather than

Managed services: green benefits

Could the adoption of managed equipment services help deliver greater supply chain sustainability?

Under such deals, a supplier provides equipment as a service and takes responsibility for the maintenance, support, replacement and disposal of equipment that would otherwise be bought. Typical benefits claimed for the arrangements include reduced costs, risk transfer and operational efficiencies. But could they also have a green upside?

Research fellow Chantelle Rizan suggested that such deals may incentivise the manufacturer to design products that are durable and repairable. 'Then it is in their interest to really try to maximise the

number of uses for that individual item,' she said. 'And that could be really powerful in terms of driving the transition to sustainable models of healthcare delivery.'

KARL STORZ Endoscopy (UK) sales and marketing director Mark Martin (pictured) said there were financial and operational benefits to a managed service and one of the ways it could help was in reducing the amount of travel associated with NHS services.

Around 3.5% of all road travel in England relates to the NHS, including patients, visitors, staff and suppliers.



'We already have onsite endoscopic support in some hospitals,' he said.

'This means that instead of 10 or 15 people coming into a hospital, we actually have somebody on site who works in the hospital – works in theatres, sterile

services, outpatients, day surgery and medical engineering – and actually supports the hospital from the inside.

'That saves all the transportation,' Mr Martin added. 'And using reusable surgical products can really improve things operationally and from an environmental aspect.'

Green inspiration

- De-steaming hospitals (Royal Berkshire) has saved millions of litres of water and 800 tonnes of carbon a year.
- Uniform recycling (Royal Berkshire) – staff returning unused uniforms that no longer fit has put 600 uniforms back into circulation.
- Convert all carbon reduction figures to miles driven in a car.
- Work with anaesthetists to audit and reduce or eliminate desflurane and nitrous oxide use.
- Share ideas and get inspiration from the Greener NHS knowledge hub and procurement transformation pages on the Future NHS workspace.
- Include infection control sterile services representatives on sustainability working group.
- Establish clinical consensus on the preferred use of sustainable or reusable equipment.
- Consider onsite oxygen generation – giving surety of supply and eliminating significant amounts of transportation.
- Sustainability awards to showcase best practice.
- Explore whole lifetime costs including waste reduction and reusability.

opening everything in advance. ‘We should have a sustainability checklist at the beginning of every operation to support a discussion about what equipment you are going to be using,’ she said.

Some changes related to clinical practice and custom – the overuse of unnecessary surgical drapes, for example – and Ms MacKenzie stressed that reducing resource usage was always better than recycling. She also suggested that some open surgery procedures might be more environmentally friendly where they are clinically appropriate, enabling the use of more reusable instruments.

Ms MacKenzie also wondered whether surgeons were given too much flexibility and choice when specifying the equipment they needed. ‘I think that culture within a department needs to stop,’ she said. ‘We should be told that this is the most sustainable piece of equipment.’

Others agreed with the aim, but underlined that clinicians needed to take the lead role in specifying equipment. However, procurement and finance managers should be empowered to challenge existing products and offer possible alternatives. For this to be achieved, clear board commitment to sustainability was vital. And Ms Lloyd said that this support needed to be visible, with organisations’ green plans backed up with actions on the ground.

‘It is so important to get board-level sign-up and to get sustainability written into the trust strategies and objectives,’ said Samantha Holmes, finance manager at South Warwickshire NHS Foundation Trust. ‘If you have environmental sustainability as one of the key targets for a trust, then that will naturally feed through into decision-making processes.

But it absolutely needs to be top-down.’

Board support was important, said Dr Southall, but it was a two-way street. In Worcestershire, progress had often involved ‘punching up to the board,’ rather than responding to its demands. Environmental champions from numerous disciplines continue to play a major role in pushing the sustainability agenda.

Mr Subar said that the sustainability movement needed to be broader with a ‘paradigm shift’ needed

in attitude. Until more people recognised that fixing the environment was an individual responsibility, he suggested some of the required changes would need to be mandated – such as the procurement of sustainable products. And given the urgency of the agenda, the NHS approach would need to involve more stick than carrot.

Cost of waste

There was certainly a danger that clinicians didn’t appreciate the financial cost of waste, according to Ms MacKenzie. ‘There is a problem in the NHS that consumables are seen as free – maybe we could learn from practice in the private sector,’ she said, pointing out that most things were chargeable in the independent sector creating a different level of awareness.

Mr Dimov was concerned about forcing sustainability onto people and wondered if measurement and transparency could instead be used to encourage greater engagement.

‘One thing that might be quite interesting would be to measure waste and use a leaderboard to celebrate and learn from surgical teams making meaningful reductions,’ he said.

Dr Rizan said appealing to surgeons’ competitive nature could help – the Centre for Sustainable Healthcare’s green surgery challenge had been very successful. But she warned against too big a focus on waste.

‘Waste isn’t the problem,’ she said, ‘as it is less than 5% of the carbon footprint of the whole of the NHS. Even if we recycle to the maximum, we won’t get anywhere near our target of meeting net zero. The real

value of recycling will be when we start to increase the recycled content within healthcare products.’

Measuring waste was useful as a proxy for the quantity of consumables being used – with the real issue being the carbon associated with the raw material extraction, product manufacture and distribution. However, she said that further metrics, covering and going beyond waste, would be useful if they could be collected by all hospitals.

Roundtable attendees also pointed at more tangential ways to reduce the contribution operating theatres make to global warming. ‘It is a bit more of a nebulous connection than reducing consumables,’ said Ms Holmes. ‘But with theatres being such a resource-intensive area, getting the maximum efficiency and productivity from your theatres means you are getting the most out of your equipment, estate and staff – and that has an environmental impact.’

Mrs Percival said avoiding the need for surgery could have the biggest environmental impact of all. ‘We always concentrate on acute trusts, but in reality a lot of our carbon footprint is in primary care,’ she said.

Primary care has not been required to produce green plans, she said, and there was limited support for general practice and dental surgeries on environmental issues. However, an increase in green social prescribing and more of a focus on prevention could have environmental benefits for hospitals in lowering activity as well as being better for patients.

‘Models of care are really fundamental to changing everything in the whole of the system,’ she said. ‘And a lot of it is about de-prescribing and re-educating people. There is a lot we can do to eliminate interventions all the way through the system.’

Ms Lloyd said she was encouraged by the range and extent of work under way in many of the attendees’ organisations. And she said there was a pressing need to expand the circle of environmental champions and to improve communication and the spreading of good practice organically across the whole of the NHS.

There were real opportunities to implement ideas that had already been shown to work elsewhere and so provided little risk for organisations.

However, she said that the finance community has a key role in measuring in monetary terms the environmental impact of decision-making and to ensure this was reported simply to those committing resources. ‘And we all need to move at pace, right now,’ she added. 

HFMA
ROUND
TABLE

Make Costing Matter

Realise the investment you've already made in your costing software

Every NHS trust is now mandated to take part in NHSI's national cost collection (NCC) and no doubt this year every NHS trust will submit a costing return. Some trusts may also produce quarterly costing reports.

However, for a depressing number of trusts producing the NCC return is where their costing journey will end. Costing is simply not being used in decision-making, whether that's in the finance department or at board level.

At LOGEX we think that using costing for decision-making purposes is a bit like trying to lose weight – it's clearly in everyone's top five priorities but people generally don't quite get around to it. Life just gets in the way.

Effectively trusts are spending money to produce information, but are not then acting on that information.

We get it, we see it year after year in trusts – tens of thousands of pounds spent on costing software and no value created.

We want to help which is why we are introducing our **Make Costing Matter** service.

This is a done-for-you service where we produce an actionable idea for you every month that we have hypothecated from your costing data. You can then present this idea to your board for immediate decision-making.

This idea will either save your trust money or it will improve patient care. Or we'll refund our fee.

Our Make Costing Matter service is being led by our colleague, Jason Dean.



Jason has recently re-joined our company after spending 13 years as the costing lead at Alder Hey Hospital.

In that time he won the HFMA costing award and impressed people both within his trust and at NHSI.

“ Solving the problem highlighted by Jason saved winter this year”

Mags Barnaby, Chief Operating Officer,
Alder Hey Children's Hospital

“ We are constantly using Alder Hey's patient-level costing information, and their governance processes, to show trusts what is possible with this critically important dataset”

Winston Piddington, former NHSI Transformation Lead

Make Costing Matter is priced at £2,499 plus VAT per month. No tie in, cancel at any time. We use whatever costing software you have. We don't impact on your costing team. And if you feel what we've produced is not actionable we'll refund our fee. No quibble.

If you'd like to learn more how Jason could provide you with an actionable monthly insight (or your money back):

Email: jason.dean@logex.com

Call: [0845 111 8775](tel:08451118775)



Turning data into better healthcare.

UK office in
London & Liverpool

+65 NHS Trusts
as a LOGEX client

Or scan this QR code to
request a call back:



NHS finance careers: make your career count

In the third in a series of CIPFA webinars, leading senior NHS finance professional Hardev Virdee and recently CIPFA-qualified NHS finance business partner Mohammed Panjwani discuss their career journeys, the support they've received from CIPFA, plus future challenges and ambitions

More now than ever, the role of a finance professional in the NHS can be challenging, demanding agility, flexibility, resilience and responsiveness to rapidly-changing circumstances. Over the past two years, the UK healthcare sector's response to the COVID-19 pandemic have demonstrated just how important its role is, along with those of many other specialisms within the NHS. But, alongside the challenges, this dynamic environment also offers the opportunity for a uniquely rewarding and fulfilling vocation for those aiming for a career in finance.

In this webinar, Hardev Virdee, Group Chief Finance Officer at Barts Health NHS Trust – one of the largest NHS provider organisations in the country with an annual income of about £2bn and a workforce of over 20,000 – talks to Mohammed Panjwani, in his first year as Finance Business Partner at Milton Keynes Hospital, about their career journeys via the NHS graduate training scheme (some 20-years apart), CIPFA support and opening pathways for the next generation of finance professionals

Hardev Virdee (HV): Why did you choose to work in the NHS? Was it something around public sector versus private sector that led you to that choice?

Mohammed Panjwani (MP): For me, it's the idea that I'm contributing to something for the greater benefit of society. I've worked in other organisations in the private sector, but I felt like I didn't really have the motivation there. But in my current role, I know that the decisions that I make will have an impact on patient care – I know that I'm making a contribution, and it's my responsibility to make sure

that I'm doing it as best I can. Also when I was younger, I was a service user of the NHS, so there is an element of giving something back as well.

It's about making sure that we in the NHS are providing value for money, and also providing great patient care. And it's also to do with the staff in the NHS – they're so resilient and at all levels are very inspiring. Is that the same for you Hardev?

(HV): Yes. I think that affinity is based on a set of underlying values. When I was given the opportunity to be on the NHS graduate training scheme, I was working in banking, and I had an attractive offer from a large bank. But what it came down to was which values I was most aligned to, and where I thought I could add most. It was based on my values judgment – it reflected me more as a person, and that probably helped shape my decision. It was also the value of public service that drew me more towards the NHS. So it seems that's a common factor for us.

So how did CIPFA help shape your finance training, your outlook on the opportunities that lie ahead for you and your development?

(MP): Because CIPFA is tailor made to the public sector, it provided me with the tools to develop and it was nicely integrated alongside the roles that I was doing within the NHS graduate training scheme – the competencies that I had to achieve as part of the graduate scheme fitted seamlessly alongside what CIPFA required for me to become qualified. I was able to use what I was studying in the CIPFA modules in my work.

Also, as CIPFA covers many other public sector bodies it was a great networking opportunity to talk to people who come from different organisations. Although it was my ambition to work in the NHS, I'm also interested in the public sector as a whole – anywhere I can feel like I can make a difference. And it's also great to have regular communications coming from CIPFA – it definitely helped me.

How about you Hardev? How does it look for you 20 years on from when you qualified?

(HV): CIPFA has evolved and developed, and it's much more progressive. CIPFA now is more relevant, and it's reaching out wider than just the public sector too. When I was studying, I was always told that CIPFA confined you to working in the public sector. But I have a lot more dealings with the private sector now than I have ever had.

I've been in private sector meetings many times, and they are astounded at the complexities of the NHS and how to navigate through the world of NHS finance. Through CIPFA you certainly have a broader range of skills that are applicable across all sectors. You also have a network with CIPFA that is supportive. I can see through CIPFA's leadership, through the way that the forums within CIPFA are set up, that it speaks to people coming through, and supports them through the career journey as well.

One of the reasons I contribute a lot more to CIPFA now is because I feel it listens and it's responsive, and it can support people like yourself and me in our careers as well.

And I think that support is really important. I've found that you need that support of people – whether that's mentors, coaches, a network or an individual – you need someone to lean on that can help you.

Do you have that support around you through mentoring and coaching or are you seeking to in future?

(MP): I haven't really taken on or approached anyone to be a formal mentor or coach for, and that's just because I like to get a variety of opinions from everyone around me. I've got quite a few people within my organisation of the right calibre who I can go to for good, constructive feedback about how I've been working on a day-to-day basis, because I think that's the only way that you can really grow.

In future, as I want to progress to more senior roles, I will try and approach someone about being a formal mentor or coach. Because I think that is something I'll need to get to the next stage of my career.

But how about yourself Hardev – did you ever have that support?

(HV): When I worked in and trained in West Midlands, I was lucky enough to have good people who helped push doors open. I found myself given opportunities at a very young age. At one point I think I was the youngest director finance in the NHS – and that that doesn't happen by chance. There are people who will help and support your career development, whether it's mentoring, coaching or support, and that is really important. Now I'm in the fortunate position to be able to mentor lots of people, and what I've tried to do in the NHS is put more structure behind this.

I've been working with CIPFA in a number of areas, particularly around workforce and equality, diversity and inclusion (EDI) too. I have a strong focus on people and on people development, and on equality. I'm chair of the National Finance Academy for the NHS in England, and we focus on providing recruitment, retention and development opportunities for all finance staff at every level to reflect the population we serve.

In the NHS Finance Academy, under the banner of One NHS Finance, we have a sponsorship programme. Sponsorship is about having someone who carries the flag for you, who will champion you as a person. They will do more than push that door slightly ajar – they will burst it open for you and give you those opportunities. That is a really positive step forward for us in the NHS, because not everyone is lucky enough to have the voice to get what they're looking for, in terms of mentors, coaches and opportunities.

This is about creating the future leaders based on the populations we serve and allowing that talent to really rise to the top – so that's what we're focused on. And it needs people like you. Mohammed, to play a part in creating that finance community that we all want.

Career opportunities

Please find more details of CIPFA training courses by visiting:
www.cipfa.org/training



Hardev Virdee has been the Group Chief Finance Officer for Barts Health NHS Trust

in London since November 2019, following a successful spell as CFO at Central and North West London NHS Foundation Trust. His career in the NHS began over 20 years when he joined their graduate finance training scheme in 1996 and gained his first board role as Finance Director in 2009.



Mohammed Panjwani is a Finance Business Partner at Milton

Keynes University Hospital.

A finance professional with over 5 years of experience within the NHS supporting various finance functions.

He was a part of the NHS Graduate Management Training Scheme (Finance) where he undertook the CIPFA qualification and passed his final exam in June 2021.