

Safe & compassionate care,

every time

Meeting: Trust Board Meeting in Public

Date: Wednesday, 30 September 2020

Time: 9.00am – 11.30am

Venue: Virtual Meeting via MS Teams

Start Time	Item	Subject	Purpose	Presenter	Encl.
9.00	1.	Chair's Welcome to the Meeting and Meeting Guidance Apologies for absence:	Information	Chair	Verbal
	2.	Declaration of Interests	Assurance	Chair	Verbal
General Business					
9.05	3.	Patient Story	Discussion	Chief Nurse	Paper
9.15	4.	Minutes of the last meeting and Meeting Guidance	Approval	Chair	Paper
9.20	5.	Actions and Matters Arising	Approval	Chair	Paper
9.25	6.	Chief Executive's Report	Assurance	Chief Executive Officer	Paper
Performance					
9.35	7.	Integrated Performance Report <ul style="list-style-type: none"> Quality Workforce Finance 	Assurance	Chief Operating Officer	Paper
9.45	8.	Recovery and Renewal update <ul style="list-style-type: none"> Phase 3 52 weeks 	Assurance	Chief Operating Officer	Paper
9.55	9.	Winter Plan	Assurance	Chief Operating Officer	Paper
10.05 COMFORT BREAK – 5 minutes					
Strategy					
10.10	10.	Buckinghamshire Health and Well Being Strategy – Trust Response	Approval	Director of Strategy and Business Development	Paper
Finance					
10.20	11.	Finance and Business Performance Committee Chair's Report	Assurance	Committee Chair	Verbal
10.25	12.	Charitable Funds Committee Chair's Report	Assurance	Committee Chair	Paper

Quality					
10.30	13.	Infection Prevention & Control Monthly Report	Assurance	Chief Nurse	Paper
10.35	14.	Safer Staffing	Assurance	Chief Nurse	Paper
10.40	15.	Quality and Clinical Governance Committee Chair Report	Assurance	Committee Chair	Paper
Workforce					
10.45	16.	Equality, Diversity and Inclusion	Assurance	Director of Workforce and Organisational Development	Paper
10.50	17.	Strategic Workforce Committee Chair Report	Assurance	Committee Chair	Paper
10.55 COMFORT BREAK – 5 minutes					
Risk and Governance					
11.00	18.	Corporate Risk Register	Assurance	Director for Governance	Paper
11.05	19.	Audit Committee Chair's Report	Assurance	Committee Chair	Paper
Information					
11.10	20.	Board attendance record	Information	Director for Governance	Paper
11.15	21.	Private Board Summary Report	Information	Director for Governance	Paper
11.20	22.	Risks identified through Board discussion	Discussion	Director for Governance	Verbal
11.25	ANY OTHER BUSINESS				
11.30	Date of Next Meeting: 2020, 9am, 25 November 2020				

The Board will consider a motion: "That representatives of the press and other members of the public be excluded from the remainder of the meeting, having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest" Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960.

Papers for Board meetings in public are available on our website www.buckshealthcare.nhs.uk

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Buckinghamshire Healthcare **NHS**
NHS Trust

Public Board Meeting:
Agenda Item: 1
Enclosure No: TB2019/96

TRUST BOARD MEETINGS MEETING PROTOCOL

The Buckinghamshire Healthcare NHS Trust Board welcomes the attendance of members of the public at its Board meetings to observe the Trust's decision-making process.

Copies of the agenda and papers are available at the meetings, on our website www.buckinghamshirehealthcare.nhs.uk, or may be obtained in advance from:

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Members of the public will be given an opportunity to raise questions related to agenda items at the beginning of the meeting. Questions are welcome in advance in writing, by email or telephone; or verbally at the meeting. The Board will respond to questions during the content of the meeting.

If members of the public wish to raise matters not on the agenda, then arrangements will be made for them to be discussed after the meeting with the appropriate director.

An acronyms buster has been appended to the end of the papers.

Hattie Llewelyn-Davies
Chair

Providing a range of acute and community services across Buckinghamshire
Chair: Hattie Llewelyn-Davies Chief Executive: Neil Macdonald

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Buckinghamshire Healthcare 
NHS Trust

THE SEVEN PRINCIPLES OF PUBLIC LIFE

The Committee has set out '**Seven Principles of Public Life**' which it believes should apply to all in the public service. These are:

Selflessness

Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

Integrity

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

Objectivity

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountability

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

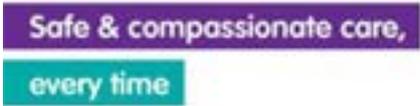
Honesty

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

Holders of public office should promote and support these principles by leadership and example.

This document should be read in association with the NHS Code of Conduct.



Meeting: Trust Board Meeting in Public

30 September 2020

Agenda item	A patient story – as part of the 100 voices campaign Rosemary shares her experience at the macular suite in Amersham	
Board Lead	Chief Nurse	
Type name of Author	Amarjit Kaur- Head of Patient Experience and Involvement	
Attachments	Video link to 100 Voices film	
Purpose	Information	
Previously considered	EMC	

Executive Summary

BHT submitted a number of films on patient experiences of our ophthalmology services as part of NHSE/I’s ‘100 Voices’ campaign to hear patient views on hospital eye services.

Patients, carers and members of staff from across England were asked by the Elective Care Transformation Programme to speak about their recent experiences of hospital eye services. The campaign was part of the EyesWise project which has seen trusts and CCGs take action so people at highest risk of sight loss get specialist treatment faster. The stories, were gathered, to be shared with commissioners and providers,

In this video Rosemary discusses her excellent patient experience at the Macular Suite in Amersham, and the challenges of managing her other eye conditions, glaucoma and cataracts.

Rosemary_100 voices NHSI ophthalmology campaign: <https://youtu.be/58xrSjZ6sc>

Decision	The Board is requested to endorse this story and celebrate the positive impact that the macular suite has had on Rosemary and many other patients.		
Relevant Strategic Priority			
Quality <input checked="" type="checkbox"/>	People <input type="checkbox"/>	Money <input type="checkbox"/>	
Implications / Impact			
Patient Safety	Improved care in response to patient feedback and involvement		
Risk: link to Board Assurance Framework (BAF)/Risk Register	BAF 1.1 : To listen to our patient’s voice		
Financial	Relevant but not applicable		
Compliance <small>Select an item.</small>	Person Centred Care		
Partnership: consultation / communication	Working in partnership with patients		
Equality	Equal access		

Quality Impact Assessment [QIA] completion required?	N/A
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Buckinghamshire Healthcare
NHS Trust**Meeting: Trust Board Meeting in Public****Date: Wednesday, 29 July 2020****Venue: Virtual Meeting****MINUTES****4****Voting Members:**

Ms H Llewelyn-Davies (HLD)	Trust Chair
Mr N Macdonald (NM)	Chief Executive Officer
Dr D Amin (DA)	Non-Executive Director
Mrs K Bonner (KB)	Chief Nurse
Mr D Gibbs (DG)	Chief Operating Officer
Mrs N Gilham (NG)	Non-Executive Director
Mr R Jaitly (RJ)	Non-Executive Director
Mr B Jenkins (BJ)	Director of Finance
Mr G Johnston (GJ)	Non-Executive Director / Senior Independent Director
Dr T Kenny (TK)	Medical Director
Mr T Roche (TR)	Non-Executive Director

Non-Voting Members:

Dr R Medlock (RB)	Board Affiliate
Mrs B O'Kelly (BOK)	Director of Workforce and Organisational Development
Ms A Williams (AW)	Commercial Director
Mr D Williams (DW)	Director of Strategy and Business Development

In attendance:

Mrs S Manthorpe (SM)	Director for Governance
Mrs E Jones (EJ)	Senior Board Administrator (minutes)
Ms T Underhill (TU)	Freedom to Speak Up Guardian

01/07/20 Chair's Welcome and introductions

The Chair welcomed everyone to the meeting in particular those members of the public viewing the meeting via live streaming.

Apologies

Apologies had been received from Prof David Sines and Prof Karol Sikora.

02/07/20 Declarations of Interest

There were no new declarations of interest.

03/07/20 Patient Story

The Chief Nurse invited the Board to watch a video and hear from staff who had helped patients on the stroke ward keep in touch with loved ones whilst visitors to the ward were restricted.

KB thanked those who had donated IPADs to enable this to happen.

NG noted this was a fantastic facility and queried if it would be rolled out as business as usual and used for case conferences which would give the opportunity for family members and those not local to be able to join in on all care not just discharge.

KB noted the example shown was from one service however the IPADs were being used across many services and there was an opportunity for their use to be embedded on a longer term basis.

TR thanked the team recognising this would have had an enormous impact for patients and made a huge difference to the quality of their experience in hospital.

RJ queried if there was a policy for virtual visiting times. KB noted this was evolving and would be extended further. An update would come to Board in future on a policy on virtual visiting.

The Chair thanked everyone on the stroke ward noting patients being able to see their relatives and pets helped them to get better.

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04/07/20

Chief Executives Report

NM expressed how good it was to be able to hold a Trust Board meeting in public again albeit virtually. Members of the public had been asked to submit questions before the meeting, however none had been received.

NM thanked everyone for their work during the last four months including partners in the Clinical Commissioning Group, Council, Members of the Public and Colleagues.

NM recognised the current phase was challenging and the Trust was looking to restore services, catch up on activity, plan for winter and a possible second wave of the virus. Capacity needed to be created in both the Community and Hospitals recognising staff were tired and needed a rest. The virus had highlighted sharp challenges in particular the inequalities in the communities and the disproportionate mortality rate including the additional risk to BAME staff. There was however an exciting opportunity for more rapid change in the next few months.

RJ queried the low uptake of risk assessments of BAME colleagues and queried what the reason was for this. NM responded noting over 90% of the staff had undertaken a risk assessment; conversations were taking place with those who not had the assessment to understand what the reason was. It was recognised these were sensitive conversations and not always easy to manage but the teams were working hard to give people confidence to overcome this. Going forward it would be important to understand what the data showed to enable appropriate safety management to support longer term planning in preparation for a potential second wave.

HLD noted the exciting news of the new sterile supplies services opening. The non-executives had taken the opportunity to visit the new service which would help to keep patients safe.

TR queried how the senior leaders in the Trust would be able to capture the enthusiasm for change which had occurred during the pandemic and how this would assist the drive forward with further developments. NM noted there had been conversations with staff to understand the learning and how this could be taken forward. TK and BJ were looking at work streams to capture this learning and it was recognised there was more to do.

The Board **NOTED** the report.

05/07/20

Integrated Performance Report (IPR)

DG informed the Board there had been a few problems in restarting the IPR recognising the rate of demand for data during the pandemic had been phenomenal. There had been new daily situation reports, plus dashboards to monitor oxygen use and testing of Covid19 positive patients. DG thanked the team for their work.

The IPR would receive a detailed review at the Quality and Clinical Governance Committee and DG noted he would be grateful for any feedback with regards to the format and

information.

TR highlighted it would be good to include the number of compliments received alongside the number of complaints. In addition TR commented on the levels of nurse vacancy and if the investment in IT could be prioritised for improving patient care noting the IT improvements for staff would enhance productivity. DG confirmed this would be prioritised accordingly.

DA queried why there had been an increase of perinatal deaths. KB noted there was an indirect link to the virus and accessing care. Those cases were being investigated and would be followed up at the Quality and Clinical Governance Committee.

DA queried when the drop of new complaints which was reported as being negative would become a positive. KB responded noting there would always be some complaints, the Friends and Family Test was still being recorded during Covid 19 and the numbers would be tracked through the Quality and Clinical Governance Committee. DG explained there was a correlation between complaints and reduced planned care specifically.

With regard to the operational performance review DA noted it would be valuable to hear why they were red and the specific challenges being faced. DG explained a number of areas such as the Emergency Department had improved compliance as a result of lower activity. The increased discharge to create capacity was due to collaboration with the council, managing surge and fluctuation. There was a full transformation programme across the county delivering urgent and emergency care which would allow improved access to book care and minimise the numbers coming into the Emergency Department.

With regard to the 18 week refer to treatment indicator (RTT); this had deteriorated due to reduced activity. However core deliverables had continued such as continuing with cancer care by working with partners at BMI.

NG recognised the IPR was a work in progress noting it was easier to read. NG noted the Friends and Family overall response rate was down and queried why this was. KB explained this was due to a mix of reasons including that technology was difficult for some. This information would be captured and understood to provide more detail at the next Board meeting.

NG commented on the inefficiencies of sending outpatient letters to GPs noting the anxiety that can be caused whilst waiting for a letter. NG queried if there was an understanding of where the blockage was and what was being done to unblock the issues and improve the metric. DG explained moving to digital metrics would improve this issue which would be tracked through the Quality and Clinical Governance Committee.

Action: Quality Committee to monitor the Outpatient letter process and ensure it is up to date

BM commented on the increased staff sickness rates and asked for assurance the Trust was supporting those staff in helping them return to work. BOK noted the report reflected Covid 19 related illnesses which were now dropping. The Trust was fortunate to have a good Health and Wellbeing Team who had given a lot of support to staff members who were shielding as well as sick, noting the physiological impact was a priority.

TK commented on the VTE assessments confirming these had taken place and the data issues related to a data recording issue.

The Board **noted** the Integrated Performance Report.

06/07/20

Recovery and Renewal Programme update

DG updated the Board on the recovery and renewal programme which is working in partnership with the Council, Primary Care, Clinical Commissioning Group. The Programme was reviewing community planned and emergency care and how this can be delivered in an integrated way.

GJ commented on the good and clear report which should be a role model for reporting on this key issue. It was important to maintain momentum and direction.

RJ commented on the service restart update, requesting assurance on the risk assessments process for patients who have waited for services to restart. In particular, looking at harm as a consequence of delay. DG commented 8000 people have been reviewed through this process which included assessing the risk of harm for not receiving treatment. The flow of patients was being managed according to clinical urgency. The aim was to get to better than pre Covid 19 levels.

NM noted the restoration phase would be challenging. The Board would continue to receive information on these risks and how the joint approach across the integrated care system was working to restore services.

TR commented on the good report which was easy to read and gather information. Clarification was sought on the programme and if it was going to plan. It would also be helpful to have the most up to date information in future reports. DG confirmed these points would be incorporated into the next report. .

The Board **noted** the report.

07/07/20 Buckinghamshire Integrated Care Partnership Engagement Programme

DW informed the Board of the proposal for the community engagement programme agreed across all providers of both health and social care. This would change the shape of how services were provided going forward.

GJ commented on the close working with primary care and social care and the steps being taken to join forces over the pandemic had been transformational. .

DW noted there had been good support from council colleagues including Public Health and linking with community groups. A programme was being designed in partnership with health and wellbeing groups.

RJ believed it was important to have some key metrics on broad themes particularly around financial monitoring. DW noted financial sustainability would be a key part of the conversations and discussed at the Finance and Business Performance Committee.

TR noted the one team across the PLACE was a good step moving forward. TR noted the older population had not received a specific mention and felt this was really important with regard to digital services. DW responded noting it was really important to take into account those who cannot access services in a digital way.

BM commented on the focus of looking at different groups and if the Trust was doing things differently to specifically engage with these groups. DW noted the impact of Covid 19 had shone a light on inequalities and lots of different methods would be used to reach out to these groups. Heath Watch were being supportive in helping the Trust to reach out to those communities.

The Board **APPROVED** the programme.

Action: DW to send the Buckinghamshire Integrated Care Partnership Engagement Programme timetable to the Board.

08/07/20 Finance and Business Performance Committee Chair's Report

RJ noted the Committee had spent time discussing the finance report for the previous month, looking at the run rate including the Covid 19 related expenditure. The Committee had received two business cases and a report on Covid 19 tracking expenditure. The Committee work plan was reviewed looking at prioritisation and tracking. The Committee

had looked at the Integrated Care Partnership and the financial impact on the Trust. . The Cost Improvement Programme was discussed with a request for more requirements and detail on linking expenditure.

Recovery and renewal and reinstating work streams were discussed as well as a new procedure documenting Memorandums of Understanding and Contracts. The Capital Programme and preparing for Brexit and its impact were also discussed.

The Committee had reviewed the IPR and how this was presented including considering the key issues and the impact of actions addressing those issues.

The Board **NOTED** the verbal update.

09/07/20 Charitable Funds Committee Chair's Report

RJ informed the Board the Committee had reviewed its investment policy and the income impact going forward. The approach to the strategy and work being undertaken by the Executive Team was discussed. There was a bid for an application for funding for two Occupational Therapists who would contribute to research in the National Spinal Injuries Centre.

GJ commented on the good report and dashboard noting from 31 March there had been a significant fall in value of the investments due to Covid 19 querying if there had been any recovery. RJ noted there had been some recovery which was being tracked. However it was slow.

AW questioned the order of progression for agreeing the new strategy which was under review.

Action: SM to confirm progression of the Strategy for approval to RJ and AW

It was noted Mike Mackenzie had stood down from the Committee and thanks were expressed to him for his valuable role as the independent patient representative.

Action: A replacement representative to be found for the Charitable Funds Committee.

The Board **NOTED** the report and **ENDORSED** the bid application.

10/07/20 Infection Prevention & Control Monthly Report

TK informed the Board the number of clostridium difficile cases had come down in the Trust and also in the community. In addition it was noted there had been no nosocomial infections in the Trust over the last 2/3 weeks. There had been enhanced cleaning, ensuring patient movement across different wards only when absolutely necessary and adherence to Personal Protective Equipment (PPE) guidance.

The Board **NOTED** the report.

11/07/20 CQC improvement / action plan

KB noted the Trust had been inspected by the Care Quality Commission (CQC) in 2019 and had received an overall good rating. Subsequently the Trust had received some 'should do' and 'must do' actions and KB updated the Board on the progress of those actions noting the Trust was on track to complete most of the actions. It was noted there had been a suspension in the CQC inspection regime during the pandemic. However the Trust had a constant relationship with the CQC to close off actions when necessary.

TK noted the infection prevention control department had received a letter from the CQC noting it was very satisfied with what was happening in the Trust and no further actions were required. The team and Dr Nick Wong, Consultant in Microbiology and Infectious Diseases and Infection Control Lead, were congratulated on this.

TR asked for a review to show how the actions were being completed against the plan.

KB explained this would be provided for the next meeting.

Action: Clarify and outline the time line for the Must do and Should CQC Action Plan

The Board **NOTED** the report and **APPROVED** the milestones.

12/07/20 Patient Experience Annual Report

KB presented the Patient Experience Annual Report to the Board which was good news for the Trust as there had been an overall improvement with positive responses. The report showed 98% of patients had trust and confidence in Doctors with emotional support from staff showing above the national average.

The issues relating to discharge, planned admittance and food would be key areas for action over the next year.

RJ queried how the Trust would improve in the target areas. KB noted there was ongoing improvement which would be brought to the Board to provide assurance on the work around the actions. A group met regularly with patient representation for an ongoing review of processes and would report back to the Board. An update goes to the Quality Committee on a monthly basis.

Action: The Key Performance Indicators need to be clearly identified from the Patient Experience Annual report

NM asked the Chief Nurse, what the big priorities were going forward for an integrated acute hospital and community Trust. KB explained there would be a key focus on improving the experience of discharge and ensuring patients are safe and kept within homes.

NG queried what the top ten Trusts did versus what Buckinghamshire Healthcare Trust did so there could be learning. KB responded noting there was a national forum which shared ideas and these would be brought to Quality Committee.

HLD requested a Board workshop on patient experience.

Action: KB to arrange a Board workshop on patient experience.

AW noted the intention to ensure patient dining became more dementia friendly.

The Board **NOTED** the report.

13/07/20 Medical Appraisal and Revalidation Annual Report

TK presented the Medical Appraisal and Revalidation Annual Report noting there had been between 70 and 80 appraisals this year, working in line with national guidance. The improvements with regard to an electronic platform would be rolled out. The Board were requested to delegate authority for the Chief Executive Officer to sign the report and statement of compliance.

RJ queried if there were enough appraisers this year. TK confirmed there were sufficient appraisers.

RJ queried the amount of staff who worked privately. With regard to those individuals who undertake private practice, TK noted this was transparent with regard to Doctors who had their appraisal and revalidation as she was responsible for all of their practice not just in the Trust. However it was not known the number of nurses and allied health professionals who worked privately.

The Board **APPROVED** to delegate authority to the Chief Executive for signing off the statement of compliance.

14/07/20 Learning from Deaths

TK explained there was a national programme around learning from patient deaths looking at what happened to patients, understanding how patients die and the care they receive.

TK noted the monthly numbers were provided in the IPR. This report was the annual report from the Medical Examiner Office and the learning from deaths programme. TK noted the work of the Medical Examiner's office was able to continue during Covid 19.

RJ queried if the mortality data included Covid 19 deaths. TK noted the number was for all patients.

NG queried if the role of medical examiner was a full time position or an additional role. TK noted it was an additional role which Doctors were required to be trained for. There were 15 Medical Examiners who spoke to every family member who was bereaved.

The Board **NOTED** the report and thanked the Medical Examiners for their work.

15/07/20 Quality and Clinical Governance Committee Chair Report

DA highlighted the Trust led the way in learning from deaths and was a point of strength.

DA noted all areas of risk were reviewed.

The Board **NOTED** the report.

16/07/20 Impact of Covid 19 on Black, Asian and Minority Ethnic (BAME) colleagues

BOK updated the Board on the impact of Covid 19 on BAME colleagues highlighting over 100 colleagues were part of a BAME network in the Trust which had engaged with the issues and were providing support.

There was a checklist of risk factors and actions within the report which contains progress against the actions. Risk assessments had been arranged for all staff, particularly for BAME colleagues. It was noted 91% of BAME staff had completed a risk assessment which showed that 120 had not. These staff had been written to individually to understand why and if there was any help needed. There were various reasons for the assessment not being completed. This was being assessed and different ways of completing the test was being offered.

Action: Chart entitled 'example' need to be clarified to confirm if the data contained is relevant or fictional.

BOK clarified of those staff members who had been off sick with Covid 19, 33% were from a BAME background, whereas the overall Trust proportion of staff from a BAME background was 24%. This showed there was a disproportionate effect on the BAME staff.

HLD highlighted there had been some listening events and engagement with the BAME network but the Trust would work to minimise the impact and takes its responsibility seriously.

The Board **NOTED** the report.

17/07/20 Freedom to Speak Up Annual Report

TU highlighted the ongoing growth in confidence of staff to raise concerns which was very positive. The main concerns were around bullying and harassment and a task and finish group had been set up looking at this to address and provide support. TU noted she had attended a BAME speaking up event.

HLD thanked TU for the report.

RJ noted the good work but there was still a way to go and queried what the actions were to improve this. TU explained the next steps were to aspire to be the best. There

was a plan for expansion, looking for champions building diversity and making sure messages were positive.

NM recognised this was a tricky period as there was anxiety around a potential second wave, the pressures of winter and staff being tired. The Trust was looking for support for winter and bolstering resource. Assurance on workforce health and the results of the risk assessments would come back to the Board in September.

Action: report on support given to line managers to come back to Board and through the Strategic Workforce Committee.

TU thanked the Board for their continued support.

The Board **NOTED** the report.

18/07/20 Strategic Workforce Committee Chair's Report

NG highlighted the areas of risk as being the impact of Covid 19 on staff and particularly on BAME colleagues; the Trust would be considering the learning that could be noted from the risk assessments.

The Committee were looking at a task and finish group noting the triangulation of aggression and harassment in both the Health & Safety Annual Report and the FTSUG Annual Report. In addition a task & finish group was looking at bullying.

The Board **NOTED** the report.

19/07/20 Modern Slavery Statement

SM informed the Board the Trust complies with all aspects of the statement apart from publicising a public statement. This was contained within the report and was for the Board to approve. This would then be published on the Trust Website.

GJ noted the wording should be changed from 'principle' to 'principal' and from County Council to Buckinghamshire Council.

Action: Change principle to principal and county council to Buckinghamshire Council

In response to a query from RJ, BOK noted that all the Trust's pay scales were above the minimum wage.

DA queried if the Trust had any risks due to third parties. It was explained all contracts with external companies were set up on frameworks encompassing compliance with legislation. DA queried if this was monitored, BOK explained the Trust would always ensure contractors were compliant with legislation.

The Board **APPROVED** the statement for publication

20/07/20 Audit Committee Chair's report

GJ noted the Committee had discussed the issues around payroll and were assured both BJ and BOK were working to address the issues.

The Board **NOTED** the report.

21/07/20 Board Attendance Record

The Board **NOTED** the record after amending it to show KB had been present at the Audit Committee in July.

22/07/20 Private Board Summary Report

The Board **NOTED** the Private Board Summary Report.

23/07/20 Risks identified through Board discussion

SM set out the risks identified through Board discussion as follows:

- Capacity and patient flow and management of the Trust's different sites due to the impact of Covid 19 including the risk to patient harm and those continuing to wait for intervention.
- Communication risk causing concern and anxiety around delayed outpatient letters
- Health and well-being of staff, the impact of Covid 19 and the plans to manage and support staff in the short and long term
- Charitable funds portfolio and investment risks
- IPC transmission of infection and how this is managed going forward.
- BAME staff in relation to Covid 19 in particular in relation to the nursing and midwifery staff.
- Payroll

24/07/20 Any other Business

There was no other business

Date of next Meeting: Public and Private Trust Board Meeting: 30 September 2020 via MS Teams

Action Log	
Meeting	Public Trust Board
Green	Complete
Amber	In hand/not due
Red	Overdue/date to be confirmed



Min ref	Date opened	Subject	Action	Lead	Deadline	Update July 2020	Update September 2020	RAG	Date closed
105/2019	31/07/19	Equality Diversity & Inclusion Annual Report	Director for Governance (DfG) to schedule a Board Session on understanding unconscious bias	SM	29/04/19	Dates being confirmed with HR Department	Dates being confirmed with HR Department	Red	
092/2019	31/07/19	Clinical Psychology	Chief Operating Officer (COO) to report back to Board on how the pilot was being taken forward.	DG	29/04/19	Date to be rescheduled for after COVID 19	Clinical Psychology Strategy will come to Board in January 2021	Amber	
136/2019	31/07/19	Integrated Performance Report	COO to bring Cancer pathways and diagnostic best practice models to Board	DG	27/05/2020 - revised date of October 2020	Paper/presentation to go to Quality & Clinical Governance Committee in May 2020. Work has been superseded by work Andrew McLaren has been doing on pathways during Covid.	There have been a number of pathway changes to cancer services that have positively impacted the Trust's recovery, included expanded use of virtual consultation including virtual endoscopy triage and deployment of FIT testing to reduce demand. Andrew McLaren has been leading this work and a paper is to be brought to EMC/Board in October 2020	Amber	
153/2019	31/07/19	Charitable Funds Committee Chair's Report	Executive Directors to look at utilising charitable funds for public and patient benefit	AW / DW		AW / DW to provide a strategy for Charitable Funds Committee and then bring back to Board. UPDATE: 29/7/2020: The charity strategy should be on the agenda for the next board meeting.	On the agenda	Amber	
06/01/2020	29/01/20	Trust Chair's Report	The Chair noted an action for agreeing a process by which the work undertaken by the Non-Executive Directors was triangulated.	SM	29/04/20	This will be presented at the Board Seminar in October 2020	outline plan in progress	Amber	
21/01/2020	29/01/20	Future arrangements for NHS Commissioning	The Board to have a discussion on the future of specialist commissioning.	DW /BOK	30/09/20		BOB ICS restructure plan to be complete by the end of October 2020. Update for November Board in terms of new roles and	Amber	
01/05/2020	27/05/20	Chair's Welcome	Audit Committee to review the reconciliation of Digital finances	DW			Reconciliation of digital strategy finances produced for FBP	Amber	

10/06/2020	24/06/20	Digital Spend	Internal Auditors to review the approval process around Trust expenditure.	BJ	20/10/20	In progress	In progress		
10/06/2020	24/06/20	Digital Spend	Return on Investment on IT Strategy to come back to Board.	DW	30/10/20		Will be highlighted in each business case and revised strategy for October 2020.		
05/07/2020	29/07/20	Integrated performance report	Quality Committee to monitor the OPD letter process and ensure it is up to date	KB	08/12/20		Not Due		
11/07/2020	29/07/2020	CQC Action Plan	Clarify and outline the time line for the Must do and Should CQC Action Plan	KB	25/11/2020		Not Due		
12/07/2020	29/07/2020	Patient Experience Annual Report	The Key Performance Indicators need to be clearly identified from the Patient Experience Annual report	KB					
16/07/2020	29/07/2020	BAME report	Chart entitled 'example' in the report needs to be clarified to confirm if the data contained is relevant or fictional.	BOK			Noted for future reports		
17/07/2020	29/07/2020	FTSUG Annual Report	report on support given to line managers to come back to Board and through the Strategic Workforce Committee.	BOK			To be included in the next FTSGU quarterly report		
12/01/2020	29/01/20	Care Quality Commission Plan	Director of Strategy to circulate report on staffing on Waterside and the Director of Workforce to add the staffing model to the Strategic Workforce Committee agenda.	DW /BOK	25/03/20	To be included on July's SWC agenda	Discussed at SWC in July 2020.Update report circulated to the Board 17/09/2020		13/07/20
17/01/2020	29/01/20	Freedom to Speak Up Guardian Report	Management of demand for FTSUG to be included in a future report.	BOK	29/07/20		Completed		13/07/20
18/01/2020	29/01/20	Equality Diversity & Inclusion Annual Report	EDI self-assessment to be reviewed at Strategic Workforce Committee.	BOK	29/07/20	To be included on July's SWC agenda	Completed as part of 2020 WRES submission. Action plan to be reviewed at October board		13/07/20
18/01/2020	29/01/20	Equality Diversity & Inclusion Annual Report	Strategic Workforce to review the numbers around inequalities of BAME staff.	BOK	29/07/20	To be included on July's SWC agenda	Completed		13/07/20

10/03/2020	25/03/20	Charitable Funds Committee Chair's Report	Charitable Funds Committee to review how the portfolio should be managed and bring back to Board for ratification.	BJ	24/06/20	This matter was assessed in the last CFC meeting. Cazenove has proposed to modify the asset allocations in the last committee meeting in order to have more flexibility. The proposal has been circulated to all the CFC members and the investment policy is being modified with the new proposed asset allocations. The policy is required to be presented to the Trust Policy Committee and EMG in order to authorise presentation to the Board. CLOSED			
05/04/2020	29/04/20	Chief Executive's Report	Strategic Workforce Committee to examine a multi-agency approach to workforce	BOK	29/07/20	To be included on July's SWC agenda	Completed		13/07/20
17/04/2020	29/04/20	Any other Business	A summary of all the initiatives being considered to thank staff to go to the Strategic Workforce Committee and then to Board.	BOK	24/06/20	To be included on July's SWC agenda	Completed		13/07/20
06/05/2020	27/05/20	Strategic Approach to Recovery	A clear proposal on staff car parking to come back to Board	AW		AW confirmed the Execs had agreed staff parking remains free	Closed		29/07/20
01/22/05	22/05/20	Extra Board Meeting	All Board level contracts to be published (with renewal dates) and built into annual work plans, with details published in June's Finance Committee (BJ / SM)	BJ / SM	30/09/20	On F&BP Agenda and being updated in the work plan	information on contracts presented at F&BP. Workplan being updated		18/08/20
05/06/2020	24/06/20	Finance Report	F&BP to review run rate, Covid costs and fixed costs and bring back to Board.	BJ		Explanation of run rate issues are being presented to finance	Closed		18/08/20
07/07/2020	29/07/20	Buckinghamshire Integrated Care Partnership Engagement Programme	DW to send the Buckinghamshire Integrated Care Partnership Engagement Programme timetable to the Board.	DW			Survey now available and on line until 19th October. https://www.yourcommunityyou		
09/07/2020	29/07/20	Charitable Funds Committee Chair's Report	SM to confirm progression of the Strategy for approval to RJ and AW	SM	08/08/20		Completed		08/08/20
09/07/2020	29/07/20	Charitable Funds Committee Chair's Report	A replacement representative to be found for the Charitable Funds Committee	SM	10/09/20		Trust Chair is reviewing potential candidates for the position		10/09/20
12/07/2020	29/07/2020	Patient Experience Annual Report	KB to arrange a Board workshop on patient experience.	KB			On Agenda		

TRUST BOARD MEETING IN PUBLIC
30 SEPTEMBER 2020
CHIEF EXECUTIVE'S REPORT

Introduction

In this report I provide an update on key developments over the last couple of months in areas that will be of particular interest to the Board. Appended to this report is a summary of the Executive Management Committee meetings to provide oversight of the significant discussions of the senior leadership team in other areas.

Trust vision

The last couple of months have been a time to take stock of where we are in our recovery from the peak of the pandemic and look ahead to the more longer term future. Since March 2016, our vision as an organisation has been 'We want to one of the safest healthcare systems in the country'. This has served us well on our journey from being rated 'Requires Improvement' by the Care Quality Commission, to 'Good' in 2019. We now need a vision that reflects our current ambition to become an 'Outstanding' organisation offering excellence in the care for our patients, the services for our community, and the working environment for our colleagues. To this end, we have developed a new vision for the Trust:

'Outstanding care, healthy communities, and a great place to work'

We have also launched a programme of engagement with our colleagues Trust-wide to get their perspectives on our current mission statement of 'Safe & compassionate care, every time'; I look forward to updating in due course as this develops.

COLLABORATE: Provide outstanding, cost-effective care

Significant collaboration and effort has gone into preparedness for the coming period over winter. The Buckinghamshire Winter Resilience Plan has been prepared as an Integrated Care Partnership, supported by a detailed action plan for each partner organisation. The key partners across Buckinghamshire will ensure their services and workforce are resilient, have sufficient capacity to deliver safe, high quality care in the most appropriate setting, and promote prevention. The approach this year is governed by five principles: patient outcomes; prevention; avoiding attendances; avoiding admissions; and safe and efficient discharge. Further details will be discussed later in the Trust Board agenda.

Alongside this plan our operational and clinical teams have also been working on a COVID-19 second surge plan – our preparedness for the possibility of a second wave of infections. Our business continuity plans have been reviewed and updated since the first wave where necessary, and we have included learnings from the first wave as well as feedback from a staff survey, including around: improving management of staff redeployment; building on the positive response to our internal communications; and enhanced support for 'high-risk' individuals in line with the health inequalities agenda.

In the last couple of months we have been able to ease some of our visitor restrictions in line with the necessary ongoing infection prevention and control (IPC) measures, and appreciate the public's continued patience while these restrictions remain in place.

In July and August we saw increasing attendance in our emergency department recording 6,530 and 6,791 attendances respectively. Our performance against the 4-hour target remains challenging, reporting 85.9% and 84.1% in the same months, due to the fine balance between attendances and reduced capacity due to the IPC limitations. However, I am delighted to report that we have been successful in our bid for £15 million of capital funds to build a two-storey paediatric emergency department and inpatient area on our Stoke Mandeville site. Not only will this allow a dedicated area for our paediatric patients, it will also create more capacity in the existing emergency department to develop an area for 'same day emergency care'. These works will begin at pace this financial year and should be completed by March 2021. I look forward to the improvements these will make to the patient experience for those unfortunate enough to require urgent care.

Our joint Recovery & Renewal Board with the Buckinghamshire Clinical Commissioning Group continues to oversee the safe and effective restoration of our services. A few weeks ago we received guidance from NHS England & Improvement for 'Phase 3' of our collective response to the COVID-19 pandemic. This guidance included requirements to restore the number of patients we are able to see and treat to levels similar to those of the same time in 2019/21. Since receiving this guidance, we have been working very closely with our colleagues in the Buckinghamshire, Oxfordshire & Berkshire West Integrated Care System (BOB ICS) to maximise the use of our collective resources, and come up with innovative solutions to increase capacity to achieve this within the limitations of the necessary IPC measures.

In October we will launch 'Think 111 First'. This has been piloted in Portsmouth over the summer and we will be one of the early regional implementers. This programme will try and drive much more activity to an enhanced 111 service which will have an expanded range of service offerings to give direct access to the public – for example, community pharmacists, GPs, our community services or even directly to a clinical specialty. Crucially, this will also have the provision for non-emergency patients to be triaged by 111 and for a slot to be booked if an appointment in the Emergency Department at Stoke Mandeville or the Urgent Treatment Centre at Wycombe is appropriate. These are big changes to the current practice which should enable patients to access the right care in the right place more quickly.

Earlier this month it was announced that central funding would be made available until the end of this financial year to support the first six weeks of patients' discharge care packages, with the aim of ensuring that no patient who is medically fit to be discharged should remain in a hospital bed whilst assessments are undertaken about their future care needs and funding. This is very welcomed news and should greatly improve patient experience at a time when they no longer need to be in hospital.

In 2019 we won a bid to be one of seven accelerator sites in England in the national Ageing Well programme. Although this was stood down with the onset of the COVID-19 emergency, the Trust was allocated funding to deliver new or enhanced models of care for 2020-21 in the spirit of the programme. We are piloting an enhanced therapy-led two-hour urgent community response for people at home, to help prevent hospital admissions; and an enhanced multidisciplinary community response and therapeutic interventions in care homes, to help improve care and avoid residents attending hospital. These programmes will support our ambition to deliver care closer to home.

ASPIRE: Take a leading role in the community

Our engagement with the public and our communities on the changes that we had to make during our response to the first wave of the COVID-19 pandemic continues. There is now an online survey for all residents of Buckinghamshire to give their feedback and I would urge any residents of the county and Trust colleagues to give us your thoughts by completing this.

Together with Healthwatch Bucks we will be hosting a series of webinars for the public to ask questions of our multidisciplinary clinical teams – the first of these will focus on cancer and elective services – look out for more details on these in due course.

We are working closely with partners in the region, particularly public health colleagues in Buckinghamshire Council, to closely monitor the incidence of COVID-19 in the local area to inform our ongoing preparedness for any increases in the coming months.

Following our high levels of recruitment to the COVID-19 RECOVERY trial, we are pleased to have launched recruitment to the Public Health England SIREN study, one which is monitoring COVID-19 incidence and antibody prevalence in NHS healthcare workers. We are also playing a vital role in a major trial to see if bio-detection dogs can sniff out coronavirus in humans; as of Friday 18 September 2020, the Trust was the top recruiting site and currently has more than 200 members of staff involved in the trial. Led by the London School of Hygiene & Tropical Medicine in collaboration with the charity Medical Detection Dogs and Durham University, the trial will determine whether dogs could be used as a new rapid, non-invasive diagnostic tool for the virus. The first phase is funded by the Department for Health and Social Care. The researchers are collecting samples from volunteer NHS staff and members of their households from 11 NHS trusts (as of August 2020), who are due to be tested for COVID-19.

RESPECT: Ensure staff are safe, supported and listened to

As we prepare for the coming months, we are acutely aware of the importance that we as an organisation do our utmost to look after all members of staff.

Since the first wave of the pandemic in which we put in place on-site COVID-19 polymerase chain reaction (PCR) testing, we have maintained this service enabling rapid turnaround of results for our patients. This service remains open to any colleagues or their household members should they develop COVID-19 symptoms, to enable those who test negative to return to work as quickly as possible.

We are launching our People Wellbeing Winter Support plan – a programme of support available to all our colleagues over the coming months to help us look after our physical and psychological wellbeing. This includes an array of different types of support, including the #HAY (How Are You) campaign, Team After Event Reflection for debriefs following particular events at work, our Freedom To Speak Up Guardian, mindfulness sessions, and much more. I would encourage colleagues at all levels in the organisation to take a look and perhaps try something new, to help build and nurture our resilience.

Board members will be aware of the national news regarding the increase in influenza vaccinations planned for this winter. At the Trust we are launching a robust flu campaign to offer vaccination to all members of staff, including those currently working from home, and our aim is 100%. We are exploring a digital solution for capturing consent and recording vaccinations, and supporting the campaign will be dedicated peer vaccinators and flu nurses. I will report progress against our target in forthcoming reports.

We are continuing to hold regular CEO and Chair drop-in sessions open to all members of staff. These offer us insights into the things that really matter for our colleagues and where we might not quite be getting things right.

A key priority for us remains recruitment, particularly of nurses, and we have launched a new website dedicated to recruitment. We are continuing our international recruitment of nursing staff from Portugal through an existing partnership, and will be delighted to welcome 25 new colleagues over the next three months. We have also been working in partnership with an Occupational English testing company to bring testers on-site to ensure 34 international nursing staff can complete their training and registration as qualified nurses.

We are also very keen to provide opportunities to encourage young people to join the healthcare industry and have launched a kick-start programme for young people interested in being healthcare assistants (with five already signed up). We are restarting work experience virtually, and are widening the scope of apprenticeships for new and existing staff. We are offering partners of staff members career skill training and coaching, and, together with Buckinghamshire Council, are looking at opportunities to support local people who have been made redundant or been furloughed.

As new starters join the Trust we are continuing to support all members of staff to complete a personal risk assessment to ensure their safety at work, and support them through Occupational Health as needed.

ENABLE: Maximise opportunities and learning

I was pleased to see the pilot of improvement huddles taking place in two areas within the Trust – financial control, and St Patrick's ward. These have been successfully implemented in pharmacy, empowering teams to make small but meaningful improvements in their day-to-day working, as well as being a transparent mechanism to convey priorities to fellow colleagues in the organisation. Thank you to those taking part – I look forward to seeing and experiencing the evolution of these as they expand across the organisation over the coming months.

We are starting the rollout of Windows 10 and new laptop/computer devices for every member of staff to enable them to work as efficiently as possible and in an agile way where appropriate. This is a significant step in the programme of maturing our digital infrastructure at the Trust, and is made possible by very welcome investment from external funding as well as capital funding from NHS England & Improvement.

As always we continue to learn from feedback from patients and service users through excellence reporting and our Patient Advice and Liaison Service (PALS) and formal complaints process. In the last few weeks we have seen a noticeable increase in the number of formal complaints and enquiries coming to PALS; a common theme is delays or issues with appointments. We recognise that there are many who have had appointments postponed or delayed over the last few months and appreciate the impact of this – we are grateful for the public's ongoing patience while we prioritise patients according to clinical need.

Financial reporting

For Month 5 year-to-date we are reporting break-even in line with NHS England & Improvement (NHSE/I) planning guidance. This includes Covid-19-related expenditure totalling £15.5m to date. In September we received further planning guidance including our financial allocations for 2020-21. Further details will be covered later in the agenda by the Director of Finance.

Proud to be BHT

Earlier this month we unveiled a new Organ & Tissue Donor memorial in Stoke Mandeville Hospital. Helping celebrate the opening was Sue, whose son was a donor eight years ago. Sue shared her son's donation story and spoke fondly of the organ donation team that supported her through honouring her son's decision to donate. Created by Northamptonshire artist Noel Blakeman, the memorial is dedicated to those who have given the gift of life through organ and tissue donation. The design is a lightbox that symbolises the journey of a donor organ from being kept alive by machines to living on in the new body.

Congratulations to our Trust research team who have been shortlisted in this year's National Institute for Health Research Clinical Research Network Thames Valley and South Midlands staff awards. The team has made an enormous contribution to the COVID-19 research portfolio and thanks to their efforts we are in the top 10% of all trusts nationally that recruit participants for research studies. Nominees shortlisted for an award are: Dr Raha West (Outstanding Principal Investigator), Katarina Manso (Research Nurse of the Year), Nicola Bowers

(Outstanding Research Team Leader), and Christa Dyson (Outstanding Research Champion (patient)). Winners will be announced on 30 September.

Commendations also go to the National Spinal Injury Centre (NSIC) team who have been shortlisted for two Nursing Times Workforce Awards: Best Workplace for Learning and Development (under 1,500 nursing staff) and Workforce Team of the Year. The entry was in relation to the NSICs Standard Operating Procedure 'Assessing registered nursing staff following a medication administration incident'. This project started in January 2019 and has been a multi-disciplinary team collaboration proven to be very useful by promoting a culture of reflecting on learnings from incidents. This has raised awareness of recurring themes and enabled learnings to be shared across the NSIC.

Our thanks to local artist, Becky Gouverneur, who has very kindly completed and donated ten charcoal portraits of frontline Buckinghamshire Healthcare NHS Trust staff. The portraits were Becky's way of saying thank you to the staff in the NHS and particularly to those in her local area. Staff were invited to submit an image of themselves in their personal protective equipment from which Becky selected ten members of staff to receive a portrait.

Neil Macdonald
Chief Executive

Appendix 1 – Executive Management Committee and Transformation Board

Appendix 1 – Executive Management Committee

Executive Management Committee 21 July to 15 September 2020

Executive Management Committee meets on a weekly basis and covers a range of subjects including early strategy discussions, performance monitoring, consideration of business cases and moderation of risk documentation. During recent months this has also included important updates relating to our Covid-19 pandemic response. The meeting is chaired by the Chief Executive Officer and attended by Executive Directors, Director for Governance, and other key leaders within clinical and corporate services. The following provides an overview of some of the key areas considered by the committee since 21 July 2020.

Quality and Performance

Infection Prevention & Control (IPC) excellence implementation
 IPC monthly and annual reports
 Integrated Performance Report and exception reports
 Non-elective performance update
 Safe staffing
 Maternity safety report
 Cancer services report
 Serious Incident report and action tracker
 Patient harm and safety surveillance
 Integrated safeguarding report
 Recovery and renewal programme
 Ophthalmology recovery
 Spinal services
 Patient Experience Report
 Patient story
 Health Protection Board report
 Ageing Well business case
 Draft clinical audit plan 2020/21
 Medicines management quarterly report
 Paperless reporting in radiology
 Digital PathLake network project
 Laboratory information management system
 National Audit for Care at the End of Life report
 Organ donation and transplant report
 Ethics Committee update
 Record keeping audit
 Winter resilience plan
 Think 111 first report
 Draft quality accounts 2019-20
 Endoscopy 7-day working
 Clinical audit report, including national audit results

People

Review of mileage for community staff
 Staff support
 Guardian of safer working hours report
 Freedom to speak up guardian report
 Equality, diversity & inclusion annual report
 Staff survey 2020
 Staff wellbeing people support plan
 Publishing facility time

Money

New business case process
 Contracts approval schedule
 Efficiency programme
 Monthly finance report
 Capital plan
 Covid-19 cost-tracking
 Buckinghamshire Integrated Care Partnership (ICP) financial position
 Forecasts for 2020-21
 Procurement strategy update
 Transformation update and resourcing
 Cost improvement programme quality impact assessment assurance report

Strategy, Estates & Commercial

Trust strategy
 Health & wellbeing strategy
 Community responsibilities
 Buckinghamshire ICP digital plan
 Estates strategy
 Estates performance report
 Charity strategy

Governance

Corporate risk register
 Compliance with legislation
 Minutes from the following:

- Nursing midwifery and allied health professionals board meeting
- Divisional operational committee

The following policies were approved:

- BHT Pol 141 – The dissemination and implementation of Safety Alerts received via the Central Alerting System (CAS)
- BHT Pol 095 – Handling of Healthcare Waste Policy
- BHT Pol 021 – Policy on Responding to Concerns, Complaints & Compliments
- BHT Pol 147 – Charitable Funds Investment Policy
- BHT Pol 069 – Medical Devices Policy
- BHT Pol 136 – Policy for the Use of Lasers, Intense Light Sources & UV

Performance: August 2020 in numbers



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Buckinghamshire Healthcare
NHS Trust**Meeting:** Trust Board Meeting in Public**30 September 2020**

Agenda item	Integrated Performance Report
Board Lead	Dan Gibbs
Type name of author	Wendy Pocknell
Attachments	None
Purpose	Information
Previously considered	Type in Board / Committee or Group and date considered, minute number

Executive Summary

- Performance update against national targets and standards
- Quality reporting and identifying of continued risks
- Workforce implications and plans to reduce vacancies

Decision	The Committee is requested to consider performance and virus risk impact		
Relevant strategic priority			
Quality <input checked="" type="checkbox"/>	People <input checked="" type="checkbox"/>	Money <input checked="" type="checkbox"/>	
Implications / Impact			
Patient Safety	Impact on quality and safety standards and patient experience		
Risk: link to Board Assurance Framework (BAF)/Risk Register	BAF 4.2 Improve our operational productivity		
Financial	BAF 4.2 Improve our operational productivity		
Compliance Select an item. Select CQC standard from list.	National Standards and Quality targets		
Partnership: consultation / communication	Buckinghamshire ICP		
Equality	Needs to be considered for all services, particularly where changes are being made to clinical pathways.		
Quality Impact Assessment [QIA] completion required?	No		

7



Buckinghamshire Healthcare
NHS Trust

Integrated Performance Report

August 2020

CQC rating (June 2019)	-	GOOD
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Integrated Performance Report

Contents

Section

1. New look IPR
2. Quality and Safety
3. Workforce
4. Operational Performance
5. Harm Reviews
6. Finance

Making Data Count Icon Key



Special cause (unexpected) variation - Improvement.



Special cause (unexpected) variation - Concern



Common cause (expected) variation

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New Look IPR

The new presentation layer of the IPR shows a crisper, easier to read version of the indicators. Some of them have been regrouped and this may change over the coming months.

Through continued improvement, we aim to produce more figures electronically, including new sources developed as part of the Trust's Covid 19 response.

The earlier collection date for the remaining manual or time restricted data may result in more indicators being shown a month in arrears, many of these are being supported by colleagues throughout the trust in an effort to improve the collection timescales where possible.

As a result of COVID implications, a Harm Review has been introduced to track the rate of patient attendances for urgent care, and clinical risk assessments for delayed patients.

Post-COVID, BHT are looking at recovery plans which will be measured alongside constitutional targets.

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Quality & Safety

Spotlight Report from Medical Director and Chief Nurse

- **Infection prevention and Control** is ongoing in line with NHSE guidance. Emphasis is being placed upon both Covid and none Covid related activity to sustain performance across all areas. CDT numbers for August show an improvement and following the RCA the one hospital acquired case was identified as unavoidable.
- Work on **reducing harms associated with pressure ulcers and falls** remains with clinical forums to focus upon quality improvement (QI).
- **Complaints** volume has increased inline with increases in activity, however umbers remain below those for the same period last year. The most frequently reported theme reported is treatment delays and cancellations. Progress has been made on overdue complaints with are zero outstanding overdue responses.
- **FFT** ratings have increased. Visiting restrictions were eased this month allowing for one visitor for one hour once a day and partners are now attending 12 week scans. Negative feedback related to waiting times, discharge and signage.
- **Safeguarding training** decrease in compliance due to the cesation of training during the pandemic and the increase in denominators following the implementation of the Intercollegiate Document Guidance, which extends training out to a wider staff group. On line packages are now updated and available for all levels of safeguarding & PREVENT and LA training recommences in September.

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Quality & Safety Overview



Division	Performance Indicator	Target	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Performance	Q1	YTD	Monthly trendline
QUALITY DASHBOARD																			
	MRSA	0	0	0	0	0	0	1	0	0	0	0	0	0	0	→	0	0	SPC chart is not applicable for this KPI as the number is generally zero
	Clostridioides Difficile (C Diff)	0	5	9	4	6	7	10	2	3	3	1	8	3	1	↑	12	16	
	Never Events	0	0	0	0	0	0	1	0	0	0	0	0	1	0	↑	0	1	SPC chart is not applicable for this KPI as the number is generally zero
	Falls causing severe harm	0	0	1	1	0	0	0	0	0	1	0	1	0	0	→	1	1	SPC chart is not applicable for this KPI as the number is generally zero
	Medication errors causing severe harm	0	0	0	0	0	0	0	0	0	1	0	0	0	1	↓	0	1	SPC chart is not applicable for this KPI as the number is generally zero
	Line infections		3	2	0	0	0	2	0	1	0	5	4	4	-	→	9	9	
	Failures to isolate (currently suspended)																		
	Crude mortality (rolling 12 months)		1.1%	1.0%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.1%	1.2%	1.3%	1.4%	1.4%	→	1.3%	1.3%	
	Hospital Standardised Mortality Ratio (HSMR)		87.5	90.0	91.1	91.9	94.4	98.9	99.5	101.1	106.8	108.0	-	-	-				SPC chart is not applicable for this KPI there is no data for last 4 months
	Medical Examiner screens selected for further review		13%	15%	13%	15%	11%	11%	10%	-	-	-	10%	7%	12%	↓	-	10%	SPC Chart not available - there is data missing from March to May
	Sepsis screening - one hour suspicion to needle		-	-	-	-	-	-	-	-	80%	85%	77%	-	-	↑	81%	81%	SPC Chart not available - there is an insufficient number of data points
	Extended perinatal mortality (per 1000 cases)		3.90	3.31	3.11	3.10	2.91	3.23	3.41	3.33	3.34	4.16	3.96	4.57	-	↓	3.82	4.01	
	Stillborn 24 weeks or later (per 1000 cases)		3.77	4.00	3.73	3.41	3.03	2.98	3.16	3.12	3.13	3.74	3.34	3.74	-	↓	3.40	3.40	
	New mothers seen within 14 days (quarterly)																		
	Avoidable cardiac arrests	0	1	1	1	1	2	2	3	4	3	2	1	-	-	↓	6	6	
	VTE assessment		96.6%	97.3%	97.0%	97.0%	95.7%	97.1%	96.7%	95.5%	91.2%	93.2%	95.1%	95.1%	-	→	90.0%	90.9%	
	Pressure ulcers - deep tissue damage		5	1	6	0	2	5	4	5	3	2	5	5	-	→	10	15	
	Safeguarding training (C&YP Level 2)		87%	86%	87%	88%	88%	89%	88%	88%	87%	86%	86%	85%	79%	↓	86%	85%	
	A&E - median time to triage (minutes)		20	18	21	20	23	17	17	14	12	14	13	14	15	↓	13	14	
	O/S Clinical audits causing concern		8	7	8	7	5	6	9	10	4	5	-	-	-		-	-	

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Patient Experience



Buckinghamshire Healthcare
NHS Trust

Performance Indicator	Target	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Performance	Q1	YTD	Monthly trendline	
PATIENT EXPERIENCE DASHBOARD																			
New complaints	Monitor	60	56	45	51	47	62	47	40	25	28	48	46	-	↑	101	149		
Complaints - still outstanding after 90 days		18	21	14	16	18	12	10	15	9	7	6	4	-	↑	7	6		
Complaints - response within 25 days (suspended)																			
Patients discharged before noon		20.7%	19.7%	21.0%	22.5%	23.2%	20.5%	19.0%	21.1%	23.9%	18.9%	18.6%	21.4%	17.4%	↓	20.5%	20.0%		
Outstanding patient safety alerts		0	0	0	0	0	0	0	0	0	0	0	0	-	→	0	0		
Mixed sex breaches		0	0	0	0	0	0	0	0	-	-	-	-	-					
12 hour trolley waits in A&E		0	0	0	0	0	0	0	0	0	0	0	0	0	→	0	0		
Friends & Family - overall response rate		21.9%	23.2%	27.8%	24.6%	20.5%	21.0%	20.6%	22.0%	22.5%	16.0%	22.2%	15.4%	18.9%	↑	20.2%	19.0%		
Friends & Family - Inpatient - +ve response		97.9%	97.6%	88.8%	90.5%	88.0%	90.2%	90.1%	92.9%	93.4%	90.2%	89.6%	88.0%	90.2%	↑	91.1%	90.3%		
Friends & Family - A&E - +ve response		78.5%	80.9%	77.7%	77.9%	76.7%	83.0%	81.2%	86.6%	92.5%	92.8%	88.9%	87.6%	83.7%	↓	91.4%	89.1%		
Friends & Family - Maternity - +ve response		100.0%	100.0%	99.1%	97.4%	94.4%	89.2%	92.7%	94.3%	94.8%	86.6%	90.8%	84.1%	87.2%	↑	90.7%	88.7%		

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Quality & Safety - Standards

Delivery of Standards, Risks to delivery	Actions/mitigations:	Impact and Outcomes
<p>Safeguarding Training Compliance To maintain compliance with the new Intercollegiate Document Standards for Safeguarding Training.</p> <p>Lack of training, education and knowledge pose risks to the identification and care of vulnerable adults and children</p> <p>The lack of face to face training opportunities during the pandemic has impacted upon training compliance levels</p>	<p>The training matrix has been approved at board level and the risk relating to this highlighted on the safeguarding risk register</p> <p>The safeguarding intranet site and training matrix provides clarity for every staff member of the training requirements for their role and how to achieve them.</p> <p>New on line training packages have been developed and are now live on NLMS. Comm's have gone out to the divisions and local services to support this. The safeguarding team are available to advise. Local authority training re-commences in September 2020.</p>	<p>To increase performance across all areas of safeguarding training to 85% and above by March 2021.</p>
<p>Harm Free Care To reduce the number of patients developing pressure ulcers and experiencing falls with moderate and above harm.</p>	<p>Quality Improvement plans in place for both pressure ulcer and falls work. Monthly task and finish groups leading this.</p> <p>Use of QI methodology to support falls work and improve staff engagement/ownership</p> <p>Monthly performance reporting into Quality and Safety Committee and Nursing, Midwifery and AHP board. Quarterly reports into Quality Committee.</p>	<p>Sustained performance improvement by November 2020.</p> <p>Reduction in volume of falls and pressure ulcers to date but require more data to demonstrate change embedded.</p>

Workforce

Spotlight Report from Director of Workforce



Buckinghamshire Healthcare
NHS Trust

Workforce Information

Our recruitment activity is a key focus for Autumn and we are launching a new BHT recruitment microsite to raise awareness of BHT as an employer of choice, particularly targeted at our local population during the current economic downturn and impact on the employment market as a result of COVID-19. We have improved our average time to replace a vacancy after a challenging summer and we are further streamlining our internal recruitment process to encourage retention of valued staff and supporting opportunities to change roles within BHT, rather than go elsewhere.

Temporary Staffing has been a slight challenge, as anticipated in August, due to summer holidays as we encourage staff to take leave. Annual leave drove both a rise in demand and a corresponding decrease in the Nursing bank fill rate. Our use of agency nurses breaching capped rates has reduced due to a reduction of demand in ITU.

Trust turnover rates have seen a sharp rise; this is due to the annual rotation of medical students and the end of the fixed-term contracts of nursing students employed in COVID-19 support roles.

Staff Health and Wellbeing

We have many activities in place to support staff wellbeing, with a particular focus on supporting through COVID-19 related issues. We are pulling together key elements to produce a Winter Wellbeing Wraparound programme for all staff. We have seen a reduction in individual stress referrals but an increase in referrals for team resilience and support. The Wellbeing and Organisational Development teams are increasing and enhancing group support offerings to meet this demand.

The Occupational Health team has a dedicated COVID-19 team and is supported by an in-house swabbing team. This is enabling us to respond to COVID-19 related health issues for our staff and their immediate household members. During August the government travel restrictions had an impact on the number of staff having to isolate unexpectedly on return from holiday. However, improvements in agile working meant many people could continue to work from home while isolating. We continue to support and provide advice to staff on key issues, including working from home, shielding due to health risks, updates on isolation and testing. We have a robust individual Risk Assessment process in place under the governance of Occupational Health and supported by all Trust managers for all staff.

Training

Core elements of Statutory and Mandatory training has continued to run on-line during the COVID-19; the programme will be expanded during September. During the last few months, clinical skills programmes have continued. Our priorities for August were to continue to offer Fit-mask training and deliver an induction programme for the cohort of new Junior Doctors.

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Workforce Overview



Performance Indicator	Target	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Performance	Q1	YTD	Monthly trendline
WORKFORCE DASHBOARD																		
Staff Turnover		13.5%	13.1%	13.1%	13.4%	13.6%	13.5%	13.5%	13.5%	12.0%	13.8%	13.3%	13.0%	12.9%	↑	13.0%	13.0%	
Sickness		4.0%	3.8%	4.5%	4.3%	4.2%	4.3%	4.2%	5.2%	7.1%	5.3%	4.0%	3.8%	-	↑	5.5%	5.5%	
Nursing vacancy rate		14.9%	15.2%	13.8%	14.0%	15.0%	15.0%	15.2%	15.3%	14.8%	15.5%	15.5%	15.3%	15.7%	↓	15.3%	15.4%	
Wards with 30%+ nursing vacancies		12	6	7	7	6	8	8	8	7	7	6	6	-	→	7	7	
Monthly Exception Reports - Junior Doctors		51	109	56	49	38	45	45	30	18	24	18	7	47	↑	24	19	
Medical locums employed for longer than a month		8	9	10	14	13	11	11	11	5	5	6	6	-	→	7	7	
Job Plans completed		77%	82%	1%	1%	14%	20%	32%	32%	32%	32%	32%	43%	47%	↑	32%	34%	
Temporary staff - % spend		9.9%	9.9%	10.0%	10.0%	10.0%	10.2%	10.4%	10.3%	12.7%	12.2%	12.6%	12.4%	12.3%	↑	12.5%	12.4%	
Temporary staff - shifts requested		5,913	6,083	6,368	6,369	6,708	6,629	7,212	8,322	7,028	6,654	5,950	5,974	6,612	↓	6,544	6,444	
Temporary staff - shifts breaching Agency Cap		127	143	131	152	213	96	27	109	233	215	146	110	105	↑	198	162	
Nursing - Bank fill rate		127	68.5%	65.5%	65.8%	57.3%	58.9%	62.7%	76.3%	63.7%	51.0%	61.6%	62.6%	57.4%	↓	58.8%	59.3%	
Average time to replace vacancy (days)		57	53	66	60	61	67	61	60	52	52	65	65	59	↓	52	54	
Statutory training		90%	91%	90%	90%	89%	90%	89%	88%	88%	87%	86%	86%	85%	↓	87%	86%	
Occupational Health referrals - stress		30	35	24	38	33	51	37	24	34	30	40	47	32	↓	104	151	

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Workforce - Standards

Delivery of Standards, Risks to delivery	Actions/mitigations:	Impact and Outcomes
Turnover	<p>The activity and initiatives introduced through cohort 4 of the NHSI nurse retention programme continues, working to the Retention strategy as approved by NHSI.</p> <ul style="list-style-type: none"> • New online Exit Questionnaire has been launched in September and data from this will be shared with the divisions and HR BP's. • New "temperature test" survey to be designed for nurses between 3 to 6 months into post. • Refreshed publicity for the 50+ workability and pre-retirement planning sessions focusing on retire and return. • Improved internal recruitment process to encourage changing jobs within the Trust 	<p>Accurate and timely information , with analysis in regards to reasons for leaving will drive further actions.</p> <p>Early indicators of new nurses issues can be supported proactively as 12 months in post is shown to be a crucial point for retention considerations.</p> <p>Retire and return is encouraged and supported to increase. Number of skilled staff remaining in the Trust.</p> <p>Retaining our valued staff by actively supporting the transfer to new roles and opportunities</p>
Nurse vacancy rate	<p>A full action plan in regards to Nursing recruitment for Autumn / Winter 2020 is in place.</p> <p><u>Newly Qualified</u> There are 13 newly qualified staff who were final year students working in BHT to support Covid-19 . They are forecasted to receive NMC pins across September and October.</p> <p><u>Occupational English Test (OET)</u> There are 34 international staff that have passed the OET and now awaiting their NMC Pin and we are actively supporting them in that process, they are forecasted to receive these between September & November. 16 individuals taking OET in September and October</p> <p><u>UK Recruitment Activity</u> Recruitment microsite launch – w/c 14 September. Nurse recruitment campaigns by divisions commence, with departmental hotspot focus</p> <p><u>International Recruitment</u> Cohort of 9 Portuguese recruits arrival w/c 21 September A further 9 Portuguese recruits arriving in October and 7 in November</p>	<p>PIN conversions at pace is crucial to mitigating our nurse vacancy rate and supporting career progression.</p> <p>Recruitment team presenting at NHS Employers webinar on 30 September about OET partnership, as an example of best practice.</p> <p>Raising awareness of BHT jobs to encourage local recruitment, including return from private sector of experienced nurses.</p> <p>Our Portuguese activity remains in place and is well regarded, strong interest continues.</p>

Operational Performance

Spotlight Report from Chief Operating Officer



ED performance

Compliance with the four hour standard has dropped in August due to continued inpatient capacity constraints and ongoing issue with flow separation. These constraints have been driven by the need for essential lifecycle works in wards and reduction of medical bed base due to continued use of the acute medical ward for critical care. These issues are largely resolved for September – critical care returns to its established bed base on 14th September. It will use day surgery recovery as expansion for any covid surge in Q3 and works are underway to prepare this area. Ward 18 will be coming on stream late September and will initially provide medical capacity but in the UEC transformation plan will become the ambulatory arm of the emergency village providing same day emergency care and frailty, supporting the incept of the 'Think 111 First' project, which in essence will divert all non-emergency activity to urgent and ambulatory care settings. This project kicks off at the beginning of October. Further work to manage demand in winter is underway – ward 9 has been allocated as the paediatric escalation space to help with paed surge now schools have returned to business. The winter resilience plan is scheduled for sub committees from 15th September. The new leadership structure in emergency medicine is embedding. The leadership of the local A&E delivery board, which oversees urgent and emergency care delivery in Buckinghamshire has changed and this board will now be chaired by the BHT Chief Executive. Finally, the implementation of new discharge guidance is underway, led by the BHT Chief Operating Officer with support from the Interim Director of Community Services Transformation. It is anticipated that the impact of this will be significant but it is likely to illustrate areas for improvement across the spectrum of the pathway.

RTT

The phase 3 recovery actions are being implemented and the Trust has submitted its draft trajectories. The biggest challenge for BHT is the 52 week position. The Trust is working with independent sector providers to allocate additional capacity and through multi-professional working, we now have a plan to restore all our operating rooms – previously due to IPC factors this had been the biggest challenge. Demand levels are returning, and there is work ongoing to use all available capacity at source to help modulate referral surge. The approach to recovery is being co-ordinated at ICS level. There are a number of strategic groups looking at mid-term service-specific issues and how we resolve them (e.g. spinal surgery) and these will be brought through for discussion as the clinical teams evolve their strategies.

Cancer

The Trust was compliant with the 62-day standard, which is a great achievement. Demand levels are restoring with the exception of prostate cancer, which remains an outlier – there are fewer presentations at initial referral level, which may be related to primary care restoration activity. There is a huge amount of work still to do in order to sustain this performance. August is likely to be sub 85%. Diagnostic pathway work and use of virtual consultation and non-interventional screening tests (i.e. FIT in lower GI) have reduced demand significantly.

Diagnostic pathway

Capacity to perform diagnostic procedures is still limited by Infection Control requirements, however expansion to 7 day working and installation of mobile scanners is planned. Change in infection Control guidance will result in increased activity. Mobile scanners will provide additional 1700 procedures and will offer ongoing capacity to expedite waiting patients. All patients at risk of cancer or who are on an urgent pathway have their procedures within 2 or 4 weeks respectively.

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Operational Performance Overview

Buckinghamshire Healthcare NHS Trust

Performance Indicator	Target	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Performance	Q1	YTD	SPC chart
OPERATIONAL PERFORMANCE DASHBOARD																		
A&E - 4 hour performance	95%	83.4%	82.7%	81.5%	82.4%	77.8%	81.9%	82.6%	83.4%	86.7%	89.4%	89.3%	85.9%	84.1%	↓	88.5%	86.9%	
A&E - Child under age one - triage in 15 mins		90.7%	83.3%	76.6%	71.0%	62.0%	83.1%	82.3%	78.4%	89.8%	87.5%	89.7%	87.6%	88.0%	↑	89.0%	88.5%	
A&E - Patients over 12 hours in A&E	0	540	565	661	559	731	651	586	232	75	123	183	310	500	↓	381	1,191	
A&E - Delayed ambulance handovers	0	64	114	137	144	213	137	111	71	43	37	47	48	62	↓	127	237	
A&E - Patients returning within 72 hours		5.1%	5.2%	4.4%	4.7%	4.8%	5.2%	4.9%	4.4%	4.1%	4.2%	4.5%	4.9%	4.2%	↑	4.3%	4.4%	
RTT - Open Pathway performance	92%	85.3%	84.4%	84.3%	83.4%	82.8%	82.5%	81.5%	77.1%	69.2%	60.0%	49.0%	40.7%	-	↓	59.4%	54.7%	
RTT - Number of open pathways	31,024	29,901	30,640	30,203	30,586	31,302	31,024	31,783	29,322	29,124	28,778	27,662	28,630	-	↓	28,521	28,548	
RTT - Patients waiting over 52 weeks	0	0	0	0	0	1	0	3	11	106	305	608	1,067	-	↓	340	522	
RTT - Patients waiting over 26 weeks	0	1,641	1,885	1,879	2,044	2,366	2,606	2,701	3,134	4,501	6,289	7,807	10,234	-	↓	6,199	7,208	
RTT - Diagnostic waits under 6 weeks	99%	99.9%	99.7%	99.6%	99.5%	97.8%	94.0%	99.5%	96.8%	79.0%	48.6%	65.7%	61.7%	-	↓	64.4%	63.8%	

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Operational Performance Overview

Performance Indicator	Target	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Performance	Q1	YTD	SPC chart	
OPERATIONAL PERFORMANCE DASHBOARD																			
Cancer - 2ww - first appt within 2 weeks	93%	96.0%	98.2%	93.1%	85.8%	84.1%	77.4%	82.3%	81.6%	82.5%	96.4%	99.4%	98.7%	-	↓	92.8%	94.3%		
Cancer - 2ww - treatment within 62 days	85%	83.4%	78.7%	81.7%	80.3%	85.7%	76.0%	73.9%	71.5%	67.9%	65.0%	84.8%	86.8%	-	↑	72.6%	76.1%		
Cancer - screening - treatment within 62 days	90%	57.1%	82.6%	85.7%	78.9%	93.8%	69.0%	78.6%	70.6%	100.0%	75.0%	100.0%	100.0%	-	→	91.7%	93.8%		
Cancer - 31 days to first treatment		94.2%	94.0%	97.9%	97.2%	97.5%	96.3%	96.4%	97.3%	90.8%	97.2%	96.9%	96.6%	-	↓	95.0%	95.4%		
Cancer - 104 day waits		2	4	6	8	2	7	8	8	10	5	6	4	-	↑	21	25		
Reablement - median urgent response time (hours)		2	4	22	2	2	21	22	3	6	6	2	18	2	↑	5	7		
District Nursing - median urgent response time (hours)		4	2	2	3	2	1	2	2	2	2	2	2	2	→	2	2		
Elective operations cancelled on the day	Monitor	21	38	35	35	44	38	43	39	1	0	7	18	8	↑	8	34		
Outpatient appointment disruption	Monitor	19.4%	17.9%	15.5%	16.9%	18.8%	18.4%	19.1%	25.8%	48.1%	40.9%	34.1%	29.1%	29.0%	↑	41.0%	36.2%		
Average bed occupancy (G&A)		96.4%	97.0%	96.1%	96.9%	96.5%	97.3%	95.6%	85.3%	61.4%	76.3%	76.6%	77.9%	84.0%	↑	71.4%	75.2%		
Emergency readmission within 30 days		6.2%	5.7%	6.3%	6.5%	7.1%	6.6%	6.1%	5.1%	7.2%	7.5%	7.6%	7.2%	-	↑	7.4%	7.4%		
Patients with expected discharge date		49.6%	51.6%	48.0%	45.3%	47.3%	48.4%	46.7%	48.7%	57.0%	51.2%	57.6%	61.3%	55.0%	↓	55.3%	56.4%		
CAT clinic activity		163	138	209	189	206	224	193	156	5	2	9	31	61	↑	16	108		
GP referrals		8,468	8,719	10,163	8,594	7,849	9,324	8,221	6,363	2,703	3,326	5,252	5,499	5,011	↓	11,201	21,711		
Neck of femur fracture to theatre in 36 hours		60.0%	59.2%	68.7%	54.0%	42.3%	59.3%	48.7%	n/a	28.1%	20.5%	36.0%	39.2%	50.0%	↑	28.2%	34.8%		

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Operational Performance Overview

Performance Indicator	Target	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Variation	Q1	Q2	Q3	Q4	YTD	SPC chart
OPERATIONAL PERFORMANCE DASHBOARD																					
Cancer - 2ww - first appt within 2 weeks	93%	96.0%	98.2%	93.1%	85.8%	84.1%	77.4%	82.3%	81.6%	82.5%	96.4%	99.4%	98.7%	-	↓	92.8%				94.3%	
Cancer - 2ww - treatment within 62 days	85%	83.4%	78.7%	81.7%	80.3%	85.7%	76.0%	73.9%	71.5%	67.9%	65.0%	84.8%	86.8%	-	↑	72.6%				76.1%	
Cancer - screening - treatment within 62 days	90%	57.1%	82.6%	85.7%	78.9%	93.8%	69.0%	78.6%	70.6%	100.0%	75.0%	100.0%	100.0%	-	→	91.7%				93.8%	
Cancer - 31 days to first treatment		94.2%	94.0%	97.9%	97.2%	97.5%	96.3%	96.4%	97.3%	90.8%	97.2%	96.9%	96.6%	-	↓	95.0%				95.4%	
Cancer - 104 day waits		2	4	6	8	2	7	8	8	10	5	6	4	-	↑	21				25	
Reablement - median urgent response time (hours)		2	4	22	2	2	21	22	3	6	6	2	18	2	↑	5				7	
District Nursing - median urgent response time (hours)		4	2	2	3	2	1	2	2	2	2	2	2	2	→	2				2	
Elective operations cancelled on the day	Monitor	21	38	35	35	44	38	43	39	1	0	7	18	8	↑	8				34	
Outpatient appointment disruption	Monitor	19.4%	17.9%	15.5%	16.9%	18.8%	18.4%	19.1%	25.8%	48.1%	40.9%	34.1%	29.1%	29.0%	↑	41.0%				36.2%	
Average bed occupancy (G&A)		96.4%	97.0%	96.1%	96.9%	96.5%	97.3%	95.6%	85.3%	61.4%	76.3%	76.6%	77.9%	84.0%	↑	71.4%				75.2%	
Emergency readmission within 30 days		6.2%	5.7%	6.3%	6.5%	7.1%	6.6%	6.1%	5.1%	7.2%	7.5%	7.6%	7.2%	-	↑	7.4%				7.4%	
Patients with expected discharge date		49.6%	51.6%	48.0%	45.3%	47.3%	48.4%	46.7%	48.7%	57.0%	51.2%	57.6%	61.3%	55.0%	↓	55.3%				56.4%	
CAT clinic activity		163	138	209	189	206	224	193	156	5	2	9	31	61	↑	16				108	
GP referrals		8,468	8,719	10,163	8,594	7,849	9,324	8,221	6,363	2,703	3,326	5,252	5,499	5,011	↓	11,201				21,711	
Neck of femur fracture to theatre in 36 hours		60.0%	59.2%	68.7%	54.0%	42.3%	59.3%	48.7%	n/a	28.1%	20.5%	36.0%	39.2%	50.0%	↑	28.2%				34.8%	

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Community Performance Overview

Buckinghamshire Healthcare NHS Trust

Performance Indicator	Target	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Performance	Q1	YTD	Monthly trendline
COMMUNITY DASHBOARD																		
Total referrals		-	-	-	-	-	-	-	-	4,642	4,972	5,970	6,339	5,552	↓	15,584	27,475	
Covid Referrals		-	-	-	-	-	-	-	-	87	92	76	23	5	↑	255	283	
Non Covid Referrals		-	-	-	-	-	-	-	-	4,555	4,880	5,894	6,316	5,547	↓	15,329	27,192	
Contacts all - Total		-	-	-	-	-	-	-	-	36,270	38,191	43,515	46,463	40,770	↓	117,976	205,209	
Total number of EHCP referrals		-	-	-	-	-	-	-	-	69	51	-	-	-	→			
% of EHCP completed in 6 weeks		-	-	-	-	-	-	-	-	40%	19%	-	-	-	→			
% of births offered a face to face appointment with a Health Visitor within 14 days		-	-	-	-	-	-	-	-	95.0%	97.7%	98.2%	98.2%	-	↑	97.0%	97.0%	
% of LAC seen within 20 days (in county)		-	-	-	-	-	-	-	-	83%	-	-	-	-				
% of LAC seen within 20 days (out of county)		-	-	-	-	-	-	-	-	50%	-	-	-	-				

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Operational Performance - Standards

Delivery of Standards, Risks to delivery	Actions/mitigations:	Impact and Outcomes
Urgent and Emergency Care A&E 4 hour target	Return AMU to Medicine by 14 th Sept Open ward 18 by end Sept Implement discharge guidance Implement 111 first by mid Oct	Improved medical flow, direct to medicine transfer from ED Stop use of escalation space, increase available medical bed capacity Decrease delayed discharges Decrease demand and length of stay in ED
Elective care Referral to Treatment – risk of patients waiting over 52 weeks Diagnostic waiting time – patients waiting over 6 weeks	Long waiting patients assessed for risk of harm and prioritised appropriately Recovery plans include reducing the number of long waiting patients Identification and support of those rejecting appointments Proposed deferment policy to ensure patients have choice to return to secondary care Negotiate additional IS capacity Record A&G activity 6 or 7 day working in medical specialties Open all operating rooms Implement AGP guidance in endoscopy/ENT/oral surgery Open ophthalmology vanguard All referrals for diagnostic tests vetted for urgency Install mobile scanners at Wycombe and Amersham	Performance improvement by March 21 Significant reduction in number of long waiting patients 62 day cancer performance continues to improve Patient choice respected without detriment Utilise IS capacity to improve capacity Fully documented Advice & Guidance Extended capacity and opportunity for patients Reduce wait time for treatments Consideration of alternative diagnostic pathways Provide additional ophthalmology capacity and reduce waiting times. Assurance that appropriate urgent diagnostic procedures remain available. Additional 1726 appointments per month
Community All patient referrals within the community continue to be seen throughout the pandemic including our covid referrals. An additional three community sites are also due to reopen for f2f opd appointments and CATS in September.	<ul style="list-style-type: none"> • Risk Stratification of patients • Ensuring staff and patient safety with ICP compliance • Providing workforce with support and monitoring of sickness levels • Changes to pathways for EOL • Additional silver phone hours to continue 	Identification of additional needs and changes to patient needs with plans to address, for example additional care homes support and Ageing Well programme.

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Efficiencies

Performance Indicator	Target	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Performance	Q1	YTD	Monthly trendline
EFFICIENCY & USE OF RESOURCE DASHBOARD																		
Theatre utilisation		92.4%	92.4%	91.2%	91.7%	89.0%	89.7%	89.1%	87.8%	84.4%	70.9%	69.8%	77.3%	84.6%	↑	75.0%	77.4%	
Clinical coding within target	95%	64%	61%	71%	78%	83%	88%	96%	97%	98%	99%	99%	98.0%	-	↓	99%	99%	
Impact of non compliance with Best Practice Tariff																		
Receipts without a purchase order		220	237	322	285	173	186	176	224	321	213	126	224	194	↑	660	1,078	
Outpatient appointments - DNA's	<5%	5.8%	5.9%	6.1%	5.9%	6.1%	5.7%	5.2%	7.2%	5.6%	4.8%	4.7%	6.0%	6.5%	↓	5.0%	5.3%	
Outpatient appointments - not cashed up		2.0%	1.1%	1.2%	1.5%	1.6%	2.4%	2.8%	3.8%	4.4%	1.4%	3.4%	3.5%	2.6%	↑	3.1%	3.1%	
Outpatient letters to GP's within 14 days		76%	73%	70%	72%	69%	70%	70%	69%	54%	74%	84%	83%	78%	↓	71%	75%	
Stranded patients at 7 days		202	217	193	199	213	214	239	211	167	200	209	216	243	↓	192	207	
LoS > 21 days - patients in acute hospitals		102	96	91	107	100	105	104	41	35	46	35	41	38	↑	39	39	
LoS > 21 days - patients in community hospitals		19	14	16	18	17	13	17	23	10	11	11	15	14	↑	11	12	
Delayed transfer of care (DTOC)	<3.5%	5.0%	7.1%	6.4%	5.9%	5.6%	4.6%	4.3%	4.6%	2.6%	1.6%	2.5%	2.3%	-		2.2%	-	SPC Chart not available
SMH - Average medical length of stay (days)		7.6	7.4	7.1	7.2	7.7	7.4	7.4	9.8	8.3	7.2	7.5	6.9	7.7	↓	7.7	7.5	
Comm Hosps - Average length of stay (days)		33.6	31.1	32.7	24.3	29.2	34.9	22.5	27.1	15.1	20.3	25.9	22.6	24.0	↓	20.4	21.6	

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Harm Review and Recovery

Measures to manage COVID delays



Buckinghamshire Healthcare
NHS Trust

Performance Indicator	Target	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Performance	Q1	YTD	Monthly trendline	
HARM REVIEW DASHBOARD																			
A&E attendances		7,804	8,075	8,437	8,294	8,413	7,641	7,268	5,779	3,692	5,305	5,809	6,530	6,791	↑	14,806	28,127		
CSRU attendances		489	472	498	444	472	501	484	315	294	392	432	450	391	↓	1,118	1,959		
Cancer - 2 week wait referrals		-	-	-	-	-	-	-	-	-	-	1,257	1,554	1,495	↑	-	-		
Cancer - COVID delays		-	-	-	-	-	-	-	-	-	-	295	170	39	↑	-	-		
Elective referrals		18,763	19,003	21,959	19,235	17,399	20,192	18,087	14,938	7,577	8,868	12,659	15,677	-	↑	16,445	16,445		
Clinical Harm assessment - likelihood of death		-	-	-	-	-	-	-	-	-	-	6	7	7		n/a	6		
Clinical Harm assessment - significant harm		-	-	-	-	-	-	-	-	-	-	1,460	152	1,784		n/a	1,460		

Performance Indicator	Target	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Variation	Q1	YTD	Monthly trendline	
RECOVERY DASHBOARD																			
Activity to pre COVID levels - Outpatients (baseline is 19/20)	90%	-	-	-	-	-	-	-	-	56.7%	57.2%	73.9%	77.8%	69.7%	↓	62.6%	67.1%		
Activity to pre COVID levels - Elective/Daycase (baseline is 19/20)	90%	-	-	-	-	-	-	-	-	28.5%	35.9%	52.2%	64.5%	56.0%	↓	38.9%	47.4%		
Transition to virtual appointments	30%	-	-	-	-	-	-	-	-	61.6%	58.4%	53.7%	45.0%	36.6%	↑	57.9%	51.1%		
RTT - Average waiting times at pre COVID levels (in weeks)	9.9	10.3	10.9	11.0	10.9	10.5	11.6	11.3	10.3	10.1	10.4	11.8	-	-	↓	10.7	10.7		

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Buckinghamshire Healthcare
NHS Trust

Finance

Spotlight Report from Director of Finance

2020/21 I&E month 5 year to date (YTD) headline position of break even in line with NHSE/I guidance and the provisional annual budget agreed by Board in April 2020. This is supported by £1.7m of non-recurrent true up income funding YTD (previously referred to as break even income funding). This income has been accrued based on the latest guidance from NHSE/I. This income is subject to their review and final approval.

YTD position includes £15.5m of Covid-19 related incremental expenditure and income, resulting in a neutral impact to the year to date position. There was a normalisation in Covid-19 costs in month following the spike in costs recorded in month 4. This run-rate is being closely reviewed and further details are provided in the separate Covid-19 reporting to EMC. NHSE/I has notified the Trust that it has commissioned Deloitte to undertake an independent review of the Trust's Covid-19 expenditure.

Full year forecast remains at break-even. The forecast is based on a number of key assumptions and an assessment of risk undertaken in month 4 following the issue of the phase 3 letter by NHSE/I on 31st July 2020, indicating its expectation that providers and commissioners should aim to break-even over the full year, on the broad principles that the financial envelopes and arrangements agreed for months 1-4 will remain in place for months 5 and 6 and a similar arrangement for months 7-12. Further details are now expected in mid-September. Due to the level of uncertainty and additional risk created by the Covid-19 pandemic, the draft plan approved by the Trust Board in April 2020 has not been revised whilst the forecast remains break-even. Both the plan and forecast remain subject to additional guidance and clarification from NHSE/I (in particular, around the financial envelopes and contract income) and final review and approval by the Board. The Trust has made a draft forecast submission to BOB ICS on 7th September incorporating estimated costs of restore and recovery actions; further details will be provided in a separate report.

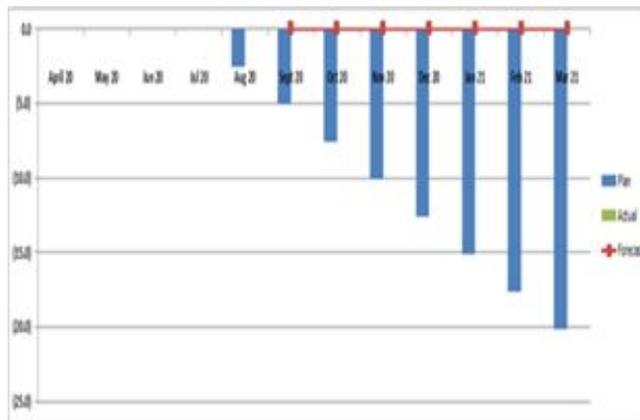
The Trust has a revised annual capital plan of £58.5m, subject to approval by NHSE/I. YTD spend at month 5 is £9.8m. Key issues are summarised in this report. Further details and analysis are provided in a separate capital update paper to the committee.

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Finance: income and expenditure

Retained surplus / (deficit)



Key Highlights

- The Trust reports a breakeven position YTD which is £2.5m favourable to plan.
- The breakeven position includes the full impact of year to date (YTD) Covid-19 revenue expenditure totalling £15.5m. It is assumed full income will be received to cover this expenditure and this income is therefore also reflected within the YTD position. The level of Covid-19 incremental expenditure required to address the pandemic is inherently uncertain and therefore does not have a budget. Covid-19 expenditure and income has been separated in the table opposite to provide clearer management reporting of the underlying position of the Trust.
- In line with phase 2 NHSE/I Covid-19 planning guidance, The Trust's plan assumes a breakeven position from April 2020 through to July 2020. It is assumed £1.3m non-recurrent income will be received for this period to enable the Trust to report a break even position in line with this plan.
- For August, 2020, in line with phase 3 NHSE/I Covid-19 planning guidance the Trust continues to report a breakeven position. To achieve this, it is assumed a further £0.4m non-recurrent income will be received for this period bringing the total non-recurrent income support to £1.7m YTD. NHSE/I phase 3 planning guidance indicates that the financial arrangements for months 5 and 6 will follow the same mechanisms as month 4 with a block contract income position and prospective top up payments. The guidance indicates the intention to move towards a revised financial framework for the latter part of 2020-21 once this has been finalised by the Department of Health and HM Treasury.
- Based on a high-level assessment of the phase 3 letter, the Trust is now forecasting delivery of a break-even position for the full year. Further clarity is expected from NHSE/I to enable the Trust to re-work this financial plan however NHSE/I have indicated that the intention is to maintain simplified arrangements for payment and contracting but with a greater focus on system partnership and the restoration of elective services. There is a significant uncertainty around contract and top up income until these arrangements are clarified and confirmed. This further guidance and clarification may result in a final plan and forecast that is materially different to the current plan and forecast outturn position. A separate report has been prepared on the Month 5 forecast.
- The Trust's current financial plan assumes a £2.5m deficit position per month from August 2020 onwards and a £20.1m deficit year end position. Against this plan, the Trust currently reports a £2.5m favourable variance YTD. The Trust plan is based on a number of key assumptions and an assessment of risk undertaken in April 2020 and will need review to ensure it is in line with the latest NHSE/I Covid-19 planning guidance and commissioning arrangements.
- Other income is £2.0m lower than plan, mainly due to the loss of car parking and PP income. Further details are provided later in this report.
- Non-pay costs (mainly drugs and clinical supplies) are £3.9m lower than plan YTD due to reduced elective activity levels. Further details are provided later in this report.

Trust I&E Performance (£M)

(£m)	In Mth Plan	In Mth Actuals	In Mth Variance	YTD Plan	YTD Actuals	YTD Variance	Annual Plan	Forecast
Contract Income	34.9	34.1	(0.8)	170.4	170.3	(0.1)	414.8	425.8
Other income	2.3	1.8	(0.4)	11.1	9.1	(2.0)	27.0	27.0
Total income	37.2	35.9	(1.3)	181.5	179.4	(2.1)	441.8	452.8
Pay	(23.5)	(23.8)	(0.3)	(120.7)	(119.1)	1.6	(264.1)	(264.5)
Non-pay	(14.0)	(13.8)	0.2	(72.0)	(68.1)	3.9	(170.7)	(167.7)
Total operating expenditure	(37.4)	(37.5)	(0.1)	(192.7)	(187.1)	5.6	(454.8)	(452.2)
EBITDA	(0.3)	(1.6)	(1.4)	(11.1)	(7.7)	3.4	(13.0)	0.6
Non Operating Expenditure	(2.3)	(2.1)	0.2	(11.3)	(10.3)	1.0	(27.1)	(27.1)
Retained Surplus / (Deficit) before Covid-19 expenditure	(2.5)	(3.7)	(1.2)	(22.4)	(18.0)	4.4	(40.0)	(26.5)
Covid-19 incremental expenditure	0.0	(1.8)	(1.8)	0.0	(15.5)	(15.5)	0.0	(15.5)
Covid-19 income reimbursement	0.0	1.8	1.8	0.0	15.5	15.5	0.0	15.5
Covid-19 Projected Top Up Payment	0.0	3.3	3.3	13.0	16.3	3.3	13.0	19.6
Covid-19 Retrospective True up Payment	0.0	0.4	0.4	6.9	1.7	(5.2)	6.9	6.9
Retained Surplus / (Deficit) after the impact of Covid-19	(2.5)	(0.0)	2.5	(2.5)	(0.0)	2.5	(20.1)	(0.0)
Non Recurrent I&E	0.0	0.4	0.4	6.9	1.7	(5.2)	6.9	6.9
Normalised I&E Surplus / (Deficit)	(2.5)	(0.4)	2.1	(9.4)	(1.7)	7.7	(27.0)	(6.9)

Divisional I&E Performance (£M)

Division / (£m)	YTD Variance	Annual Plan	Forecast	Forecast variance	Finance YTD Sector Rating	Forecast Sector Rating	Signed off by division	Current Month Run Rate		
								M03	M04	M05
Integrated Medicine	1.2	(79.0)	(80.3)	(1.3)	1	2	Yes	(6.4)	(5.9)	(6.4)
Integrated Elderly Care	1.2	(38.5)	(37.2)	1.3	1	1	Yes	(3.1)	(2.9)	(3.0)
Surgery And Critical Care	5.2	(98.8)	(93.9)	4.9	1	1	Yes	(7.2)	(7.0)	(7.6)
Women and Children	1.7	(49.1)	(47.6)	1.4	1	1	Yes	(3.7)	(3.7)	(3.8)
Specialist Services	1.8	(76.1)	(74.8)	1.3	1	1	Yes	(5.8)	(6.0)	(6.2)
Total Clinical Divisions	11.2	(341.6)	(333.8)	7.6				(26.2)	(25.6)	(26.9)
Chief Executive	0.2	(4.5)	(4.5)	0.0	1	1	Yes	(0.4)	(0.3)	(0.4)
Chief Operating Off-Management	0.2	(4.1)	(3.9)	0.2	1	1	No	(0.4)	(0.3)	(0.3)
Corporate Services	(10.6)	1.2	(7.7)	(8.8)	N/A	N/A	Yes	(2.2)	(3.1)	(1.5)
Commercial Director Mgmt	(0.0)	(0.0)	(0.0)	0.0	3	2	No	0.0	0.0	(0.0)
Finance Dept.	0.0	(6.0)	(6.0)	0.0	1	2	Yes	(0.5)	(0.5)	(0.5)
Information Technology	(0.3)	(7.1)	(7.1)	0.0	1	2	No	(0.6)	(0.8)	(0.5)
Performance and Delivery	0.2	(3.8)	(3.7)	0.1	1	2	No	(0.3)	(0.3)	(0.3)
Property Services	0.2	(54.7)	(54.7)	0.0	1	2	No	(4.9)	(4.1)	(4.5)
Human Resources	(0.1)	1.5	1.5	0.0	3	1	No	0.1	0.1	0.1
Medical Director	0.0	(0.2)	(0.1)	0.1	1	1	No	(0.0)	(0.0)	(0.0)
Nursing Director	0.1	(16.8)	(16.6)	0.2	1	1	No	(1.3)	(1.4)	(1.3)
PDC And Depreciation	(0.2)	(18.3)	(18.3)	0.0	N/A	N/A	Yes	(1.6)	(1.6)	(1.6)
Covid-19 Division	(0.0)	0.0	(0.0)	(0.0)	N/A	N/A	N/A	0.0	(0.0)	(0.0)
Strategy And Business Dev.	(0.6)	4.4	4.4	0.0	1	2	No	(0.0)	(0.0)	(0.0)
Total Corporate	(10.8)	(108.6)	(116.9)	(8.3)				(12.1)	(12.4)	(11.0)
Contract Income	(2.0)	434.8	449.0	14.2				37.8	37.8	37.8
Provisions	3.4	(4.9)	0.0	4.9				0.4	0.0	0.0
Donated Asset Reporting Adj	0.7	0.0	1.7	1.7				0.1	0.1	0.1
Retained Surplus / (Deficit)	2.5	(20.1)	(0.0)	20.2				(0.0)	(0.0)	0.0

Finance: cash & Accounts Payable / Receivable

Cash Position

	Actual Apr-20	Actual May-20	Actual Jun-20	Actual Jul-20	Actual Aug-20	Forecast Sep-20	Forecast Oct-20	Forecast Nov-20	Forecast Dec-20	Forecast Jan-21	Forecast Feb-21	Forecast Mar-21	2020/21
INCOME													
Clinical Income	66,364	33,214	32,211	31,523	34,889	33,994	33,994	33,994	33,994	33,994	33,994	0	408,605
Clinical Income top up	6,560	3,253	7,948	6,032	6,028								29,841
CCG System wide working:													0
- 2019/20	0	0	0	0	0	(1,300)	(1,300)	(1,300)	0	0	0	0	(4,500)
- 2020/21	0	0	0	0	0	0	0	0	0	0	0	0	0
Education and Training	4,041	0	0	903	0	2,309	0	903	903	903	903	903	12,168
Other Income	2,152	2,790	1,334	404	732	1,700	1,700	1,700	1,700	1,700	1,700	1,700	18,132
HMRC vat reclaim	0	2,925	0	0	0	3,800	950	950	950	950	950	950	12,425
Revenue Support	8,900	0	0	0	0	0	2,300	2,300	2,300	2,300	2,300	2,300	20,800
POC - CAPITAL	0	0	0	0	0	0	0	0	2,761	0	0	0	4,300
SCS ALLOCATION BY DOH	0	0	0	0	0	1,850	1,850	1,850	1,850	1,850	1,850	1,850	21,050
NHS ENGLAND COVID 19 PAYMENT	0	1,417	0	0	0	33,400	0	0	0	0	0	0	34,817
Other Receipts	1,242	573	987	1,382	1,063	1,050	1,050	1,050	1,050	1,050	1,050	1,050	12,875
TOTAL RECEIPTS	98,659	44,312	43,130	44,644	42,719	51,113	40,048	43,647	44,647	43,708	44,947	51,003	551,514
PAYMENTS													
Pay Costs	(17,811)	(21,945)	(25,916)	(25,900)	(22,435)	(23,960)	(23,945)	(23,844)	(23,844)	(23,844)	(23,844)	(23,845)	(280,442)
Debtors	(18,876)	(8,151)	(13,277)	(13,743)	(8,333)	(24,834)	(17,440)	(11,934)	(11,796)	(12,865)	(13,370)	(10,739)	(148,945)
Debtors - Capital Spend	(1,173)	(2,505)	(3,676)	(891)	(1,169)	(1,200)	(1,960)	(1,960)	(1,960)	(1,960)	(1,960)	(1,960)	(42,431)
NHSLA	(1,307)	(1,307)	(1,307)	(1,307)	(1,307)	(1,307)	(1,307)	(1,307)	(1,307)	(1,307)	(1,307)	0	(13,699)
POC Dividends	0	0	0	0	0	(1,537)	0	0	0	0	0	(1,670)	(7,211)
Loan Interest payments	(96)	0	0	0	0	0	0	0	0	0	0	0	(96)
PO CHANGE	(2,321)	(5,134)	(1,672)	(4,543)	(4,040)	(14,040)	(14,040)	(14,040)	(14,040)	(14,040)	(14,040)	(14,040)	(140,960)
TOTAL PAYMENTS	(33,940)	(38,642)	(43,812)	(46,744)	(38,055)	(54,882)	(50,412)	(45,188)	(46,644)	(48,038)	(54,232)	(54,595)	(540,012)
NET CASH FLOW IN PERIOD	35,299	5,500	(1,682)	(1,900)	4,650	273	(10,368)	(1,663)	(14,002)	(13,327)	(9,277)	(14,592)	(18,477)
OPENING CASH BALANCE	8,429	43,768	49,258	48,227	46,927	71,582	71,951	65,285	58,424	55,422	54,312	45,018	8,429
CLOSING CASH BALANCE	43,708	49,258	48,227	46,927	71,582	71,951	65,285	58,424	55,422	54,312	45,018	1,912	1,912

Cash – Key Highlights

- The cashflow assumes that block payments will continue to the end of the year with no payment in March 2021. It is also assumed that these will be sufficient to support a breakeven position and that no revenue loans will be required.
- Extra clinical income of £6m received Aug 2020.
- As agreed with Bucks CCG repayment of system wide working will occur in months 6,7 and 8.
- Cash to support the planned capital programme (£10m) has been confirmed by NHSI. The Trust is confirming that there is still sufficient cash reserves for the PFI and Finance Lease repayments under the new capital regime.
- COVID-19 (£13.8m) capital costs are expected to flow to the organisation to offset capital expenditure. This is still subject to approval.

Accounts Payable & Accounts Receivable – Key Highlights

Accounts Receivable

- Debtors have increased by £2.9m from £13.9m in month 4 to £16.8m in month 5.
- The increase in debtors is due to HEE £2.3m who are invoice quarterly in advance, Bucks CCG £1.1m for an agreed adjustment related to work in progress and Oxford University Hospitals FT £0.5m across various invoices.
- Overdue has increased by £1.1m in month from £10.3m to £11.4m.
- The increase in overdue is evidenced within NHS 30-60 days. This is attributed to Oxford Health £0.7m psychiatric trainee recharges, OUH £0.4m various invoices and Wessex £0.3m 19-20 settlement agreement.
- Top 5 outstanding debts at month 5 are:
 - Oxford University Hospitals NHS FT £2.9m.
 - Health Education England £2.28m.
 - Buckinghamshire Council £1.1 m.
 - Florence Nightingale Hospice Charity £0.7m.
 - Oxford Health NHS Foundation Trust £0.7m.

Accounts Payable

- The table presented does not reflect invoices which cannot be processed due to a problem with "matching" the invoice to a receipt or order. The level of creditors reported reflects invoices on the system awaiting payment. As the Trust has sufficient cash balances these are being paid as promptly as possible. Negative amounts reflects credits on the system awaiting offset against a future invoice.
- The Accounts Payable department had £10.8m of invoices on the invoices register as at the 7th of September 2020. These are invoices which cannot be processed as they cannot be matched to an order or receipt. Analytics detailing the top suppliers and reasons will be presented to the next committee.

Better Payment Practice Code

- BPPC which requires that 95% of suppliers are paid within 30 days of invoice date remains an area of challenge for the organisation. This is particularly pronounced in light of the operational pressures around COVID-19. The Trust is investing in technology to allow swifter ordering and receipting of goods which facilitate the more efficient processing of invoices for payment.

Accounts Payable & Accounts Receivable

Accounts Receivable

Month 05

(£m)	Current	30-60 days	60-90 days	90-120 days	>120 days	Total
NHS	4.2	1.7	0.1	0.1	5.2	11.3
Non-NHS	1.2	0.6	0.4	0.3	3.1	5.5
% of total	33%	14%	3%	2%	49%	100%

Month 04

(£m)	Current	30-60 days	60-90 days	90-120 days	>120 days	Total
NHS	2.1	0.1	0.3	0.1	5.5	8.0
Non-NHS	1.6	0.4	0.3	0.1	3.6	5.9
% of total	11%	11%	9%	9%	61%	100%

Accounts Payable

(£m)	Current	30-60 days	60-90 days	90-120 days	>120 days	Total
NHS	0.0	0.0	0.0	0.0	-0.2	-0.2
Non-NHS	0.0	0.0	0.0	0.0	0.0	0.0
% of total	6%	-18%	-2%	-2%	116%	100%

Better Payment Practice Code

	Count Total	Count Pass	% Pass	Total (£m)	Pass (£m)	% Pass
NHS	969	596	62%	14	8	56%
Non-NHS	24,231	15,842	65%	96	74	77%
Total	25,200	16,438	65%	109	82	75%

Communications and engagement August 2020

Comms in numbers

Channel	Measurement	JULY	AUG
Staff	BHT today	23	20
Press	Enquiries	5	6
	Statements issued	3	1
	Press releases	9	4
Twitter	Followers	9,699	9731 (up 32)
	Tweets	92	52
	Retweets	165	200
	Likes	477	356
	Replies	29	55
Facebook	Followers	5177 (+ 96)	5292
	Posts	27	46
	Shares	544	518
	Likes	2798	1849
	Comments	209	226
Videos - YouTube	Created (by comms)	6	0
	Published	18	9
	Views (Aug only)	2352	51 (all unlisted)
	Channel views total	37426	32900
Website	Updates posted	230	426
	Users	41000	41000
		53% mobile	51.5% mobile
		41% desktop	42.9% desktop
		6% tablet	5.5% tablet
Patient engagement	events	4	2 (23 attendees)
	CAP	0	0

Media:

Local level:

Radio, print and online:

- Raha West interviewed by Mix96



Key campaigns :

External

- NHS Blood and Transplants need for plasma
- World Breastfeeding Week 2020
- Trust eases visitor restrictions on 12 week pregnancy scan appointments
- Entrances into SMH reduced
- Bio-detection dogs can sniff out coronavirus in humans
- Visitor restrictions eased

Internal

- Upgrade of mobile phones to EE
- Win an Alpaca walk tour
- Stay cool during the warm weather
- SOPs and Guidance

Top performing social media:



Top Tweet earned 11.2K impressions

Praveen was applauded by staff & CEO @NMacdonaldBHT when he was discharged from Amersham Hospital on 24 July, 123 days after he was admitted due to COVID-19.

We wish him all the best with his recovery ❤️

Top mention earned 1,200 engagements

Karen Bonner
@karenabonner2 · Aug 14

Interested in joining me in shaping the future of Nursing & Midwifery @BucksHealthcare
New Job vacancy: Deputy Chief Nurse | trac.jobs
jobs.buckshealthcare.nhs.uk/job/UK/Buckin



Meeting: Trust Board Meeting in Private

30 September 2020

Agenda item	Recovery and renewal programme update and activity recovery resourcing
Board Lead	D.H.R. Gibbs – Chief Operating Officer
Type name of Author	Matan Czaczkes and Isobel Day
Attachments	Update on Recovery and Renewal programme and activity trajectory performance
Purpose	Assurance
Previously considered	EMC 25th August

Executive Summary

The purpose of this paper is to provide the Trust Board with a high level update on the overall progress of the Buckinghamshire Recovery and Renewal work.

The recovery and renewal board ensures assurance of delivery of the NHSE requirements; and is currently managing progress of Phase 3 which commenced at the end of July 2020 with delivery of each requirement phased between August 2020 and March 2021.

Across Buckinghamshire 33% (21/65) of requirements are complete, 10% (6/65) are complete but require assurance and 57% (37/65) are in progress.

A key focus of the phase 3 requirements is the recovery of activity to pre-Covid levels. Work has been undertaken at service level to predict future activity until the end of the financial year; including the potential level of financial investment to deliver activity.

The paper was considered at EMC on 25 August 2020 and progress on delivery of the Phase 3 activity requirements including the required activity trajectories noted. Following EMC there was a requirement for further analysis of the funding requests to deliver additional activity; this will be subject to a check and challenge process led by the Chief Operating Officer and Director of Finance.

8

Decision	Trust Board are asked to: <ul style="list-style-type: none"> Note the content of this paper Note progress on, and endorse the proposed methodology in relation to, continue delivery of the NHSE phase 3 requirements
-----------------	---

Relevant Strategic Priority		
Quality ☒	People ☒	Money ☒

Implications / Impact	
Patient Safety	Yes - potential impact of delay in treatment is a recognised risk as a consequence of the COVID pandemic. The paper provides assurance on how the potential risk is identified, assessed and monitored.
Risk: link to Board Assurance Framework (BAF)/Risk Register	1.2 Developing as a learning organisation
Financial	Yes – potential impact on income o failure to deliver activity requirements in line with the national financial incentive schemed. The paper provides assurance on how the potential risk is identified and mitigation is monitored.
Compliance CQC Standards Person-centred Care	Yes requirement to ensure that the potential impact of delay does not cause harm to patients.
Partnership: consultation / communication	Yes requirement to engage with our staff and the public in the delivery of the Phase 3 programme and the actions taken to mitigate risk
Equality	Yes - requirement within Phase 3 to ensure health inequalities are identified and addressed.
Quality Impact Assessment [QIA] completion required?	No

Update on Recovery and Renewal programme and activity trajectory resourcing requirements

Matan Czaczkes
September 2020

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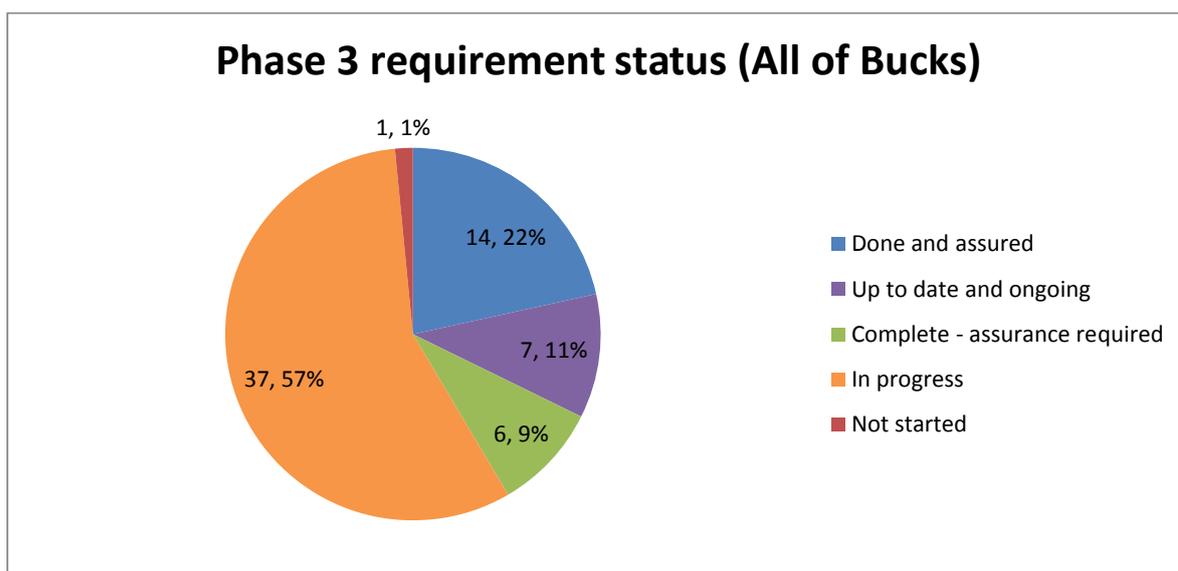
1. Purpose of the paper

The purpose of this paper is to provide the Trust Board with an update on the overall progress of the Buckinghamshire Recovery and Renewal work.

2. Recovery and renewal progress update

The recovery and renewal board ensures assurance of delivery of the NHSE requirements; and is currently managing progress of Phase 3 which commenced at the end of July 2020 with delivery of each requirement phased between August 2020 and March 2021.

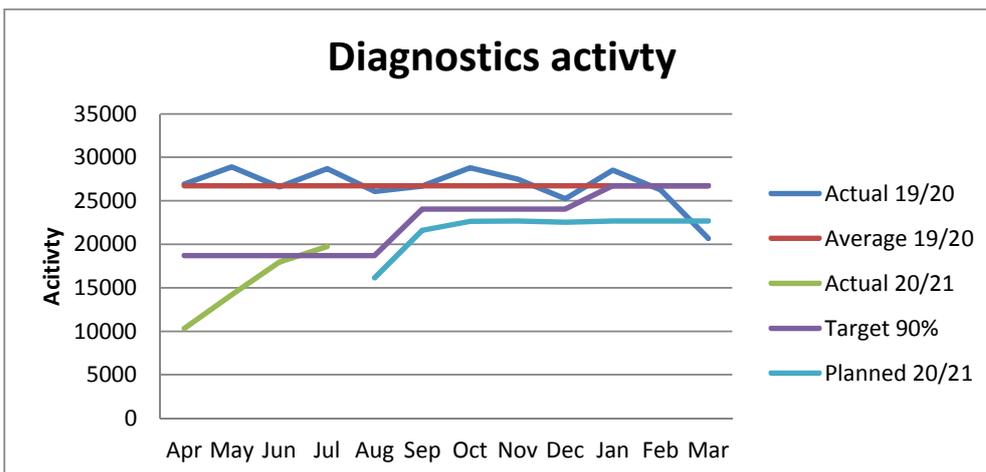
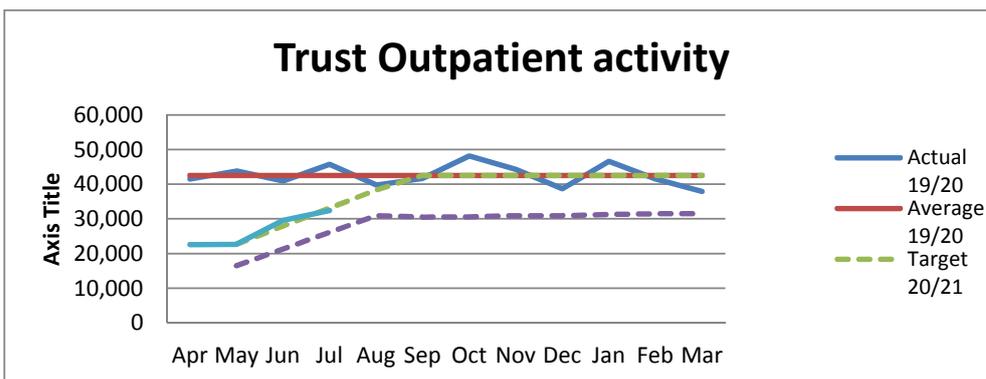
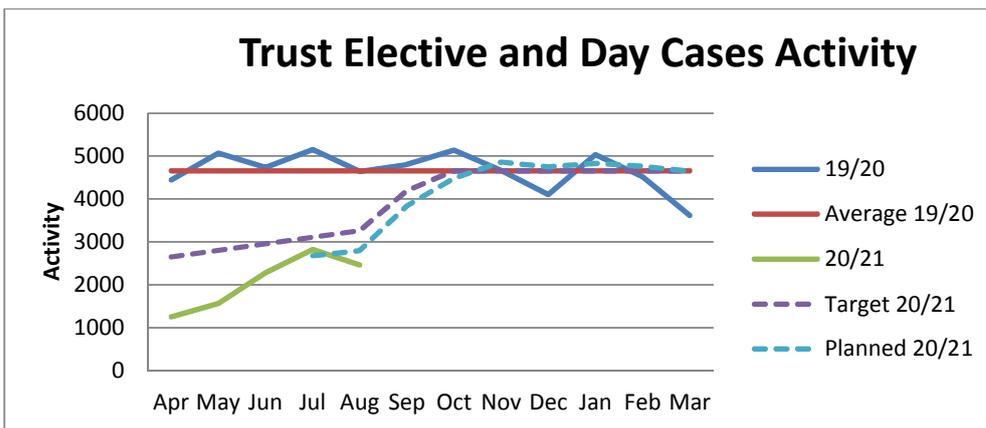
Across Buckinghamshire 33% (21/65) of requirements are complete, 10% (6/65) are complete but require assurance and 57% (37/65) are in progress. One requirement, 'Use volunteer responders', has not been started. The chart below set out overall Buckinghamshire progress status:



Please note, the chart and percentages above are for the whole of healthcare in Buckinghamshire and include, for example, requirements around primary care, mental health and ambulance services. A breakdown of BHT specific status can be provided.

2.1 Progress against trajectories

The NHSE phase 3 recovery plan sets out a series of challenging requirements for providers, commissioners and systems. A key focus of the phase 3 requirements is the recovery of activity and performance figures to pre-Covid levels. Work has been undertaken at service level to predict future activity until the end of the financial year. Progress against these trajectories is now being monitored. The tables below set out the wide trajectories for outpatients, elective care and diagnostics. Please note, the Outpatient data is given up until July rather than august while data validation takes place:



To support the close and active management of the recovery a ‘balanced scorecard’ dashboard is being developed. This will give the leadership team up to date and meaningful information on the key recovery metrics, allowing early identification and management of issues.

2.2 Tackling long waits

An initial modelling exercise was carried out based on current performance and assuming no gains in efficiency, levels of activity or reduction in IPC restrictions. The model also assumed that current activity would be maintained and that all clinically urgent and cancer patients would be treated first. This aligned with the methodology used by Oxford University Hospitals NHS Foundation Trust.

Under this model it was estimated that, based on activity levels at the high of the pandemic and assuming no improvement, by March 2021 18,320 52 week breaches would occur within Buckinghamshire. Further detailed modelling assessed the impact of a suite of short and long term interventions to improve both activity and reporting. Short term interventions included data quality checks, waiting list deep dives and implementation of specialty level recovery plans. Longer term interventions include elements such as the ICS recovery programme, introducing and Ophthalmology Vanguard unit, increased use of the independent sector and improvements from participation in the NHSE ‘adopt and adapt’ programme.

Factoring in the planned improvements, as well as ensuring impact of length of weight is included in clinical severity, has enabled the trust to revise down the predicted number of breaches by over 14k, to just 2,700 long waits in the year. Work is ongoing to reduce this number further, for example via application of out of county independent sector capacity to high volume long wait specialties such as trauma and orthopaedics.

2.3 Cancer recovery

As of week ending 28 August two-week-wait referrals for all sites were at 92% of pre-Covid levels. The only area that remains below expected activity compared to last year is urology, and this is in line with national trends. A deep dive piece of work has been commissioned nationally to explore the reasons for this.

From a peak of over 700 delays due to Covid the trust now only has 33 cancer patients delayed. Of these, 16 are currently refusing treatments. Work is ongoing to fully close the gap.

2.4 Managing clinical harm

Services continue to use both admitted and non-admitted risk matrix to manage clinical harm. These matrices, developed in conjunction with the Clinical Chair for Surgery, provide an ‘at a glance’ list of the most urgent cases. Services continue to prioritise first according to clinical urgency and next according to length of wait.

Working alongside the clinical chair and operational managers of the surgical team, patient clinical risk assignment will now be updated to take into account length of wait. It is been agreed as appropriate to consider long waiting time to be a complicating factor which in turn increases the clinical severity, and therefore may change the order of treatment. Applying this methodology, alongside increasing sessions per day and implementing weekend working, we also help reduce the number of 52 week over the course of the year.

The table below sets out the numbers of long waiters and patients at risk of coming to harm by specialty as at 31st August 20220. As services work through the new methodology above some patients at moderate harm who have been waiting for a long time may be moved over to more significant harm categories.

Specialty	Significant Harm	Moderate Harm	Mild Harm	Total	52-60 weeks	61-70 weeks	71+ weeks
T&O	106	963	455	1,524	257	143	18
Urology	28	33	159	220	18	5	
General Surgery	9	104	355	468	22	6	
Breast Surgery	1		6	7			
Ophthalmology	121	635	1,108	1,864	354	155	13

Gynaecology	10	87	148	245	7	3	
ENT	1	25	199	225	19	14	
OMFS	5	96	90	191	20	3	
Paediatric Plastics	1			1			
Plastics & Burns	142	112	325	579	42	12	2
Pain		2	281	283	9		
Total	426	2,088	3,134	5,648	750	329	33

As of the beginning of September 426 patients were marked as having the potential to come to significant harm. This number has reduced from a high of approximately 650 since May, despite new high clinical need referrals continuing to come in. As mentioned above, the 426 figure may increase as long waits are factored into clinical harm waiting, but this should be seen as an administrative exercise to ensure that the right patients are treated at the right time.

3. Investment to meet trajectories

The activity levels set out in the trajectories above are based on the assumption of increased investment at a service level, as well as wider investment to support delivery infrastructure.

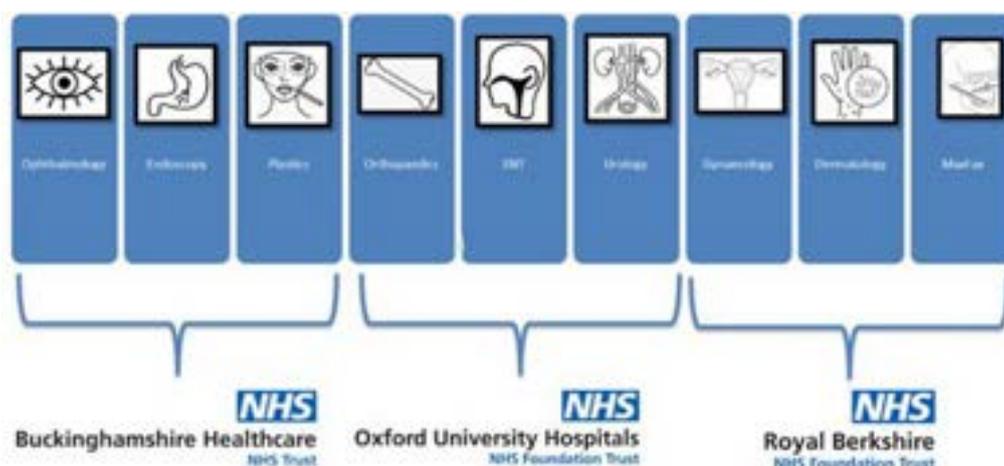
The required level of investment is currently being reviewed with a paper seeking approval of the investment will be submitted for review at the Executive Management committee on 6th October 2020.

4. Conclusions and proposed next steps

4.1 Proposed next steps

Over the next period the business recovery team propose to support the following key actions:

1. **Detailed local costing:** Divisional Accountants have been asked to work with their operational colleagues at the service level to provide a full costing for the investment required. This will include a more detailed review of the financial impact on support services such as pharmacy and diagnostics.
2. **Model financial impact:** The recovery team will continue to work with the finance directorate in order to understand and model out the impact of the phase 3 financial incentive elements. By applying the financial incentive rules to the predicted activity trajectories we will be able to estimate what financial impact, if any, a short for of activity from requirements may imply.
3. **Continued participation in the BOB ICS recovery programme:** Senior leaders from provider trusts and CCGs within the BOB ICS have come together to explore opportunities to tackle shared issues. The team and individual services will continue to participate in the joint programmes of work to increase capacity and improve performance across the following nine specialities. The picture below sets out the nine areas which the ICS recovery programme has chosen to focus on, as well as the lead organisation for each speciality:



4. **Continued participation in ‘Adopt and Adapt’ programme:** The Southeast region is participating in the national ‘adopt and adapt’ programme which seeks to apply learning from trailblazer sites locally. The south-east region is participating in four adopt and adapt projects: endoscopy, theatres, outpatients and diagnostics
5. **Continue implementing service level recovery plans:** The recovery trajectories set out at the top of this paper have been based on carrying out individual recovery plans at service level. The recovery team will continue to work with services to implement their plans. Implementation is of course contingent on funding being agreed where investment is requested.

4.2 Conclusion

Trust Board are asked to:

- Note the content of this paper and the attached appendices
- Note progress on, and endorse the proposed methodology in relation to, continue delivery of the NHSE phase 3 requirements
- Note and approve the recommended next steps set out at the bottom of this paper.



Meeting: Trust Board Meeting in Public

30 September 2020

Agenda item	Winter Resilience Plan 2020/21	
Board Lead	Caroline Capell, Director of Urgent and Emergency Care	
Type name of Author	Ian Sadler, Commissioning Manager	
	Caroline Capell, Director of Urgent and Emergency Care	
	Nicola Newstone, Head of Urgent Care	
	Dr Daljit Sahota (Clinical Director, Urgent & Emergency Care)	
Attachments	Buckinghamshire ICP Winter Plan 2020/21	
Purpose	Approval	
Previously considered	15 th September	

Executive Summary

This document is an iterative plan within the UEC Programme ‘Anticipate not React Workstream’ to support the Buckinghamshire System across Winter 2020/21 and has been updated following comments from the previous EMC.

The Buckinghamshire system’s winter approach will be governed by the following five principles.

- **Patient Outcomes**
- **Prevention**
- **Avoiding Attendances**
- **Avoiding Admissions**
- **Rapid Discharge**

As part of this winter plan there is the expectation that the wider system will support the challenges that winter and COVID-19 are expected to bring, such as:

- Demand
- Capacity
- Outcomes
- System pressures
- Issues
- Risks.

Decision	The Board / Committee are requested to approve the Winter plan. Following updates requested from the EMC dated 15 th Sept please find attached an updated Winter Plan.
-----------------	---

Relevant Strategic Priority		
Quality <input checked="" type="checkbox"/>	People <input type="checkbox"/>	Money <input type="checkbox"/>

Implications / Impact	
Patient Safety	The objective of the actions in the winter plan are to mitigate risk and ensure sufficient capacity to ensure patient safety
Risk: link to Board Assurance Framework (BAF)/Risk Register	Type in box
Financial	A funding tracker has been set up and schemes will be considered once the winter funding has been confirmed
Compliance <small>Select an item.</small> Good Governance	
Partnership: consultation / communication	All partners and providers included in the winter plan have contributed to and reviewed the winter plan.
Equality	The Bucks ICP winter plan will ensure the population of Buckinghamshire have equal access to all services.
Quality Impact Assessment [QIA] completion required?	n/a

1 Introduction/Position

This plan aims to incorporate the key actions that each of our key system partners will deliver during the 2020/21 winter period, incorporating the challenges being faced from the COVID-19 Pandemic. This plan is complimented by:

- Buckinghamshire COVID-19 Second Surge Plan
- Buckinghamshire UEC Recovery and Transformation Programme Plan
- Buckinghamshire Flu Plan
- System Partners Winter Plans including at ICP and ICS level

The winter plan is supported by a winter tracker. This will be reviewed regularly and reported at the UEC Board to ensure that the actions to support the plan progress as required.

2 Problem

The Buckinghamshire system is facing a challenging winter with winter pressures, risk of COVID second surge and Flu. This integrated, system wide Winter Plan is written in the context of the wider UEC recovery work, the Surge plan and flu plan to ensure the required actions and processes are in place.

3 Possibilities

Winter Risks:

	Risk	Mitigation
1	There is a risk that patients will default to attending ED regardless of	System wide communications plan New pathways to be introduced, ie

	symptoms	111 first
2	There is a risk that the care home market remains extremely fragile due to COVID, which leads to capacity to discharge	Co-ordinated system support in place to support across Bucks, including visiting service and enhanced remote support. Look at alternative provision and monitor gaps in provision as proactively as possible.
3	Delays to discharges from hospital leading to challenges to bed capacity and risks to patient safety in hospital	Agreements to <ul style="list-style-type: none"> • system wide escalation processes, • Trusted assessment • Same day assessment
4	Availability of packages of care and access to reablement pathways leading to issues in discharge from hospital.	Facilitate quicker assessment and decision making
5	If there is a second surge of COVID during the winter period this could have a direct negative impact on all services in Buckinghamshire.	Second Surge plan in place. Facilitative discharges to increase flow Reporting and management of activity in community and acute settings.
6	Workforce across the system	Plans in place for this across the system
7	EU Transition	EU transition plans in place which identify risks and required mitigating actions

4 Proposal, conclusions recommendations and next steps.

Next steps for the Winter Plan are

- Sign offs at the below committees/groups.
 - BHT Executive Management Committee (8th September 2020)
 - BCCG Governing Body (10th September 2020)
 - UEC Board (17th September 2020)
 - Health and Well Being Board (6th October)
 - Buckinghamshire ICP Partnership Board (13th October)
- Action Tracker will be reviewed at the UEC Board every month to track progress

5 Action required from the Board/Committee

5.1 The Committee / Board is requested to:

- A) **APPROVE** the Winter plan for 20/21
- B) Have **ASSURANCE** of the steps being taken by the system over winter 20/21

APPENDICES

Appendix 1: Buckinghamshire ICP Winter Plan 2020_21 draft V7.doc

Buckinghamshire ICP Health and Social Care Winter Delivery Plan 2020-2021

Date	17 th September 2020
Author(s)	Ian Sadler, Commissioning Project Manager Nicola Newstone, Head of Urgent Care Caroline Capell, Director of Urgent and Emergency Care Dr Daljit Sahota, Clinical Director, Urgent and Emergency Care
Sign off	Bucks System Recovery and Resilience Group (26 th August 2020) UEC Recovery and Transformation Group (27 th August 2020) BHT Executive Management Committee (15 th September 2020) BCCG Governing Body (10 th September 2020) UEC Board (17 th September 2020) Health and Well Being Board (6 th October) Buckinghamshire ICP Partnership Board (13 th October)
Version	Draft V7



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1. Introduction

Throughout this document, the term ‘winter’ refers to the period Monday 2nd December 2020 to Monday 5th April 2021. Actions would be expected to commence as soon as possible to support the winter period.

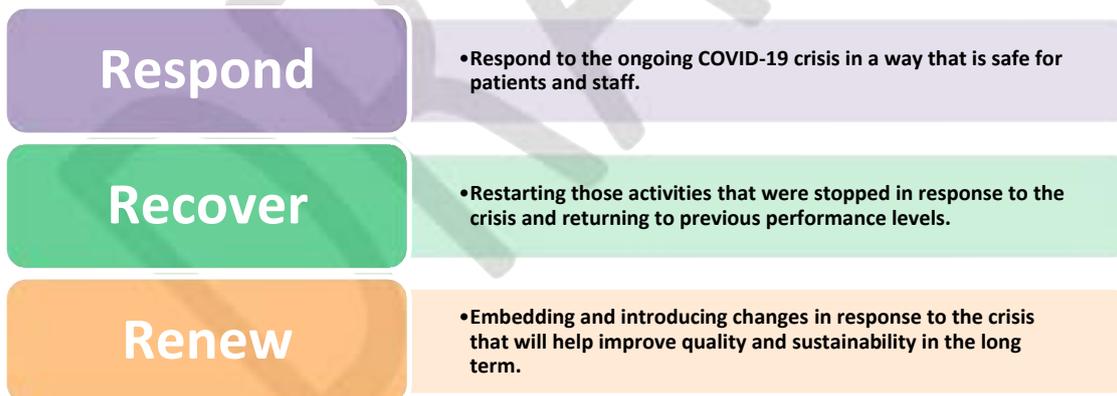
This document is an iterative plan to support the Buckinghamshire System across Winter 2020/21.

This plan aims to incorporate the key actions each of our key system partners will deliver during the forthcoming winter period and incorporating the challenges being faced as part of managing the COVID-19 pandemic. This plan is complimented by:

- Buckinghamshire COVID-19 Second Surge Plan
- Buckinghamshire UEC Recovery and Transformation Programme Plan
- Buckinghamshire Flu Plan
- System Partners Winter Plans including at ICP and ICS level

On 31st July 2020, NHS England (NHSE) sent a letter regarding the ‘Third Phase of NHS Response to COVID-19, which took effect on 1st August 2020. Within this letter there is a section which highlights areas to prepare for winter. Section 1.1 of this document will highlight these specifically.

As the Buckinghamshire system move towards recovery a dedicated Buckinghamshire Recovery and Renewal programme has been established and seeks to achieve three key objectives:



Within the wider Buckinghamshire Recovery and Renewal Programme there are five delivery groups of which one focuses on Urgent and Emergency Care (UEC). The UEC Group has identified six Recovery and Transformation Work streams as the key priorities to deliver the core objectives. These work streams are as follows:

Workstream	Aims
Pre-Hospital	This work stream is to ensure patients receive the right care in the right setting this work stream focuses on the urgent and emergency health care outside of an acute setting.
Front Door	This work stream is about reconfiguring urgent and emergency care access into the

	hospital to ensure the patient sees the right clinician at the right time.
Ambulation and Acute	This work stream is about creating / cohorting services for patients that require same day emergency care that can be treated within 24 hours rather than having to be admitted into a hospital ward.
Post-Acute	This work stream is to help improve our internal processes throughout the hospital to ensure the patient flow is maintained and optimal healthcare is delivered.
Get Me Home	This workstream will enable patients to be discharged from an acute setting in the most appropriate timeframe, safely and to the setting best suited to their health and social care needs.
Anticipate Not React	This work stream focuses on ensuring the whole health and social care system is able to react to any situation it may face in a controlled and effective manner to ensure staff, resources and patients remain safe. This incorporates system wide frameworks and processes to manage periods of high demand as proactively as possible.

The Buckinghamshire system will work in partnership with ICS colleagues to harmonise processes and protocols where possible. It will be necessary for the system to agree a firm set of actions that will be undertaken to mitigate the issues across the winter period and also dynamic actions to undertake in the event of a surge of pressure.

1.1 Third Phase of NHS Response to COVID-19 – Preparing for winter

The detailed expectations for the third phase of the COVID-19 Pandemic were circulated to system leaders on 31st July 2020. The delivery of the letter requirements are managed via the Buckinghamshire Recovery and Restoration Board.

For Buckinghamshire UEC and for delivering services throughout the winter period the following bullet points define each of the requirements within the phase three letter:

1.1.1 Safe COVID practices and outbreak readiness

The tables below sets out those requirements that will enable safe COVID related practice to enable patients to access services safely and protect staff. It will also assist in the preparation for any localised COVID-19 outbreaks or a wider national wave. This includes:

	Requirements	Bucks Actions
A	Continuing to follow PHE's guidance on defining and managing communicable disease outbreaks.	Health Protection Board co-ordinate outbreak response using approved Buckinghamshire Outbreak Response Plan. All guidance is managed through the Provider Incident Management Teams and implemented across Bucks accordingly.
B	Continue to follow PHE/DHSC-determined policies on which patients, staff and members of the public should be tested and at what frequency, including the further PHE-endorsed.	Membership of BOB Testing Cell and Providers to ensure compliance with National and Regional guidance and requirements. All policies are managed through the Provider Incident Management Teams

		and implemented across Bucks accordingly.
C	All NHS employers should prepare for the likelihood that if background infection risk increases in the Autumn, and DHSC Test and Trace secures 500,000+ tests per day, the Chief Medical Officer and DHSC may decide in September or October to implement a policy of regular routine COVID testing of all asymptomatic staff across the NHS.	Buckinghamshire Partners are working collectively to manage these pathways. Where appropriate Providers are delivering this internally if required. Co-ordination remains at BOB ICS level where possible.
D	Ongoing application of PHE’s infection prevention and control guidance and the actions set out in the letter from 9 June on minimising nosocomial infections across all NHS settings, including appropriate COVID-free areas and strict application of hand hygiene, appropriate physical distancing, and use of masks/face coverings.	Agreed actions for all providers: <ul style="list-style-type: none"> • Achieve appropriate physical social distancing and COVID free areas • Appropriate PPE in line with national guidance including where appropriate face coverings/mask. • Ongoing strict hand hygiene in line with national policy.
E	Ensuring NHS staff and patients have access to and use PPE in line with PHE’s recommended policies, drawing on DHSC’s sourcing and its winter/EU transition PPE and medicines stockpiling.	All Providers are using the appropriate PPE ordering mechanisms in line with BOB and national pathways. Bucks Providers escalate PPE shortages to BOB PPE Group who can support and coordinate mutual aid. EU transition plans are also being reviewed and acted upon.

1.1.2 System wide winter requirements

The table below highlights the system wide actions that have been highlighted by the third phase letter and the Bucks actions that will support these.

	Requirements	Bucks Actions
A	Sustaining current NHS staffing, beds and capacity, while taking advantage of the additional £3 billion NHS revenue funding for ongoing independent sector capacity, Nightingale hospitals, and support to quickly and safely discharge patients from NHS hospitals through to March 2021.	The established joint CCG and BHT Recovery and Restoration Board has the overall accountability for ensuring the delivery of the required activity levels in planned, unplanned, social care and community care.
B	Deliver a very significantly expanded seasonal flu vaccination programme for DHSC-determined priority groups, including providing easy access for all NHS staff promoting universal uptake. Mobilising delivery capability for the administration of a COVID-19 vaccine if and when a vaccine becomes available.	Bucks Flu Group and Flu Plan to be agreed and aligned with the overall BOB Flu Plan. Delivery of the Flu Programme to be monitored via the Flu Tracker, overseen by the Bucks and BOB Flu leads.
C	Expanding the 111 First offer to provide low	Buckinghamshire System agreed as an

	complexity urgent care without the need for an A&E attendance, ensuring those who need care can receive it in the right setting more quickly. DHSC will shortly be releasing agreed A&E capital to help offset physical constraints associated with social distancing requirements in Emergency Departments.	early implementer for Think 111 First with the go live date of 12/10/2020. Project Plan and Tracker in place to ensure governance.
D	Systems should maximise the use of 'Hear and Treat' and 'See and Treat' pathways for 999 demand, to support a sustained reduction in the number of patients conveyed to Type 1 or 2 emergency departments.	Bucks to link into BOB wide plan with SCAS who have committed to delivering this requirement. Bucks identifying local opportunities to reduce conveyances. Including Falls and Frailty Vehicle and increase the use of Consultant Connect by SCAS crews to support appropriate conveyance.
E	Continue to make full use of the NHS Volunteer Responders scheme in conjunction with the Royal Voluntary Society and the partnership with British Red Cross, Age UK and St. Johns Ambulance which is set to be renewed.	Provider organisations to fully engage the support of the identified voluntary sector partners.
F	Continuing to work with local authorities, given the critical dependency of our patients – particularly over winter - on resilient social care services. Ensure that those who are medically fit for discharge are not delayed from being able to go home as soon as it is safe for them to do so in line with DHSC/PHE policies.	Bucks Health and Social Care Winter Plans fully aligned and shared System Group (Get Me Home Group) leading discharge recovery and transformation. Project Plan in place to review progress, including D2A pathway implemented in response to COVID-19, to be developed and embedded as BAU. Emphasis to be placed on a "home first" approach.

1.2 Key Partners

The list below identifies the key partners who will be instrumental in managing the winter period across Buckinghamshire:

- Buckinghamshire Healthcare Trust (BHT)
 - Stoke Mandeville Hospital
 - Wycombe Hospital
- RICC (Rapid Response Intermediate Care)
- CCCT (Community Care Coordination Team)
- ACHT (Adult Community Health Team)
- Oxford Health NHS Foundation Trust
- Buckinghamshire CCG
- HPFT
- Voluntary Sector
 - Age UK
 - Wycombe Homeless Connections
 - Aylesbury Homeless Action Group
 - Buckinghamshire Mind



- Red Cross
- Bucks Vision
- National Energy Foundation
- Royal Voluntary Service
- Oxfordshire CCG
- East Berkshire CCG
 - Wexham Park Hospital
- Milton Keynes Hospital
- Frimley ICS
- Buckinghamshire Council
 - Adult Social Care (ASC)
 - Public Health
- FedBucks
- Buckinghamshire Primary Care Networks (PCNs)/GP Practices
- Care Homes
- Amersham Community hospital
- Buckingham Community Hospital
- South Central Ambulance Service (SCAS)
- Public Health England (Thames Valley Centre)

DRAFT

2. General Principles

The key partners across Buckinghamshire will ensure their services and workforce:

- Are **resilient and supported** throughout the winter period and COVID-19 Pandemic - providing safe, effective and sustainable care for the local population
- Have sufficient **capacity and support** available to meet likely demands over winter and potential surges in COVID
- Are able to deliver safe and high quality **care** for patients/clients in the most appropriate setting, maximising the opportunities provided by PCNs and Primary Care Services
- Are able to **achieve** national and local access targets and trajectories across the system
- Are compliant with winter and COVID planning and national guidance
- Have learnt from previous winters locally and from **other systems** and **applied best practice** to service delivery to ensure safe and effective patient flow
- Promote **prevention** and supports self-care for staff and patients / clients.

The Buckinghamshire system's winter approach will be governed by the following five principles.

- **Patient Outcomes** – Delivering safe and effective care for all patients receiving care from the Buckinghamshire system.
- **Prevention** - Infection Control: build on COVID-19 lessons regarding PPE / Handwashing etc, Flu Planning etc.
- **Avoiding Attendances** - Attendances at A&E should be avoided where possible and clinically justified. The provision of suitable and safe alternatives to hospital attendance must be utilised or enhanced.
- **Avoiding Admissions** - The use of various streaming, Same Day Emergency Care (SDEC) and pathway initiatives to both alleviate A&E use and avoid unnecessary admissions will be vital to patient flow
- **Rapid Discharge** - Delays to discharges from hospital must be minimised

All parts of the system will adhere to these principles and defaults and to the actions set out in the remainder of this paper. All providers should have their own winter planning processes to which they should adhere.

The following outlines key actions and agreements that organisations should make to ensure system resilience. To this end, this document will serve as the Buckinghamshire Winter Delivery Plan.



3. Provider Level Actions

As part of this winter plan there is the expectation that the wider system will support the challenges that winter and COVID-19 are expected to bring, such as:

- Demand
- Capacity
- System pressures
- Outcomes
- Issues
- Risks.

The Winter Plan forms part of the wider UEC Recovery and Transformation Group where these will be monitored and actioned as part of a wider system. The accountability for the delivery of these actions will be with the Buckinghamshire UEC Board.

To help ensure delivery this section looks at each provider in the Buckinghamshire system and identifies the opportunities for each to support these challenges through a series of agreed actions.

3.1 Ambulance Service (SCAS)

The table below highlights actions SCAS will consider in supporting the Winter Period and COVID Pandemic. SCAS have an operational plan in place: 'COVID-19 demand / Winter Planning' to help manage winter demand across the whole SCAS region.

The aims of these actions are to help support the workforce, patients and the pathways in order to:

- Convey only when necessary
- Reduce handover delays to free up ambulance capacity
- Ensure there is adequate ambulances throughout the winter to manage demand
- Help increase the hear and treat, see and treat so patients can be dealt with appropriately in a timely manner
- Help deliver on the Cat 1 target for the most urgent cases

Winter Lead for SCAS is Mark Begley

Buckinghamshire Actions	By when	Principle	Lead Organisation
SCAS to increased usage of See/Treat, Hear/Treat pathways where clinically appropriate and explore and establish other Urgent care pathways to reduce conveyances. SCAS will encourage staff to utilise SCAS Connect (MiDOS) in accessing pathways other than the ED	1 st October and ongoing through winter, monitored through UEC Programme.	Avoiding Attendances Patient Outcomes	SCAS
SCAS to monitor workforce levels and react to cover winter demands and build in contingency plans at periods of surge by utilising short term and long term forecasts. Ensuring workforce remains supported and	1 st October and ongoing through winter, monitored through UEC Programme.	Avoiding Attendances	SCAS

resilient.			
SCAS to support our system partners with commissioned schemes including Falls and frailty and Home Visiting Service.	1 st November. Home Visiting in place and ongoing.	Avoiding Attendances Patient Outcomes	SCAS
SCAS to adopt the extreme weather guidelines as part of the Winter Policy in ensuring service delivery for the population is maintained where possible.	As required dependent on weather.	Patient Outcomes	SCAS

3.2 Acute Services (Stoke Mandeville Hospital & Wycombe Hospital)

The table below highlights actions the Buckinghamshire Healthcare NHS Trust will deliver in order to support the Winter Period and COVID Pandemic:

The aims of these actions are to help support the workforce, patients and the pathways in order to:

- Eliminate necessity to manage patients in ED corridors
- Improve performance to ensure patients are seen and treated within four hours of arrival
- Help with the ambulance handovers to ensure ambulances can get back on the road in a timely manner
- Help maintain a resilient workforce through support and management
- Help reduce the number of breaches on a daily basis
- Reduce the bottlenecks in ED through new pathways
- Roll out Think 111 First by the end of Winter

Winter Leads for BHT are Helen Byrne / Caroline Capell

Action	By When	Principle	Lead Organisation
Buckinghamshire to increase and support workforce levels sufficient to cover winter demands and build in contingency plans at periods of surge.	1 st November and ongoing through the winter period.	All five principles	Buckinghamshire Healthcare NHS Trust (BHT)
Ensure full and robust discharge plans to ensure patients are discharged when medically fit.	1 st October plan in place.	Rapid Discharge	Buckinghamshire Healthcare NHS Trust (BHT)
Ensure the communications and processes in place with partners regarding referrals, admissions and discharges are clear and unequivocal.	1 st October winter comms plan signed off.	All five principles	Buckinghamshire Healthcare NHS Trust (BHT)
Daily Breach calls to review and proactively action breaches to improve ED performance.	1 st October.	Patient Outcomes	Buckinghamshire Healthcare NHS Trust (BHT)
Work with SCAS to manage handover pathways to reduce handover delays	1 st November.	Patient Outcomes	Buckinghamshire Healthcare NHS Trust (BHT)
Implementing the roll out of Think	12 th October.	Avoiding	Buckinghamshire



111 First including development of ED pathways and taking referral appointments from 111.		Attendances	Healthcare NHS Trust (BHT)
Ensuring staff are vaccinated to support staff welfare and patient care.	1 st November.	Avoiding Attendances	Buckinghamshire Healthcare NHS Trust (BHT)
Implementation of the updated Hospital Discharge Guidance published 21.08.2020.	1 st October	Rapid Discharge	BHT / BC / BCCG

3.3 Bucks 24/7 (Urgent Treatment Centre & Out of Hours)

The table below highlights actions Bucks 24/7 (FedBucks) will consider in supporting the Winter Period and COVID Pandemic:

The aims of these actions are to help support the workforce, patients and the pathways in order to:

- See patients in a timely and safe manner
- Increase number of direct bookings via 111 to support Think 111 First and ensure patients are seen in the right place first time
- Provide overall support for the wider urgent and emergency care system

Winter Lead for FedBucks is Asma Ali

Action	By when	Principle	Lead Organisation
Increase workforce levels sufficient to cover winter demands building in contingency plans for the management of COVID-19 and periods of surge.	1 st November and ongoing through the winter period.	All five principles	24/7
Reopening all UTC pathways including direct bookings and aligning to the Think 111 First pathway.	12 th October	Avoiding Attendances	UTC
Management of patients in the community via high level triage/base appointments/home visiting during the out of hours setting	Ongoing as part of Covid core service.	Avoiding Attendances Patient Outcomes	OOH
COVID-19 support through community swabbing, in hours triage, home visiting services, antibody testing and hot hub clinics	Ongoing as part of Covid core service	Avoiding Attendances	24/7
Supporting the roll out of Think 111 First by aligning the UTC model with	12 th October.	Avoiding	UTC

the ED pathway and supporting capacity and demand where possible.		Attendances	
Delivery of flu vaccinations to support staff and system as required, also supporting prophylaxis.	1 st January 2021.	Avoiding Attendance Patient Outcomes	24/7
Supporting Primary Care with paediatric clinics [To be confirmed]	1 st November and ongoing.	Avoiding Attendance Patient Outcomes	24/7

3.4 Primary Care Provision (GP Practices / Buckinghamshire CCG)

Buckinghamshire currently has 48 GP practices covering core general practice services, including extended primary care access for their own registered population and across the Buckinghamshire Practices with the national Extended Access Programme.

The table below highlights actions primary care can consider supporting the Winter Period and COVID Pandemic.

The aims of these actions are to help support the workforce, patients and the pathways in order to:

- Improve access over the winter period
- Support the Think 111 First pathway by providing slots for 111
- Promote and deliver on the wider flu programme

Winter Lead for Primary Care is Louise Smith

Action	By when	Principle	Lead Organisation
CCG to review NHS 111 Directory of Services ensuring ranking and profiles of key services are correct. Scenario testing of high impact pathways to be completed.	1 st October.	Patient Outcomes Avoiding Attendances	BCCG
GP practices will ensure the appropriate numbers of directly booked appointments are made available for direct booking from 111.	A number of slots are already in place – metrics to be confirmed.	Patient Outcomes Avoiding Attendances	GP Practices / BCCG
Delivery of flu vaccination and pneumovac to the identified vulnerable patient cohorts	1 st January 2021	Patient Outcomes Avoiding Admissions	GP Practices / BCCG
Ensuring COPD/ Exacerbation rescue pack is promoted appropriately.	1 st October and ongoing	Patient Outcomes	GP Practices / BCCG

	through winter.	Avoiding Admissions	
To support Think 111 First to ensure direct bookings from 111 are fully utilised and supporting the wider system model. Ensure join up between the Think 111 First and Digital First Primary Care Programmes.	12 th October.	Avoiding Attendances	GP Practices / BCCG
Maximise patient & GP practice use of online consultation and triage systems to ensure patients are guided to the most appropriate service or to self-care.	1 st October and ongoing through winter.	Avoiding attendances	GP Practices/ BCCG
Review triage protocols within the Ask NHS Online consultation tool to reflect Winter requirements including flu.	1 st November.	Patient Outcomes Avoiding attendances	GP Practices/ BCCG

3.5 111 Service (SCAS)

The table below highlights actions 111 will consider supporting the Winter Period and COVID Pandemic.

The aims of these actions are to help support the workforce, patients and the pathways in order to:

- Support Think 111 First to ensure adequate capacity in 111 call centres and clinical assessment service
- Improve performance for call answering
- Help maintain a resilient workforce through ongoing support and management

Winter Lead for SCAS is Mark Begley

Action	By when	Principle	Lead Organisation
Fully promote / communicate campaign for NHS 111 and choice of services across the system		Avoiding Attendances	SCAS Luci Stephens and Mark Rowell
NHS 111 service to commit to achievement of revalidation targets of ED and Ambulance dispositions to maintain the low levels of patients being redirected to ED. As part of the 111 First this is being reviewed and additional resources are being looked at as each area roll out the programme.		Avoiding Attendances	SCAS Luci Stephens and Mark Rowell
111 to increase workforce levels sufficient to cover winter demands and build in contingency plans at periods of surge.		Avoiding Attendances	SCAS Luci Stephens and Mark Rowell



Supporting the roll out of Think 111 First by increasing resourcing within the 111 service managed by SCAS. To deliver 111 establishment are to be increase and SCAS are recruiting HA and CA to the new establishment figures.		Avoiding Attendances	SCAS Luci Stephens and Mark Rowell
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3.6 Medicine Management (Buckinghamshire CCG):

The table below highlights actions Medicine Management will consider supporting the Winter Period and COVID Pandemic:

The aims of these actions are to help support the workforce, patients and the pathways in order to:

- Help take pressure off other services, including GPs, by streamlining pathways for patients.
- Help facilitate flu vaccinations throughout Bucks
- Use public facing forums to promote 111 and self-care

Winter Lead for Medicine Management is Jane Butterworth

Action	By when	Principle	Lead Organisation
Supporting the comms campaign providing a focus on putting out messages about self-care to all patients	1 st October and ongoing through the winter period	Patient Outcomes Avoiding Attendances	BCCG Meds Management
To support in the Delivery of Flu Vaccine for care homes as required, including staff.	1 st January 2021	Patient Outcomes Avoiding Admissions	BCCG Meds Management
Increasing use of electronic repeat dispensing service through comms and engagement	1 st October and ongoing through the winter period	Patient Outcomes	BCCG Meds Management
Support for supply of antiretroviral for flu prophylaxis/treatment in care comes	1 st January 2021	Patient Outcomes Avoiding Admissions	BCCG Meds Management

3.7 Community Services (BHT)

BHT currently provides the Community provision across Buckinghamshire including the RRIC Service.

The table below highlights the actions that will be taken to support the Winter Period and COVID Pandemic:

The aims of these actions are to help support the workforce, patients and the pathways in order to:

- Help reduce demands on acute sites by facilitating step down and supporting patients in a more suitable environment
- Ensure Aging Well programme key elements are in place to support winter and the most vulnerable patients

Winter Lead for Community Services is Alison Pirfo

Action	By When	Principle	Lead Organisation
Community Services to proactively support and prioritise resource allocation for patients that are deemed at high risk of admission as part of the 2 hour rapid assessment pilot	1 st October	Patient Outcomes Avoiding admissions	BHT
Community Services to support timely discharge through proactive working, for example flexibility across RRIC, rapid response and access other services		Rapid Discharge/Avoiding admissions	BHT
Closer working between RRIC and Reablement to maximise available capacity and best utilisation of staff. Progressing towards a single service specification and delivery.		Rapid Discharge	BHT / BC
Implementation of the updated Hospital Discharge Guidance published 21.08.2020.		Rapid Discharge	BHT / BC / BCCG
Ageing Well business plan in place to implement new models of care designed to support the recovery phase from COVID-19 in community services and the learning shared with non-accelerator sites.		Avoiding admissions	BHT
Promotion and reminder about use of CATS and MUDAs to GPs, community teams and acute		Avoiding admissions	BHT
Strengthen pathways with SCAS to increase the utilisation of community services such as RRIC, CATS and MUDAS fully.		Avoiding admissions	BHT / BCCG
Ensure Consultant Connect Pathway reminders are sent out and supporting practice referrals as alternative pathways to ED		Avoiding Attendances	BHT / BCCG

3.8 Mental Health Services (Oxford Health Foundation Trust - OHFT)

Mental Health and Wellbeing Service provide mental health services across Buckinghamshire and Oxfordshire including:

- Adult and Older Adult Mental Health Service

- Child and Adolescent Mental Health Services

The table below highlights actions OHFT will consider supporting the Winter Period:

The aims of these actions are to help support the workforce, patients and the pathways in order to:

- Help provide 24/7 support to patients
- Ensure pilots to support the winter period are up and running
- Help support the wider system providing direct support in the Acute Trust and where else possible
- Helping maintain staff resilience through ongoing support and management

Winter Lead for OHFT is Samantha Robinson

Action	By When	Principle	Lead Organisation
Strengthen pathways with SCAS to increase the utilisation of the facility to assess individuals at the White leaf if they do not need physical health intervention	1 st November	Avoiding attendances	OHFT/SCAS
24/7 all age Mental Health Line	1 st September and ongoing through winter	Patient Outcomes Avoiding attendances	OHFT
CAMHS will continue to provide planned interventions and 24hr crisis service over this period responding to urgent and emergency demands.	1 st September and ongoing through winter	Avoiding attendances	OHFT
Pilot of Barnardo's Buddy working into A&E to support CYP who present through mental health distress/self-harm to expedite assessment and rapid discharge.	1 st October	Rapid discharge	OHFT
Maximum use of Crisis Service as an alternative to hospital admission and reduce out of area placements by responding proactively to urgent and emergency demand.	1 st September and ongoing through winter	Avoiding admissions	OHFT
Community teams continue to review rag rated priority lists maintaining essential face to face visits and maximise use of digital consultations to avoid presentations at A&E or in crisis.	1 st September and ongoing through winter	Avoiding attendances and admissions	OHFT

Community Services (crisis and CMHTs) to support timely discharge through proactive working across services and system	1 st September and ongoing through winter	Rapid discharges	OHFT
Develop system wide process to expedite discharges/reduce stranded patients/improve flow	1 st November	Rapid Discharges	OHFT/BC/BCCG
AMHP service staffed to ensure assessments are undertaken in timely manner for all urgent care pathways.	1 st September and ongoing through winter	Rapid discharges	OHFT
IAPT will ensure there is sufficient capacity to provide urgent psychological assessments (within 24 hours) for people with common mental health disorders including those re-directed from 111 and A&E	1 st September and ongoing through winter	Avoiding attendances and admissions	OHFT
IAPT to provide psychological therapies for people with LTCs – COPD, diabetes, cardiac conditions etc. linked to hospital, community and primary care physical health services to prevent deterioration leading to admission and facilitate recovery from physical or psychological crisis.	1 st September and ongoing through winter	Avoiding attendances and admissions	OHFT
IAPT to provide prioritized access for NHS and care staff to psychological therapy to support staff experiencing anxiety or depression increasing resilience and recovery/return to work.	1 st September and ongoing through winter	Supporting resilience of staff	OHFT

3.9 Buckinghamshire Council (BC)

Adult Social Care and Stoke Mandeville Hospital discharge coordinators collectively form the Integrated Discharge Team to provide a holistic, admission avoidance and discharge service for patients who are referred or admitted to Stoke Mandeville Hospital. BC also provide the Reablement Service across Buckinghamshire.

The table below highlights actions Buckinghamshire Council will consider in supporting the Winter Period. BC has its own separate winter plan as which these actions align to.

The aims of these actions are to help support the workforce, patients and the pathways in order to:

- Help reduce demands on acute sites by facilitating discharge

- Providing timely assessments and providing support
- Helping maintain a resilient and supported workforce

Winter Lead for Adult Social Care is Tracey Ironmonger

Action	By when	Principle	Lead Organisation
Discharge to Assess under home first principles - Enabling more people who need care and support to be discharged from hospital as soon as they are medically fit	1 st January 2021	Rapid Discharge	BC
Increase Reablement Capacity to support discharge and progress closer working with RRIC, with the aim of a single service specification and delivery. Maximising opportunities for people to become as independent as possible	1 st October	Rapid Discharge	BC / BHT
Ensure 7 Day Working to support rapid discharge. Enabling clients to remain at home and effective discharge at weekends	1 st October	Rapid Discharge	BC
Implementation of the updated Hospital Discharge Guidance published 21.08.2020.	1 st October	Rapid Discharge	BC / BHT / BCCG
Implementing Holiday Cover to support rapid discharge. Enabling clients to remain at home and effective discharge over the winter period	1 st October and ongoing through the winter period	Rapid Discharge	BC
Provider resilience for care and support providers. Supporting providers to deliver safe and effective services throughout the winter period	1 st October and ongoing through the winter period	Avoiding Attendances/Avoiding admissions	BC
Supporting the safety and continuity of care for vulnerable residents	1 st October and ongoing	Avoiding Attendances/Avoiding admissions	BC
Supporting wider providers (such as Apetito, Red Cross Home from Hospital, NRS) who can deliver safe and effective services over the winter	1 st October and ongoing over the winter period	Avoiding Attendances/Avoiding admissions	BC
Promoting and enabling the uptake of flu vaccination for all BC staff but prioritising front line staff and those at risk, including care providers not included within the NHS scheme	1 st January 2021	Avoiding Attendances/Avoiding admissions	BC
Provide the public with information	1 st October and	Avoiding	BC

on staying well and appropriate routes to access reports	ongoing through the winter period	Attendances/Avoiding admissions	
The availability of Emergency Response to support rapid discharge. Ensure the delivery of safe and effective adult social care services	1 st October and ongoing through the winter period.	Rapid Discharge	BC

3.10 Care Homes

With pressure on bed capacity within the acute sector and the need for rapid discharge to alleviate this pressure, care homes represent a pivotal element of the system as many patients will be transferred to and from hospital during the winter period. There are 130 care homes in Buckinghamshire that have a registered Buckinghamshire GP.

The table below highlights actions the system will consider in supporting care homes to cope during the Winter Period. It is based on the premise that patients will remain in a care home to receive their care where possible especially if this is their usual place of resident but that also care homes may be used to step down patient care and the system must facilitate this in order for it to work effectively:

The aims of these actions are to help support the workforce, patients and the pathways in order to:

- Ensure care homes are safe and supported by the wider system
- Ensure residents are only conveyed when all other options have been appropriately sought
- Ensure all staff and residents receive a flu vaccination

Winter Leads for Care Homes are Louise Smith and Tracey Ironmonger, who are supported by Ojalae Jenkins and Matilda Moss

Action	By When	Principle	Lead Organisation
Implementation of RESTORE2 (Nursing Homes) and RESTORE2 Mini (Residential Care Homes) Training. These two actions will enable care homes to proactively identify deteriorating care home patients and treat quickly and effectively	1 st November	Patient Outcome Avoiding Admission	ICP
Development of effective treatment escalation plans in Care Homes (RESTORE2)	1 st November	Patient Outcomes	ICP
Care Home understanding and involvement in the SDEC approach so that they understand the need and importance of accepting patients back following an intervention.	1 st November	Rapid discharge	ICP



Telehealth - Consistent use of Immedicare across Bucks to ensure 24/7 reactive medical support for care homes as required. Known to reduce the need for further support. Links directly to the local geriatrician team for support as necessary via Consultant Connect.	1 st October and ongoing through winter	Avoiding Admissions	CCG
Ensuring all staff and residents are vaccinated as part of the flu programme.	1 st January 2021	Avoiding Admissions	ICP

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4. Paediatric Services

The general principles outlined in the entirety of this document relate to both Paediatrics and adult populations. The section below highlights various points of focus for children's urgent care.

The aims of these actions are to help support the workforce, patients and the pathways in order to:

- Ensure children receive safe and timely treatment / care through this winter
- Communication supporting Covid and other paediatric conditions is in place
- Ensure we reduce the demand on acute services
- Build the business case for the Paediatric services in the Acute Trust
- Ensure residents are only conveyed when all other options have been appropriately sought
- Ensure all children in the appropriate age range receive a flu vaccination

Winter Lead for Paediatric Services is Juliet Sutton, Dal Sahota and Isobel Day.

Actions	By When	Principle	Lead Organisation
To ensure full consultant and senior nurse cover available in the Trust 24/7 to manage children and treat in a timely manner	1 st October and ongoing through winter.	Patient Outcomes	BHT
To ensure a dedicated space for paediatric minor injury is now operational	1 st November.	Rapid Discharge	BHT
Flexing hospital estates to increase paediatric bed capacity, providing an additional 20 beds from 1 st September 2020	1 st September (is this actioned)	Rapid Discharge	BHT
Transforming outpatient services to increase remote consultations	1 st October	Avoiding Attendances / Avoiding Admissions	BHT
Providing a GP telephone advice line	Already in place	Avoiding Attendances	BCCG
Ensuring availability of Hot Hubs for testing for COVID-19 for Paeds	1 st October	Avoiding Attendances	Fedbucks / BCCG
Communications strategy jointly with the council and Public Health on common winter childhood illness	1 st September	Avoiding Attendances	BHT
Establishment of green pathways for shielded and elective children	1 st September	Avoiding Attendances	BHT



5. System Winter Communications

As part of the preparation for the winter period during the COVID pandemic there will be a number of Comms Plans. The UEC Recovery and Transformation Group now have a dedicated Comms lead to help take forward communication and engagement plans to support the winter period. As this remains a system wide deliverable, there are a number of supporting plans and campaigns including:

- Staying Well During Winter
- Think 111 First Comms Strategy

Separate plans are available and will be delivered through the UEC Recovery and Transformation Group ensuring all Buckinghamshire Partners play their part in communicating the consistent messaging across their own areas.

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6. Voluntary Sector Support

The Voluntary Sector continues to be an essential part of the Buckinghamshire Health and Social Care workforce. During the winter period the part they play becomes even more important to help manage demands and keep patients safe during a challenging period.

The list below is a list of Voluntary sector organisations which are in place to help support Buckinghamshire and the role they play throughout this forthcoming winter period.

Carers Bucks:



- Supports the wellbeing of unpaid carers in Buckinghamshire
- Supports discharges via a member of staff in all local hospitals who help to ensure carers can continue caring post discharge.

Buckinghamshire Mind:



- Buckinghamshire Mind is a trusted charity working to support and represent people with mental health problems living across the county by providing high quality services.
- They prepare for the winter months with additional arrangements to accommodate higher numbers.

Bucks Vision:



- A local charity, with 8 members of staff and over 300 volunteers, providing support, advice and social activities for blind and partially sighted people across Buckinghamshire and Milton Keynes.

Connection Support:



- Provides support to people over the age of 18 without full care packages
- Assists with social isolation by integrating clients into the community and signposting them to other organisations that can help.



British Red Cross:



- Operates a 7 day Prevention of Admission to Hospital (PATH) – service 7 days a week from 11am – 8pm.
- Additionally provides a Support at Home (S@H) service which helps to identify longer term needs, with up to 6 weeks of home visits.

Royal Voluntary Services:



- Provides additional support for patients in recovery and at home.
- Assists with preparations for winter by helping to stock up their cupboards and ensuring appropriate preventative measures for illness are taken e.g. flu jab reminders.

National Energy Foundation:



- The National Energy Foundation runs the Better Housing Better Health service to fight against the 24,000 excess winter deaths associated with fuel poverty by being a one stop shop for vulnerable residents suffering from high bills.
- They have been set up in line with national guidance, so can also provide debt advice, grants for home improvements, a falls service, energy bill discounts, a benefits check and a befriending service. Referrals can be made via www.bhbh.org.uk

7. Winter Plan Monitoring and Evaluation

As part of monitoring and evaluation of this winter there will be a Winter Plan Tracker that will be updated on a monthly basis. This tracker will provide assurance to the Urgent and Emergency Care Board.

Key metrics that form part of the UEC Recovery and Transformation Board will enable stakeholders to manage progress.

A key set of metrics will also be monitored via the Urgent and Emergency Care Board on a monthly basis to ensure success and mitigate where appropriate if the actions are not having the desired impact as per the aims identified above.

7.1 Tools to support monitoring

Buckinghamshire have been working with NHSE / I and Lightfoot to develop a tool kit to support historic demand and capacity across Buckinghamshire as the **UEC Dashboard**. This also includes functionality to forecast demand over the forthcoming winter period. This will be available to users from 1st October. This will also allow us to share this data across the whole Buckinghamshire system and help model demand.

Buckinghamshire Healthcare Trust are also working with NHSE to implement **SHREWD** which will provide a real time dashboard on the activity / performance of the wider Buckinghamshire system. This will help the system anticipate demand and peaks and act accordingly in line with the Opel Framework.

8. Winter Risks

The table below outlines the initial key identified risks to the management of the system across Winter 2020/21:

	Risk	Mitigation	R/A/G
1	There is a risk that patients will default to attending ED regardless of symptoms	System wide communications plan	
2	There is a risk that the care home market remains extremely fragile due to COVID, which leads to capacity to discharge	Look at alternative provision and monitor gaps in provision as proactively as possible.	
3	Delays to discharges from hospital leading to challenges to bed capacity and risks to patient safety in hospital	Agreements to <ul style="list-style-type: none"> • system wide escalation processes, • Trusted assessment • Same day assessment 	
4	Availability of packages of care and access to reablement pathways leading to issues in discharge from hospital.	Facilitate quicker assessment and decision making	
5	If there is a second surge of COVID during the winter period this could have a direct negative impact on all services in Buckinghamshire.	Second Surge plan in place. Facilitative discharges to increase flow Reporting and management of activity in community and acute settings.	
6	Workforce across the system	Plans in place for this across the system	
7	EU Transition	EU transition plans in place which identify risks and required mitigating actions	



8. Additional Winter Funding Schemes

A range of schemes suitable for winter funding have been proposed and the details recorded on a Winter Schemes Funding Tracker. Once the Bucks System Winter Funding has been confirmed the schemes will be reviewed for approval. There will be further opportunity to develop the submitted schemes and propose further schemes.

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9. Surge

The Buckinghamshire Surge Plan has been developed in partnership with health and social care colleagues, which detail various trigger points for surge (including COVID-19, generic surge and impact of EU Exit) and actions required to manage this effectively. It highlights interdependencies between organisations and system-wide roles and responsibilities that will help tackle winter pressures, demand and surge. As part of the OPEL framework for the Buckinghamshire Health and Social Care system escalation arrangements have been clearly defined within this plan. This work resides within the UEC Work stream **Anticipate Not React**.

9.1 On call Arrangements

The CCG on call is a shared resource between Buckinghamshire and Oxfordshire CCG. There is a single on call pager number for Bucks and Oxfordshire and an on call rota. All other providers across the system have their own on call arrangements in place.

9.2 Cold & Weather Severe Alerts

Adverse weather forecasts are available from the Met office via the National Severe Weather Warning Service and the Environment Agency provides Flood Alerts. It is the responsibility of the Emergency Preparedness Resilience and Response (EPRR) leads in each organisation ensure that these alerts / warnings are made available to appropriate personnel within their organisation and that appropriate plans are initiated.

9.3 Business Continuity Plans

All Buckinghamshire organisations are requested to have robust business continuity plans in place in order to maintain their services to the public and patients. The plans have been reviewed and updated during the COVID Pandemic to reflect these changes. Each plan provides details for business continuity incidents, critical incidents and major incidents along with Major Incident Response and responses to severe weather.

9.4 Major Incident Response

A major incident is any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented. Each lead provider of Health & Social Care within Buckinghamshire has a Major Incident Response Plan and recognised personnel who can provide guidance and support should the plan be invoked. Partners will at this point work collaboratively to support and help resolve the major incident, in a supportive and inclusive approach.

9.5 Infection Prevention and Response

The Acute, Community and Mental Health Providers in addition to Public Health England have Infection Prevention and Control teams in place working collaboratively to provide advice and support to health and social care providers throughout Buckinghamshire.



10. Flu Planning

This winter there is a Buckinghamshire System wide Programme approach to Flu. As the COVID pandemic provides a different dimension to the approach a Bucks Flu Team, supported by a wider BOB ICS team, has been established.

10.1 2020/21 National Flu Immunisation Programme Implementation

Flu is a key factor in NHS winter pressures. It impacts on both those who become ill, the NHS services that provide direct care, and on the wider health and social care system that supports people in at-risk groups. Flu occurs every winter in the UK but is of increased focus in 20/21 due to the COVID-19 Pandemic. There is the requirement to achieve a 75% vaccination rate in the identified at risk groups as well as a wider group of the population being identified as being eligible for the flu vaccination. Seasonal Flu immunisation is one of the measures that help to reduce illness in the community and unplanned hospital admissions, and therefore pressure on health services generally and A&E in particular.

10.2 Local Flu Planning 2020/21

Buckinghamshire System has a Flu project team in place that is responsible for the monitoring, support and delivery of the flu vaccination programme in 20/21. The detailed Flu project plan is aligned to PHE/NHSE guidance and overarching BOB flu programme.



11. Discharge from Hospital

Achieving patient flow through the Bucks System will be a critical element of the Winter Plan. The updated discharge guidance: Hospital Discharge Service: Policy and Operating Model, released on 21.08.2020 will require close partnership working across organisations to ensure implementation. This includes the progression of discharge to assess across Buckinghamshire to deliver a home first discharge model. This will be led by the Get Me Home Group.

The table below highlights the High Impact Interventions relating to discharge that will be implemented over the winter period.

Number	Discharge Improvement - 4 high impact actions / Discharge guidance	Buckinghamshire System
1	A local system should have a discharge hub / single point of access / single coordinator role that has daily / twice daily calls where patients who do not meet the reason to reside criteria are discussed, patient by patient, with clear actions that expedite discharge.	A single point of access is in place. This is to be developed to support the MDT case management approach. A single system co-ordinator is required.
2	As a region, we endorse the principle of "Home First". We would actively encourage systems to implement Home First DDA enabling 90% of patients to return home with support if necessary.	The development of a home first focus is a key part of the discharge pathways work. This will include the expansion of rehabilitation and reablement services.
3	Systems should standardise & agree a 'continuous improvement' approach for discharge, taking account of forthcoming national best practice and extended length of stay guidance	This is fully embedded within the action plans and the work being supported by NHS2.
4	It is anticipated that systems fund longer term discharge hubs and maintain the strong partnership working generated in the response to Covid.	The system is currently discussing a shared vision for the single co-ordinator role, the case managers and single point of access.
5	The region's Discharge Operational Group subject matter experts to hold regular webinars or 'collaborative learning' sessions, themed around best practice in discharge improvement, each with an agenda and short discussion paper for wider sharing.	Buckinghamshire will take part in these
6	A discharge dashboard provides consistent visibility to monitor & track. Data should be consistent, simple and measurable to easily recognise triggers, enable analysis & comparison and themes for improvement.	A key requirement in Buckinghamshire is the development of improved informatics support for discharge across the system.



Safe & compassionate care,

every time

Buckinghamshire Healthcare
NHS Trust**Meeting:** Trust Board Meeting in Public**30 September 2020**

Agenda item	Buckinghamshire Joint Health and Wellbeing Strategy (HWB) Consultation
Board Lead	David Williams
Type name of author	David Williams
Attachments	Bucks Joint HWB Strategy Consultation
Purpose	To discuss and approve a response a consultation on the Buckinghamshire Joint HWB Strategy
Previously considered	EMC, Quality and Clinical Governance Committee

Executive Summary

Buckinghamshire Council are consulting on a refreshed Joint Health and Well-Being Strategy which has been informed by workshop discussions with stakeholders. The consultation is open until 15th October 2020.

The Quality and Clinical Governance Committee and the Executive Management Committee have considered the questions proposed in the consultation and a response to the consultation is enclosed.

The three questions posed are as follows:-

- In your experience, do you agree that these are the major health and wellbeing challenges we need to address in Buckinghamshire?
- What views do you have on the three priority areas proposed?
- Are there any priorities which you think should be added to the Buckinghamshire health and wellbeing strategy and why?

The Board is asked to discuss and support the response on behalf of the Trust. The final HWB strategy will be finalised in December 2020.

Decision	To approve a response to a consultation on Buckinghamshire's Joint Health and Well-Being Strategy		
Relevant strategic priority			
Quality <input checked="" type="checkbox"/>	People <input type="checkbox"/>	Money <input type="checkbox"/>	
Implications / Impact			
Patient Safety	Relates to all three areas in the strategy		
Risk: link to Board Assurance Framework (BAF)/Risk Register	3.1a There is a risk if we do not build partnerships with our stakeholders and the community, we will not make an impact on improving health outcomes and reducing health inequalities		

	Strategic Priority- Improving
Financial	Improving the health and well being of the population of Buckinghamshire will contribute to reducing the burden of disease and the overall cost delivering NHS services
Compliance Select an item. Select CQC standard from list.	Well Led
Partnership: consultation / communication	Partnership consultation on Health and Well-Being priorities for Buckinghamshire
Equality	Over-arching theme of reducing health inequalities highlighted in the draft strategy
Quality Impact Assessment [QIA] completion required?	Not at this stage

1 Introduction

Buckinghamshire Council are consulting on a refreshed Joint Health and Well-Being Strategy which has been informed by workshop discussions with stakeholders. The consultation is open until 15th October 2020.

2 Problem

The Health and Well-Being Strategy is owned by the Buckinghamshire Health and Wellbeing Board, which brings together senior leaders from Buckinghamshire Council, Buckinghamshire Clinical Commissioning Group, Buckinghamshire NHS Healthcare and Oxford Health Foundation Trusts, Healthwatch and voluntary sector representatives. The Health and Wellbeing Board has a statutory responsibility to understand current and future health and social care needs and to translate these findings into clear outcomes the Board wants to achieve.

The Health and Wellbeing Board is building on the priorities, 'Start Well, Live Well, Age Well' agreed at the January 2020 Health and Wellbeing Board Development Session, while taking into account the impact of the Covid-19 pandemic and aligning with pan bucks recovery plans, with a strong emphasis on three cross cutting priorities:

1. Tackling health inequalities
2. Mental health and
3. Community engagement

Stakeholders are being asked to respond on three specific questions to shape the final strategy:-

- In your experience, do you agree that these are the major health and wellbeing challenges we need to address in Buckinghamshire?
- What views do you have on the Three priority areas proposed?
- Are there any priorities which you think should be added to the Buckinghamshire health and wellbeing strategy and why?

The Executive Management Committee and Quality and Clinical Governance Committee have had the opportunity to review the outline strategy (Appendix 1) and a recommended response as part of the consultation is outlined for Trust Board approval.

3 Response

- ***In your experience, do you agree that these are the major health and wellbeing challenges we need to address in Buckinghamshire?***

The Trust agrees that these are the major health and well being challenges that the county faces over the next two years both the overarching and the cross cutting themes. It is recognised that the CoVid-19 crisis has exposed health inequalities within Buckinghamshire that all partners have a responsibility to reduce on behalf of our communities. We would support priorities and targets for reducing health inequalities for both certain geographical areas and indeed ethnic groups are firmly based in the final strategy and a reducing health inequalities strategy is agreed in addition to the Health and Well -Being Strategy which is led and monitored by the Health and Well-Being Board.

The Health and Well-Being Strategy is highlighted for the next two years. The Board are aware that the county are developing a vision for Buckinghamshire with partners for 2050. A clear part of this vision will be to improve the health and well being of the population. We would support the HWB Board outlining the vision for health and well being for the county for 2050 as part of this work.

- ***What views do you have on the three priority areas proposed?***

Start Well

The importance of ensuring every child has the best start in life is as a key priority for the county and is strongly supported. The Trust would like to raise the importance of two initiatives to support this agenda as part of the on-going strategy. Firstly, the role of the Family Nurse Partnership Programme and their work to ensure vulnerable children are not left behind in economic development, education and health and well being during their crucial stages of development. This is an example of all partners working together to support vulnerable mothers and families and it is critical to enhance and support this team as part of the implementation of the strategy.

Secondly, the work to reduce perinatal and maternal mortality through implementing the national NHS 'Better Births' strategy. Ensuring women can access continuity of carer during pregnancy is a key requirement for the system in the next two years along with enhancing support for perinatal mental health services.

Live Well

The importance of providing health prevention, advice and support to individuals and families to ensure our communities can get the most out of life is a key part of the HWB Strategy and is strongly supported by the Board.

The population of Buckinghamshire is due to increase dramatically over the next few years and we will need to ensure as part of the strategy that health and care services are able to meet the demands of the growing population by providing the right environments for healthy lifestyles and in ensuring a growth in health and social care services meets the demands of the growing population.

Developing a population healthy management approach to care where we can better understand the needs of distinct communities and tailor services to meet their needs will be an increasing focus for Buckinghamshire. Whilst, we need to focus on healthy lifestyles in all areas we would support a particular priority on cardiovascular disease prevention, diagnosis and treatment as a main driver for reducing health inequalities in the county. We know that over half the health inequalities in Buckinghamshire is due to smoking so a key focus for investment, targets and support to communities will be to reduce smoking rates in the county over the next two years.

Age Well

We know that sedentary lifestyles results in premature onset of ill health, disease and frailty in older people. Inactivity is a major cause of poor physiological fitness and disease in old age. A system wide approach to encourage increases in physical activity in Buckinghamshire will greatly contribute to the ageing well agenda and will be a key part of the HWB Strategy.

Given the increase in the older population in Buckinghamshire enhanced support for older people in the community will be an essential part of the strategy. A 'Home first' philosophy from all partners is particularly welcomed. Integrating community services between health and social care to ensure alternatives to hospital admission for those in crisis and rapid response and reablement services are able to support swift safe discharge of patients into the community following a hospital stay are important elements here. The Ageing Well Programme will contribute to this strategy providing a 2 hour response to urgent care in the community and 48 hour response to rehabilitation support for patients following a hospital stay.

When patients are serious ill and in need of hospital services maintaining the capacity of our hospitals in the county to meet the increasing demands of the older population will be critical for the implementation of the strategy to keep older people safe and well.

- ***Are there any priorities which you think should be added to the Buckinghamshire health and wellbeing strategy and why***

The Trust support the priorities identified. The final strategy will want to identify stretching performance targets for the Buckinghamshire system that are measurable and specific so that we can collectively monitor and assess the progress of the strategy over the next two years and be held to account as partners collectively for delivery.

In addition, the HWB Board will want to outline in more detail strategies for the cross cutting themes of health inequalities, mental health and community engagement

4 Action required from the Board

The Board is asked to discuss and approve a response to a consultation on Buckinghamshire's Joint Health and Well-Being Strategy

APPENDICES

Appendix 1: Bucks Joint HWB Strategy Consultation

Happier, Healthier Lives: A shared plan for Buckinghamshire

”Buckinghamshire the place where all residents can Start Well, Live Well and Age Well”

The Buckinghamshire Health and Wellbeing Board is seeking views on the priorities proposed for the refresh of the Joint Health and Wellbeing Strategy for Buckinghamshire .

Summary

The Health and Wellbeing Board is seeking views on the refresh of the Joint Health and Wellbeing Strategy, Happier Healthier Lives - A shared plan for Buckinghamshire which is due for publication in early 2021.

The plan will be owned by the Buckinghamshire Health and Wellbeing Board, which brings together senior leaders from Buckinghamshire Council, Buckinghamshire Clinical Commissioning Group, Buckinghamshire NHS Healthcare and Oxford Health Foundation Trusts, Healthwatch and voluntary sector representatives. The Health and Wellbeing Board has a statutory responsibility to understand current and future health and social care needs and to translate these findings into clear outcomes the Board wants to achieve.

The Health and Wellbeing Board is building on the priorities, ‘Start Well, Live Well, Age Well’ agreed at the January 2020 Health and Wellbeing Board Development Session, , while taking in to account the impact of the Covid-19 pandemic and aligning with pan bucks recovery plans, with a strong emphasis on three cross cutting priorities:

1. Tackling health inequalities
2. Mental health and
3. Community engagement

This report provides background information and context of the refreshed priorities to seek early views and contributions from a wide range of partners, as well as Buckinghamshire communities and residents.

Contents:

- Background information and approach for refreshing the Joint Health and Wellbeing Strategy
- The vision for 2021 - 2023
- Proposal on priorities for focus

Background information and approach for refreshing the Joint Health and Wellbeing Strategy:

The Health and Wellbeing Board's first Joint health and wellbeing strategy published in 2013 put forward a shared vision to promote healthier lives for everyone in Buckinghamshire. Since publication the strategy has been the key overarching document for the Health and Wellbeing Board and commissioning activity across the county; setting the strategic context for partner organisations. The 2016-2021 refresh built on these priorities and aimed to widen the strategies potential further through a new emphasis on place and more explicit focus on mental health and reducing health inequalities. This third iteration will build on these pillars based on life course approach with strong cross cutting priorities on health inequalities, mental health and increasing community engagement.

The [Buckinghamshire Integrated Care Partnership](#) (ICP) aims to meet the health and social care needs of the Buckinghamshire population set by the Health and Wellbeing Board and will work with system partners to address the challenges of demographic change and population growth, health inequalities and financial sustainability. The Health and Wellbeing Board is refreshing the strategy at a time when the health, care and voluntary and community sector in Buckinghamshire is seeing increased demand for local services.

The Covid 19 pandemic has and will continue to have a major impact on every community in the county. We have seen many positive developments in the Buckinghamshire response to Covid-19 , especially in the way communities, businesses and the voluntary sector have worked together to support the most vulnerable. The Health and Wellbeing Board is committed to working in partnership with the community and wider organisations to learn from the crisis and to maintain the positives so that they become business as usual for the way we operate.

The Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment (JSNA) is the main evidence base for the strategy which assesses the current and future health, care and wellbeing needs of the local community.

The JSNA shows that Buckinghamshire residents continue to enjoy good health and access to high quality health and care services relative to the rest of England but although many people experience good health this is not experienced by all and the health and wellbeing strategy seeks to address this.

The JSNA can be found at the following link:

<http://www.healthandwellbeingbucks.org/s4s/WhereLive/Council?pageId=2098>

A high level COVID JSNA is currently in development: The rapid high level JSNA will aim to quantify the impacts and risks identified from the Covid Health Impact Assessment and help form the Joint Health and Wellbeing Strategy Implementation and action plan aligned with system recovery plans.

The Health and Wellbeing Board is committed to working with our resident communities to keep them safe, well and healthy during and after COVID 19. With our partners, we will carry out work to identify, quantify and validate the health and wellbeing impacts of Covid 19 infection and the social impact of lockdown to identify future risks to health and wellbeing and to identify solutions to meet the health and wellbeing recovery needs, mitigate future risks and enhance positive impacts. These will be a combination of reconfiguring current services and asset based community solutions.

The vision for the Happier Healthier Lives – a shared Plan for Buckinghamshire 2021 - 2023

The Buckinghamshire Happier and Healthier Lives Plan will be the counties high level plan for reducing health inequalities and improving health and wellbeing for Buckinghamshire residents.

The Happier Healthier Lives priorities have been developed in partnership with senior leaders from across the public and voluntary and community sectors. It is informed by data and evidence from our Joint Strategic Needs Assessment and learning from our 2016-21 Joint Health and Wellbeing Strategy, as well as drawing on national research and good practice. Following engagement and confirmation of the priorities, the health and wellbeing board will develop an implementation plan to be published with the final version of the strategy.

The Buckinghamshire Happier, Healthier Lives Plan aims to create the best conditions in Buckinghamshire for people to live healthy, happy and fulfilling lives and achieve their full potential. Our vision is to improve outcomes for the whole population as well as having a greater impact on improving the health and wellbeing of those people in Buckinghamshire who have poorer health and wellbeing.

The strategy proposes to make an impact on three key priority areas over the three years of the strategy.

- 1. Start Well**
- 2. Live Well**
- 3. Age Well**

The following section sets out the refreshed priorities and focus for action for delivering the strategy.

1. Start Well:

Why is this a priority?

There is huge opportunity to improve health and wellbeing outcomes by focussing on children and young people . We want to make sure that every child has the best possible start in life because we know that getting this right is key to tackling health and social inequalities and preventing poor outcomes.

We want to make sure all children are supported to reach their potential in school, further education and employment, and that families are supported to make healthy lifestyle choices.

We know that good mental health helps us to enjoy life, to build positive relationships, and to have the resilience to deal with day-to-day difficulties and major life events. Early diagnosis of mental health problems is a key factor in the success of treatment and preventing the worsening of conditions to enable young people in Buckinghamshire to reach their full potential.

Our focus for 2021 – 2023

- Every Child has the best start in life
- Children have the right environment and opportunities to adopt and maintain healthy lifestyles
- Children in Buckinghamshire are Safe and Protected

How will we do this?

- We will work with partners to enable children and young people, particularly the most vulnerable to reach their full potential
- We will seek out more feedback from local communities on what is happening in their areas to give children the best start in life
- Together with our partners we will make sure we provide support to children and families with mental health needs
- As part of our COVID-19 recovery work, resources will be targeted appropriately at those families who whose circumstances have been affected.
- With early years providers and schools, we will work together to ensure that the individuals needs of children are identified at the earliest opportunity so that we can collectively respond at the right time.
- We will carry out pilot projects to make a difference

2. Live Well

Why is this a priority?

Not everyone in Buckinghamshire enjoys the same good health and people living in more deprived areas tend to have poorer health at all stages of life - from birth to old age. Health also differs between different ethnic groups. People with mental health problems often also experience poorer physical health. The support of friends and neighbours in communities is good for physical and mental health and gets more crucial as the population ages.

We know that the physical environment, the quality of housing and opportunities for active travel have a big influence on health and wellbeing. There will be an increase in new housing in Buckinghamshire, creating new communities. We want to find better ways to plan for and shape communities so that they promote health and wellbeing, the emerging Community Boards will be pivotal to this.

The Covid-19 pandemic has had an unequal impact on people and evidence shows that incidents of Covid-19 increases in line with deprivation, we have also seen national attention on the impact on BAME groups. People in these groups often suffer the worst health and poorer health outcomes and need to be identified and targeted by appropriate services.

Our focus for 2021 – 2023

- Residents in Buckinghamshire are equipped with the skills to live healthier lives
- Residents are encouraged to have increased connectedness with their local community and live in resilient neighbourhoods
- Residents in Buckinghamshire are safe and protected

How will we do this?

- We will align and co-ordinate prevention programmes across the system to maximise impact and tackle barriers to healthy lifestyle, including around mental wellbeing, diet, exercise, smoking and drugs and alcohol
- We will support every Community Board to have and promote an annual event on health in their areas and feedback to the Health and Wellbeing Board
- We will follow up on community health events by identifying what the Council, NHS, Voluntary Sector, Community and Residents can do to make a difference and report on this annually.
- We will continue work on Social Isolation and Social Connectedness as a shared priority to develop a system wide response to Social Isolation .
- We will enhance our organisational Workforce Programmes to focus on Wellbeing and Mental Health
- We will oversee a shared population health approach to reduce health inequalities and reduce the negative impacts of the wider determinants of health
- We will encourage sustainable growth and ensure the right environments for our residents to prosper and live happy, healthier lives.
- **Using data from Covid-19 rapid assessment** we will focus on BAME groups and locations where people have worse health
- We will introduce **culturally competent health promotion and disease prevention programmes**
- As part of our Covid recovery work, resources will be targeted appropriately to support residents impacted by domestic abuse, social isolation, food poverty, debt and homelessness.

3. Age Well

Why is this a priority?

The number of older people in Buckinghamshire is increasing and is projected to grow further. The number of 65+ year olds is projected to increase by 27.7% from 101,700 to 129,900 people between now and 2030. This equates to 28,200 more people aged 65+.

While people are living longer, many are spending more years at the end of life in poor health. The number of people with dementia is also growing.

The evidence shows that we should identify the people at risk, intervene earlier to support active ageing and prevent social isolation and loneliness, ill health and disability among older people..

Our focus for 2021 – 2023

- Residents in Buckinghamshire enter older age with healthier behaviours
- Older adults in Buckinghamshire will receive the right support at the right time.

How will we do this?

- We will deliver services in the community to enable people to live independently with good physical and mental health
- We will adopt the "Home First" philosophy across the health and care system and treat people with dignity and respect at the end of their lives.
- We will provide support to Community Boards and Primary Care Networks to enable them to support communities
- We will support carers in their caring role and in looking after their own health
- In response to Covid, we will continue to develop and deliver the enhanced offer of support to care homes
- We will work with providers to develop a sustainable and appropriate care market provision to meet future need in Buckinghamshire
- We will develop and implement a healthy ageing strategy to support the Ageing Well Programme.

Your views:

We want to hear your views. Whether you want to respond as a member of the public, a patient or service user or as a representative of an organisation in Buckinghamshire please get in touch.

You can submit your views between now and 15 October

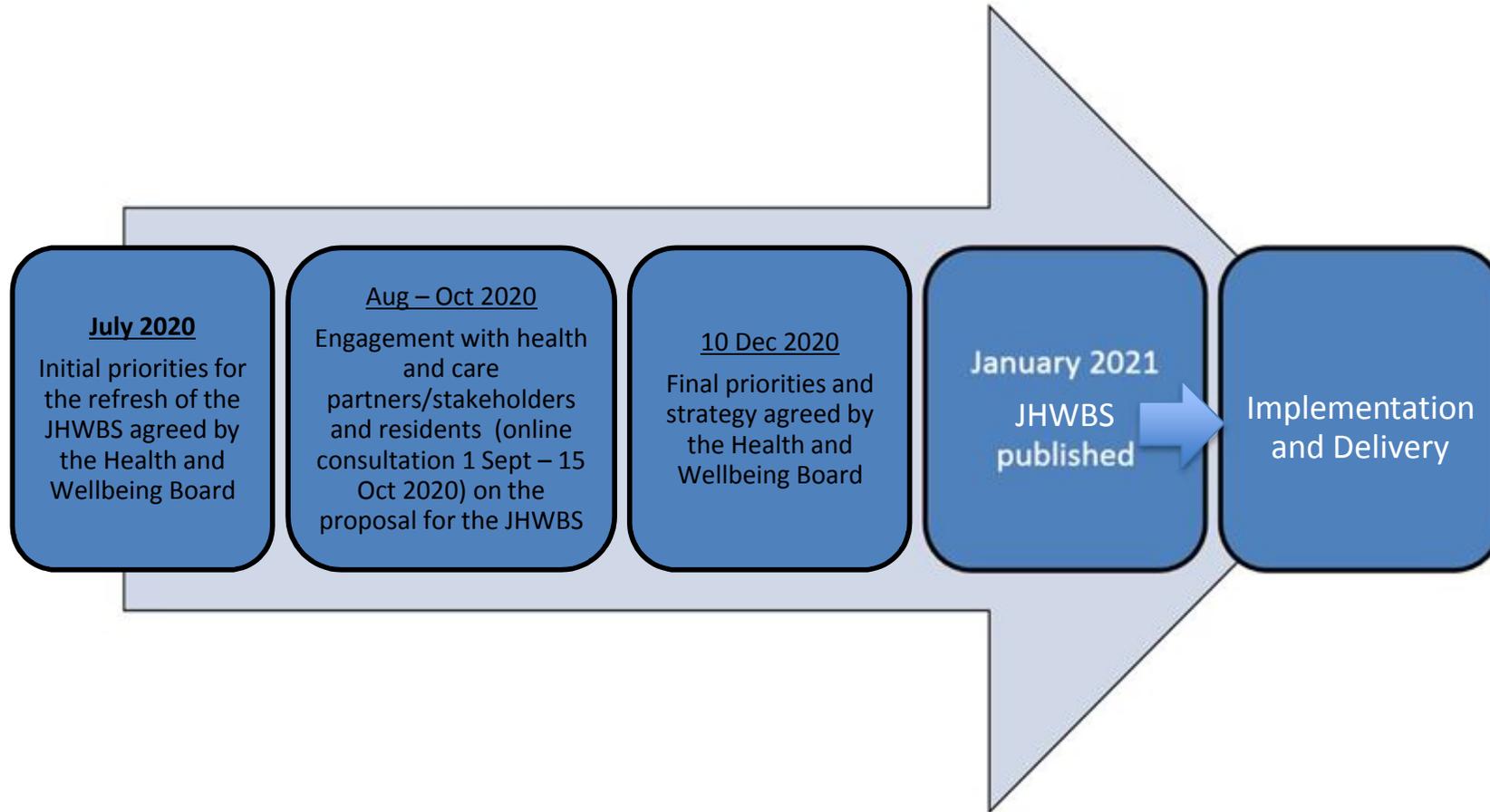
Emailing: HWB@buckinghamshire.gov.uk

Or calling direct on: 01296 382043

Questions

1. In your experience, do you agree that these are the major health and wellbeing challenges we need to address in Buckinghamshire?
2. What views do you have on the Three priority areas proposed?
3. Are there any priorities which you think should be added to the Buckinghamshire health and wellbeing strategy and why?

Timeline for Buckinghamshire Joint Health and Wellbeing Strategy Refresh.



Safe & compassionate care,

every time

Buckinghamshire Healthcare
NHS Trust

Meeting: Trust Board Meeting in Public

30 September 2020

Agenda item	Charitable Funds Committee (CFC) / Sub-Committee Assurance Report.
Board Lead	Rajiv Jaitly, Non-Executive Director / Charitable Funds Committee Chair
Type name of Author	Nelson Garcia-Narvaez - Charitable Fund Head of Finance
Attachments	Charitable Fund's Dashboard as at 30/06/2020
Purpose	Information
Previously considered	At the CFC meeting on 2 nd September 2020.

Executive Summary

This briefing provides an update on the Buckinghamshire Healthcare NHS Trust Charitable Fund's activities reported to the CFC meeting on 2nd September 2020.

The meeting was quorate and the declarations of interest were recorded in the minutes. The resignation from Mike Mackenzie - Honorary Independent Member for Patients was received and noted. The Committee asked that its thanks be conveyed to Mr Mackenzie for the service he had given the committee.

The investment portfolio value and the necessaries actions were discussed and taken.

There were no issues to report on the activities of the Charitable Fund.

Bid applications were approved in line with the Charitable Fund's guidelines.

Decision	The BOARD is asked to NOTE this paper and the applications approved
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Relevant Strategic Priority

Quality <input checked="" type="checkbox"/>	People <input type="checkbox"/>	Money <input checked="" type="checkbox"/>
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Implications / Impact

Patient Safety	It is expected that any support from the Charity to enhance the services that are provided by the Trust may have an effect and contribute with patient safety.
Risk: link to Board Assurance Framework (BAF)/Risk Register	The Trustees must ensure that the resources of the charity are managed appropriately and deployed to the best advantage of the patients.
Financial	Enhancement in services will support a financially sustainable health and care system.
Compliance Select an item. Select CQC standard from list.	Good Governance by complying with Trustees Act 2000, Charity Commission Guidance, current legislation and ensure the correct management of the Charity's funds.
Partnership: consultation / communication	N/A
Equality	This report has no effect on patients, staff or people with any protected characteristics; the

	only impact is to allow the Trust to operate more efficiently.
Quality Impact Assessment [QIA] completion required?	Not Required

1 Introduction/Position

KEY AREAS OF DISCUSSION DURING THESE COMMITTEES:

Investments

The Committee received a portfolio valuation report as at 30th June 2020, presenting the performance of the charity’s investment portfolio over the last quarter. The Committee was informed that the total portfolio market value based on a bid price was £7.68m which represents a decrease of £0.55m compared to the previous valuation of £8.23m as at 30th June 2019 that was presented on 29th August 2019 meeting. The overall performance of the portfolio market value has been a decrease of 6.68% in the last twelve months, due to the market conditions during this period and £0.3m investment disposal to pay for projects approved by the Committee. Proposals for adjusting the long term strategy of the investment portfolio have been received and following further consideration will be reported to the Board for its approval.

Financial Statements and Reports

The Committee noted the Charitable Fund’s Financial Reports as at 30th June 2020.

The Committee assessed and provided comments on the Charitable Funds Business Strategy 2020-2026 (Draft).

The Committee received the Charitable Fund Audit Plan 2019-2020 from the External Auditors.

Bids

There were no Bid Applications with values over £100,000 presented to the Committee, which requires endorsement from the Trust Board.

The Committee was presented with the following Bid Applications with **values of under** £100,000 which were approved and are now being presented to the Trust Board for information purposes:

- Wellbeing Eco Pod – Staff Calm Zones - Bid 2021-003. Total Cost £53,400.
- Fixed Term Workforce Analyst – to understand the impact of COVID-19 – Bid 2021-001. Total Cost £63,500.
- Wycombe Hospital Nursery Refurbishment. Bid 2020-023. Total Cost £56,682.
- One bid in relation to further support for the Freedom to Speak up Guardian requires further information to be provided and the committee has agreed to process this bid electronically by email between committee members once it is ready for re-presentation.

2 Problem

There were no issues to report during these Charitable Fund Committees.

3 Possibilities

N/A

4 Proposal, conclusions recommendations and next steps.

N/A

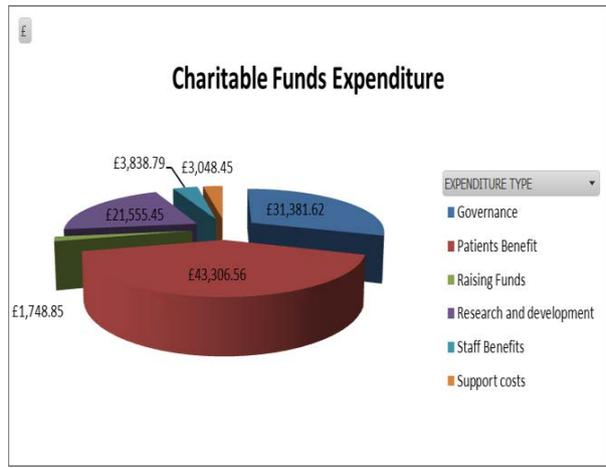
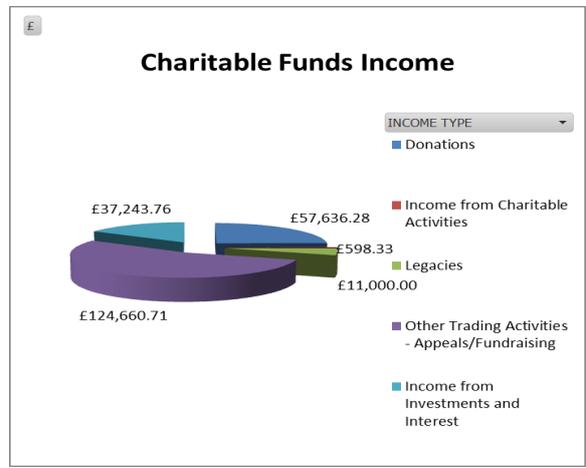
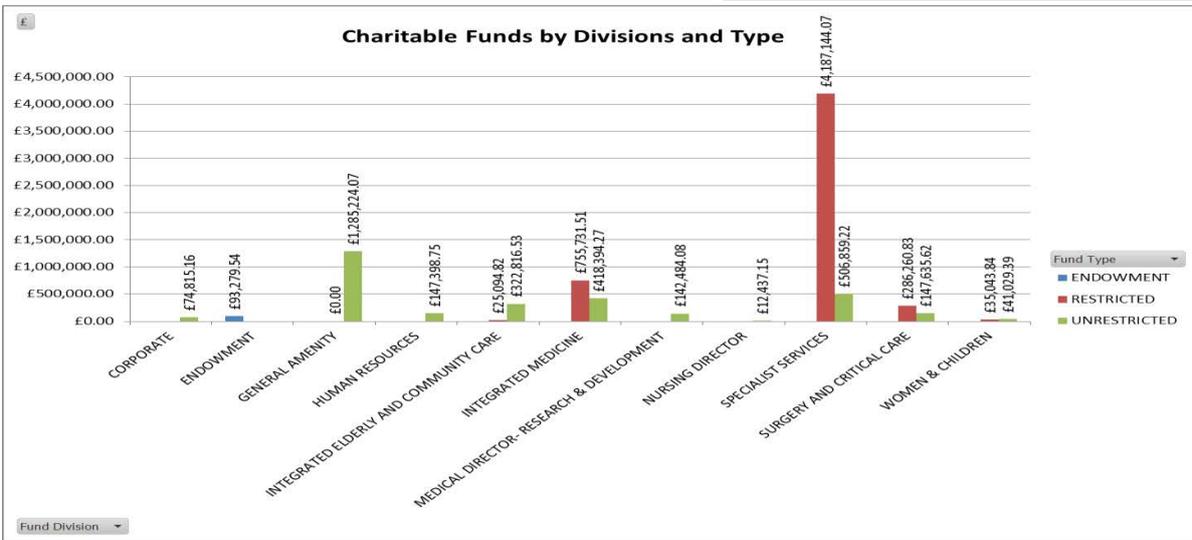
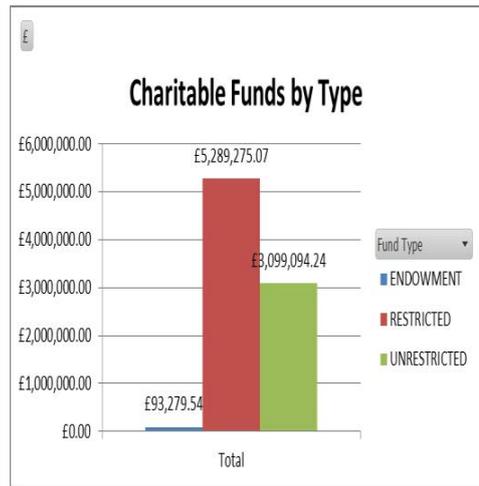
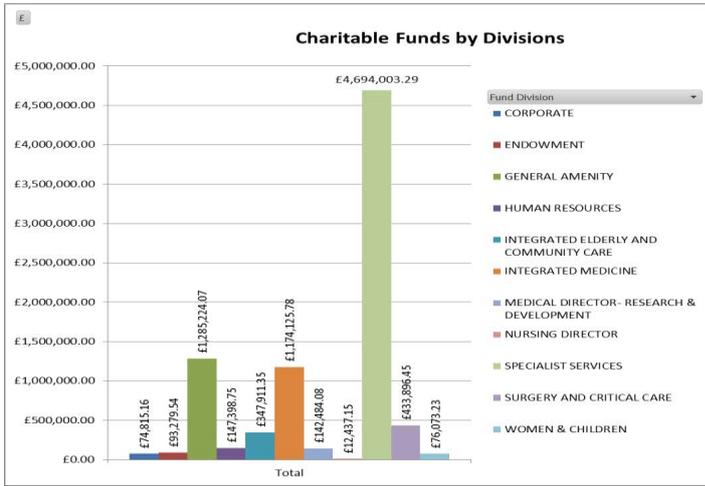
5 Action required from the Board

5.1 The Board is asked to:

- a) Note the Information.

APPENDICES

Charitable Funds Dashboard as at 30th June 2020



Safe & compassionate care,

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Buckinghamshire Healthcare
NHS Trust**Meeting:** Trust Board Meeting in Public**30 September 2020**

Agenda item	Infection Prevention & Control Report July 2020	
Board Lead	Chief Nurse Karen Bonner	
Type name of Author	Infection Prevention & Control Team	
Attachments	IPC Monthly Report July 2020	
Purpose	Information	
Previously considered	None	

Executive Summary**Introduction**

This report outlines the healthcare associated Infection Prevention and Control data for July 2020. It is a mandatory requirement that the following HCAI are reported.

1. *Clostridioides difficile*
2. MRSA Bacteraemia
3. MSSA Bacteraemia
4. Gram Negative Blood Stream Infections (GNBSI)

The Report also covers;

- Bacteraemia Line Infections
- COVID-19
- COVID-19 Nosocomial Infection
- Hand Hygiene/Personal Protective Equipment (PPE) Audits
- Cleaning Monitoring Scores

Summary**COVID-19**

July 20 has seen an ongoing increase in the overall number of specimens taken from any source, with fewer positive results. Despite an increase in the volume of inpatient sampling, new inpatient positive results have decreased. There continues to be a reduction in nosocomial infections. SMH Ward 6 and 16B were identified as wards where clusters were found. The IPCT led the outbreak management investigation in collaboration with internal and external stakeholders. Measures have been implemented to support IPC practice improvements and both outbreaks were closed 31.07.20.

Clostridioides difficile

3 hospital onset healthcare associated cases. 2 deemed unavoidable following investigation and review. 1 to be determined at the September meeting. Local actions for improvement identified: hand hygiene and stool monitoring, reduce patient bed moves.

MRSA bacteraemia 0**MSSA bacteraemia 0****Bacteraemia line Infections**

4 bacteraemia line infections, 2 central line cases 1 unavoidable, 1 to be reviewed September meeting. 2 peripheral line infections reviewed, deemed avoidable, VIP assessment and documentation identified for improvement. Actions in place to support practice.

Personal Protective Equipment Audits

PPE snapshot audits are completed weekly in inpatient areas to monitor and improve PPE compliance. Results are discussed locally to address concerns. Monthly summaries are being collated to inform at a divisional level.

Cleaning Monitoring Scores

Monitoring scores across the risk categories are within compliance. Trust Monitoring Supervisor now in post to support monitoring against contracts and in accordance with National Cleaning Standards.

Decision

The Board / Committee is requested to endorse the report

Relevant Strategic Priority	
Quality <input checked="" type="checkbox"/>	People <input checked="" type="checkbox"/>
Money <input checked="" type="checkbox"/>	
Implications / Impact	
Patient Safety	HCAI's contribute significantly to patient safety and experience. They can impact on prolonged hospital stay, increase resistance of microorganisms to antimicrobials & disrupt patients and their families lives
Risk: link to Board Assurance Framework (BAF)/Risk Register	IPC
Financial	Impact LOS & increased use of resources
Compliance <small>Select an item.</small> Safety	Safety
Partnership: consultation / communication	CCG
Equality	COVID19 has been found to disproportional impact individuals from BAME communities, men, people over 50
Quality Impact Assessment [QIA] completion required?	No

COVID-19

Month	Total No. of Specimens taken from any source	Total No. of Negatives from Specimens taken from any source	Total No. of Specimens not tested	Total No. of Positives from Specimens taken from any source
March <small>(figures updated from last report)</small>	653	544	2	107
April	1825	1254	68	503
May	3724	3450	55	219
June	5317	5171	56	90
July	5110	5054	11	45

Month	No. of Specimens from Inpatients (including A&E, CSRU, PDU)	No. of Positives from Inpatients (excluding A&E, CSRU, PDU)	No. of positives from Specimens as PHE definitions: Community = <= 2 days after admission Indeterminate = 3-7 days after admission Probable = 8-14 days after admission Definite = 15 or more days after admission	No. of Inpatient Deaths from patients with positive swabs after 14 days of admission	Total No. of Deaths of inpatients with positive swab taken at anytime (includes previous column no.)
March	427	62	67, 13, 6, 20	7	28
April	1071	161	124, 18, 17, 27	5	51
May	2618	48	43, 6, 9, 8	1	20
June	2762	17	21, 2, 3, 4	0	5
July	3017	12	11, 1, 3, 1	3	6

COVID-19 Nosocomial Infection

The criteria for Nosocomial Infection has been issued by PHE: Note the first day of admission counts as day one.

Community-Onset – First positive specimen date ≤ 2 days after admission to trust

Hospital-Onset **Indeterminate** Healthcare-Associated – First positive specimen date 3-7 days after admission to trust

Hospital-Onset **Probable** Healthcare-Associated – First positive specimen date 8-14 days after admission to trust

Hospital –Onset **Definite** Healthcare-Associated – first positive specimen date 15 or more days after admission to trust

The list shows the number of positive results from patients that fulfil the criteria. The ward areas indicate the ward where the swab was taken. Public Health England guidance and full Infection Prevention & Control measures are re-enforced.

There is still a great deal we do not know about this virus and there is a large amount of national activity which will increase our understanding in time. Within the Trust we are taking the following actions to take us forward:

1. Investigations of all Probable and Definite cases as per the definitions above. The 3 probable cases were included in the SMW16b outbreak investigation which was closed on 31st July 2020. Investigation of the one definite case SMW8 patient management in accordance with guidance, no lapses of Infection Control practices identified.
2. Rigorous retrospective review of all ward movements from the above cases to determine clusters and possible outbreaks.
3. Introduction of whole genome sequencing to help elucidate the directionality of infections.
4. Swabbing of all staff in affected areas.
5. Weekly swabbing of all inpatients in affected wards to ensure no further transmission is occurring.
6. Routine admission and subsequent screening process for COVID-19 in place.

Nosocomial Infections July 2020				
Ward	Community	Indeterminate	Probable	Definite
A&E	5			
ITU, SMH	1			
ITU, WH	1			
Labour Ward	1			
SMW16a			1	
SMW16b			2	
SMW5	1			
SMW6		1		
SMW8				1
St Andrew	1			
Ward 8 WH	1			

Month	Nosocomial Infections - No. of positives from Specimens as PHE definitions (above)			
	Community = ≤ 2 days after admission	Indeterminate = 3-7 days after admission	Probable = 8-14 days after admission	Definite = 15 or more days after admission
March	67	13	6	20
April	124	18	17	27
May	43	6	9	8
June	21	2	3	4
July	11	1	3	1

BHT Objectives set by Public Health England for 2020/2021 – As yet there has been no official confirmation from PHE for 2020/2021 targets.

	Limits set by PHE	Trust Total from April 2020	Integrated Medicine	Integrated Elderly & Community Care	Surgery & Critical Care	Women, Children & Sexual Health	Specialist Services
<i>Clostridioides difficile</i> - HOHA (Hospital onset healthcare associated)	Yet to be assigned	12	1	2	0	0	0
<i>Clostridioides difficile</i> – COHA (Community onset healthcare associated) (Note – RCA is only completed when requested by CCG)		4	0	0	0	0	0
MRSA Bacteraemia	0	0	0	0	0	0	0
MSSA Bacteraemia (BHT associated (post 48 hours))	n/a	2	1	0	0	0	0
Hand Hygiene Observational Audit Overall Compliance % by Division	n/a	n/a	99%	99%	99%	97%	99%

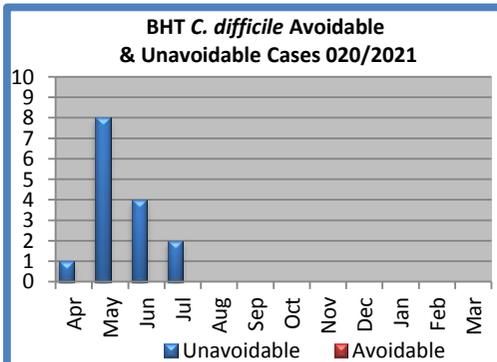
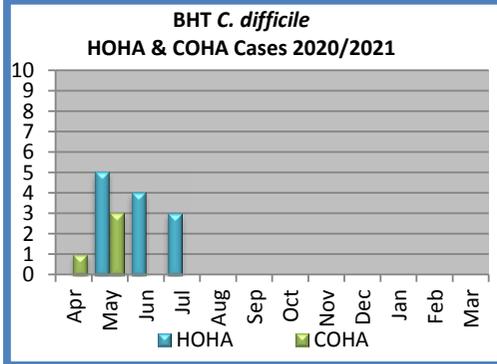
Clostridioides difficile

Total of **3** cases were identified in July 2020

HOHA = 3 cases
COHA = 0 cases

A BHT / CCG MDT Meeting is held monthly to discuss the cases.

Totals for 2020/21 =
0 Avoidable
15 Unavoidable
1 Yet to be determined



Hand Hygiene Observational Audits

In-patient areas of non-compliance / areas of concern (Compliance = 95%)

SMW3 – Overall 91% (Doctors 85%, Nurses 91%)
St Francis – Overall 89% (Doctors 87%, Nurses 89%, HCA's 73%)
SMW16b – Overall 92% (Nurses 93%, HCA's 92%, Therapists 88%)

Areas that are non-compliant are required to complete weekly audits within their areas until compliance is achieved.

All other areas that completed the audit were compliant.

Gram Negative Blood Stream Infections (GNBSI)

This work has been paused regionally due to the complexity of understanding what focused actions should be taken to respond to this challenge. We will continue to report crude numbers.

For July *E.coli* = 5, *Klebsiella* = 2 and *Pseudomonas* = 2.

Personal Protective Equipment Audit

Ward areas of non-compliance / areas of concern (Compliance = 90%)

Audits were completed for 8 areas in July 20

Areas of non-compliance are **SMW6, SMW8, SMW9, SMW16b, and SAU** for the following reasons:

- Incorrect PPE for the task
- Wearing PPE inappropriately in a clinical area
- Incorrect removal of PPE at end of task

Results are fed back in real time for action of areas of non-compliance.

Meticillin Resistant /Sensitive Staphylococcus aureus (MRSA/MSSA) Bacteraemia

MRSA 0 Cases identified in July 2020

MSSA 1 Case identified in July 2020

Those that are BHT associated with devices will have a Root Cause Analysis (RCA) carried out.

Infection Prevention & Control Report – July 2020

Bacteraemia Line Infections

Aims & Ambitions

- Zero avoidable central line infections
 - Zero peripheral line infections
- Zero Serious Incidents (SI's) declared – secondary to line infections

		Year Totals	Current Month
Central Line	Avoidable	3	
	Unavoidable	9	1
	Yet to be discussed	0	1
Peripheral Line Infections		0	2 (avoidable)
Totals		12	6 (inc. 2 deemed not line infections)

The 2 June cases discussed at August meeting are both **Unavoidable**.

The 2 July Peripheral Line Infections were both deemed **Avoidable**.

2 July cases deemed NOT line infections.
 1 July Central line was deemed **Unavoidable**.
 1 July Central line case to be discussed at September meeting.

Yearly Comparison Table

		17-18	18-19	19-20
Central Line	Avoidable	5	3	2
	Unavoidable	24	24	7
Peripheral Line Infections		3	4	1
Totals		32	31	10

Outcome monitoring notes:

Learning noted : VIP & cannula documentation,
 Referring to OPAT when admitted.
 Pairing blood cultures in A&E
 Sending tips for analysis.
 Documenting clinical care on each outpatient visits to units.

Actions :

VIP chart training to all staff on ward 2 & 4.

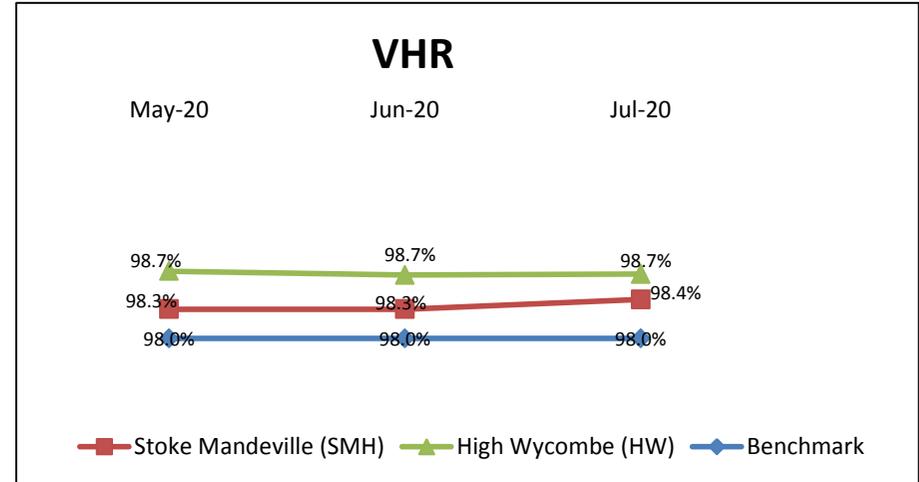
Feedback at ward huddles to include doctors about VIP & cannula insertion recordings.

Cleaning Scores Summary

Very High Risk Category

Hospitals	Benchmark	May-20	Jun-20	Jul-20
Stoke Mandeville (SMH)	98.0%	98.3%	98.3%	98.4%
High Wycombe (HW)	98.0%	98.7%	98.7%	98.7%

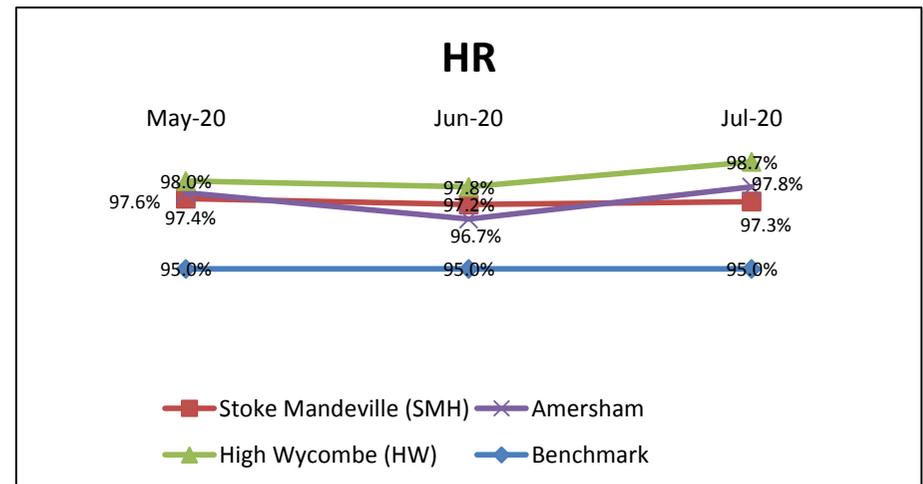
In the month of July, the lowest cleaning score recorded in the following VHR functional areas:-
 at SMH is in New Wing Theatres as 97.0%
 at HW is in Cardiac Day Unit 97.6%



High Risk Category

Hospitals	Benchmark	May-20	Jun-20	Jul-20
Stoke Mandeville (SMH)	95.0%	97.4%	97.2%	97.3%
Amersham	95.0%	97.6%	96.7%	97.8%
High Wycombe (HW)	95.0%	98.0%	97.8%	98.7%

In the month of July, the lowest cleaning score recorded in the following HR functional areas:-
 at SMH is in Respiratory & Cardiology as 93.0%
 at HW is in Ward 2A 97.0%
 at Amersham is in Hearing Therapy 95.3%



Reassurance from Property Services Department

“The domestic service managers confirmed that the failures have been rectified and the standards have been restored. The Property Services Monitoring Officer will carry out audits of the areas to verify the cleaning standards.”

Meeting: Trust Board Meeting in Public

30 September 2020

Agenda item	Nursing Safe Staffing Assurance	
Board Lead	Karen Bonner, Chief Nurse	
Type name of authors	Jeanette Tebbutt, Deputy Chief Nurse Workforce Transformation & Professional Standards	Moira Black Covid Secondee for Senior Leadership
Attachments	Nil	
Purpose	Assurance	
Previously considered	EMC 4 August 2020 Quality and Clinical Governance Committee 19 August 2020	

Executive Summary

On 01 April 2020, the Trust were notified by NHS Digital that in response to Covid-19 it was agreed to pause the rota fill rates and CHPPD external reporting (Unify) with immediate effect, including March reporting. NHS Digital have informed the Trust that nationally they have re-commenced the previous reporting schedule, and BHT were requested to include the backdated data for March 2020 (Q4 2019-2020) and the entirety of Q1 2020.

This report provides assurance to Board that the Trust has maintained safe staffing during the last quarter in relation to nursing, both registered and non-registered.

Robust monitoring occurs as before for all inpatient wards. This continues to provide real-time assurance of our staff placements, skill-mix against acuity, and activity.

Regular review of skill-mix against the changing demands of our units during the Covid-19 period has ensured that demand fits the supply, and is an embedded process throughout this time.

Achievements:

- Staff have been safely and supportively redeployed back to their usual bases, in a planned and staged manner to ensure all areas remain entirely balanced for their daily requirements.
- Students who were placed in clinical areas during the pandemic period are still in post there.
- Vacancy rate for Nursing as of end July 2020 is now 15.5% which is a variation from plan of 12%.
- Bank and Agency usage is equivalent to this period last year
- In June, a scheme was set up to support ITU staff with the in-trust psychology, wellbeing and chaplaincy team. The data set is awaited and expected in mid-August.
- The Trust has been able to continue its overseas recruitment strategy during the pandemic and has been invited by NHSI to report back how this was achieved.
- BHT was the only NHS Trust to hold the NMC-recognised English exam for overseas nursing staff during the pandemic. The results are awaited, and will be reported upon in the next paper.

Areas of Focus:

- Assigned annual leave remains below target to support COVID-19 response, and managers have begun to actively request staff to build this in a planned manner over consecutive quarters. There is an actively-managed risk for the service as they support staff to return overseas, while understanding they may have to take extra hours away due to the potential of quarantine. This is currently un-quantifiable as the government advice varies.

- Work is underway to capture the new skillsets of staff who were redeployed to high-intensity areas during the pandemic. This will provide a database of up to date skillsets to improve timeliness of deployment if required during a possible second wave. .

Work in progress:

- The Trust has put in place a process to ensure all staff are risk assessed, with the first priority being staff that are indicated to be in an 'at risk' group for Covid-19.

Decision	The Board / Committee are requested to take assurance from the report and seek clarification if required.		
Relevant strategic priority			
Implications / Impact			
Quality ☒	People ☒	Money ☒	
Patient Safety		Patient harm is a risk factor that is being actively monitored, as is our staff experience in challenging circumstances.	
Risk: link to Board Assurance Framework (BAF)/Risk Register		Where risks are identified, mitigations are being put in place and monitored.	
Financial		Robust systems are used to capture and report on costs relating Covid-19 ensure the Trust is reimbursed accordingly, which contributes to the Trust's ability to support and manage the Financial Plan.	
Compliance CQC Standards Staffing		Regulations of the Health & Social Care Act: Safe Care and Treatment (12) Environment and Equipment (15) Good Governance (17) Staffing (18)(1)	
Partnership: consultation / communication		NA	
Equality		All staff risk assessed to ensure they are safe to practice in high risk areas.	
Quality Impact Assessment [QIA] completion required?		No, not at present	

Position:

This Paper provides an overview of safe staffing assurance during June 2020

1. Workforce Bureau:

The workforce team continues to oversee and manage the supply and demand of the nursing workforce.

2. Staff vacancy:

The nurse vacancy rate of Registered Nurses as of June 2020 is 15.5%, and this latest data demonstrates more staff in post, and is influenced greatly by the number of NMC Pin conversions rather than just the registered NMC joiners.

- Vacancy rate for nursing as of 31 July 2020 is 15.5% which is a variation from plan of 12%. The reason for this rise is a planned increase in establishment for 3.0 WTE new posts.
- There currently are 44.33 WTE (50 headcount) nurses in pre-employment on Trac i.e. 'in the pipeline'. The non-registered B2-4 are 43.61WTE (46 headcount).

3. Volunteer Student Deployment:

In line with the national response to support students during Covid, the Trust introduced the volunteer student deployment initiative. The scheme has been beneficial to both students and the Trust. The students have made a significant contribution during the pandemic as part of our workforce. The deployment has maintained the pipeline of newly qualified registrants progressing second to third year, and ensuring our third year students qualify within the normal timeframe and are able to join our workforce. Second year funding will end on 31 August, third year funding will end when each student reaches the placement time stipulated by the NMC to qualify.

Adult nurse students/apprentices	63 WTE
Child Nurse student and apprenticeships	17 WTE
Midwifery	24 WTE
TOTAL	104 WTE

The numbers of students converting to employment will be lower this year due to the low recruitment in 2017 cohort (bursary reform).

***This lower number, combined with the lower Portuguese contingent post Covid constitutes an acknowledged risk to the employment strategy.*

4. Bank and Agency usage:

Bank and Agency usage is equivalent to this period last year. There was a notable decrease in requests for enhanced care (specialling); pre pandemic the average was 460 a month, April 16, May 89, increasing to an average of 270 a month in June and July. June's requests were reviewed at each safety huddle and staff appropriately placed to ensure safe staffing.

5. International recruitment:

The Trust has been able to continue its' international recruitment strategy during the pandemic and has been invited by NHSI to report back how this was achieved as BHT were one of the few Trusts able to continue during this challenging time. By centralising the recruitment, in addition to other limited Trust activity, the workforce transformation team made 35 registered nurse appointments; this consists of 18 nurses from overseas (13 from Portugal, 5 from Nigeria).

6. OET

BHT has become the first Trust to successfully hold the official exam on site to support overseas nurses undertaking the Occupational English Test to enable them to apply for NMC registration. Following a rigorous assessment by the Test board, BHT was able to provide two dates for 31 nurses to undertake this exam. National interest has been received, and the Trust has been asked by NHS Employers to lead a webinar on this in September.

7. Assigned Annual Leave:

Assigned annual leave remains below target to support Covid-19 response, and managers have begun to actively request staff to build this in a planned manner over consecutive quarters. There is an actively-managed risk for the service as they support staff to return overseas, while understanding they may have to take extra hours away due to the potential of quarantine. This is currently un-quantifiable as the government advice varies.

8. New skillset capture:

A significant piece of ongoing effort is capturing the new skillsets of staff who were redeployed to high-intensity areas during the pandemic. This is being recorded as a skillset on the eRostering system, and will ensure this data is captured for the future.

9. Staff re-deployment:

Staff have been safely and supportively redeployed back to their usual bases, in a planned and staged manner to ensure all areas remain entirely balanced for their daily requirements. Robust communication between the two areas, sign off by workforce transformation team and detail recorded on the eRostering system.

10. SafeCare:

SafeCare is a real-time staffing tool that provides managers with an easy to monitor view of staffing against patient acuity across all wards, units and sites. This enables professional judgments to be made and this is now being used in real-time at the twice-daily safety huddles.

11. Senior Nurse Rota (out of hours):

Site cover established at Stoke Mandeville since September 2019, started to include onsite cover at Wycombe from 13 April. Since 8 June cover was extended to weekday out of hours to support deployment and moving of staff to maintain safety in all areas. This provided front-facing, high quality, clinical leadership to staff.

12. Datix: (1-30 June)

Adverse clinical incidents relating to nurse staffing levels are reported and investigated via Datix Clinical Management system (Datix).

Five staffing incidents were reported via Datix for the month of June 2020, with no common thematic. Three of them were de-escalated, and the remaining two were mitigated to provide safe care at the earliest opportunity.

All reports declared 'no harm' to patients.

The implementation of safe care provides staff with the ability to report NICE red flag events: these are defined as events that prompt an immediate response by the nurse in charge of the ward. During June, one red flag was recorded Trust wide: on investigation, this had been done in error.

Covid red flags: These are marked against a suspected or confirmed Covid diagnosis. These have shown a marked although expected decline throughout June 2020.

12.1 Specific staffing areas of concern for noting:**12.1.1 Risk to staffing:**

There is a potential risk to staffing numbers at short notice due to these factors:

1. The Trust has put in place a process to ensure all staff are risk assessed, with the first priority being staff that are indicated to be in an 'at risk' group for Covid-19, which includes our BAME colleagues. This has been under the governance of Occupational Health, supporting the plans for adjustments for those at high risk to enable them to safely stay in their role. Currently the Trust is at 98% and have until the end of July to complete this process
2. Test and trace - if test and trace is put in place under PHE guidelines, due to a known positive Covid-19 case, all contact in the work place will be exempted from 14 day isolation, as long as staff were fully compliant in wearing the appropriate PPE (according to the setting and task at that time). However any non-compliance in PPE would result in the staff member having to isolate for 14 days and could involve multiple staff at one time, as has happened in another Trust. In recognition of this the Trust has PPE buddies and PPE protocols in place for all settings, including training events and in non-clinical area of the Trust.
3. Travel abroad - The 14 day isolation also applies to many countries, this is taken into account when managing the leave process and planning staff absences. However there is a risk that countries may be removed from the exemption list at short notice (as happened with Spain on 25 July) which then results in staff having a two week absence that was not planned and impacts on clinical rotas at very short notice

12.1.2 Chartridge ward, Amersham

Further to the CQC regulatory report in June 2019, staffing of this area remains under close monitoring to ensure it has the correct number and skill mix of staff to maintain a safe service to patients. Chartridge Ward originally closed in August 2019, reopened on 27 March in response to additional capacity during the pandemic and closed again on 23 April 2020.

12.1.3 Buckingham Hospital

Further to the CQC regulatory report in June 2019, staffing of this area remains under close monitoring to ensure it has the correct number and skill mix of staff to maintain a safe service to patients. This is reported to the CQC on a monthly basis.

12.1.4 Emergency Department:

Using the RCN 'Best' acuity and dependency tool, there are notable variations in the presentation of patients and numbers eg patient numbers and acuity of presentations. Staffing levels are sometimes higher than anticipated because of the pathways used in the department; geographically, that provides challenge to see patients at all times hence a higher staffing ratio where necessary.

12.1.5 ICU:

Senior staff are reviewing the establishment for staffing additional critical care capacity on a more long term basis, and the ongoing recruitment programme for critical care nursing, as this will be an ongoing challenge for ICU.

Patients currently on the ICU areas 1:1 or 1:2 depending on their level of acuity, skill mix and their location which may vary.

13 Assurance:

Daily assurance is gained through a variety of mechanisms: the Safety Huddles, the utilisation of the real time data of acuity and activity released through SafeCare, the cross Divisional working, and email updates on staffing levels.

Regular oversight is supported by ensuring the internal assurance processes continue.

14 Conclusion:

This report provides assurance to Board.



**BOARD COMMITTEE ASSURANCE REPORT FOR PUBLIC BOARD
Wednesday 30th September 2020**

Details of the Committee

Name of Committee	Quality and Clinical Governance Committee
Committee Chair	Dr Dipti Amin
Meeting dates:	19 th Aug 2020 and 15 th Sep 2020
Was the meeting quorate?	No 19 th Aug 2020 (All agenda items were for assurance) Yes 15 th Sep 2020
Any specific conflicts of interest?	None
Any apologies	19 th August 2020: Mrs Llewelyn-Davies, Professor Sines, Mrs Tebbutt, Mrs Young, Mrs Day, Mrs Ricketts, Mr Hasan 15 th September 2020: Mr McDonald, Mr Gibbs, Mrs Young, Mrs Ricketts, Mrs Shahidi

KEY AREAS OF DISCUSSION:

19th August 2020

The Committee focused its discussions around the following areas:

- Safe Staffing Assurance
- Patient Harm, Safety Surveillance and, Safeguarding/vulnerable patients (Monthly)
- Patient Experience report
- HPB Health Protection Board
- Medicines Management Quarterly Report
- Ward to Board Reporting
- CQC Maternity Incidents
- Covid-19 Impact on Health and Wellbeing in Buckinghamshire
- Buckinghamshire Joint Health and Wellbeing Strategy Consultation
- Monthly Integrated Performance and Exception Reports

15th September 2020

The Committee focused its discussion around the following areas:

- Update on Nosocomial infections Ward 8/9
- Critical Care incidents update New Theatre Wing
- Patient Harm, Safety Surveillance and, Safeguarding/vulnerable patients report
- Infection Prevention and Control Annual Report
- Patient Experience Report
- Ethical framework and decision making – post Covid-19 update
- SI Report and Action Tracker
- Record Keeping Audit
- Integrated Safeguarding Report
- Maternity Safety Quarterly Report
- Non-Covid-19 Harm
- Integrated Performance report and Exception reports

AREAS OF RISK TO BRING TO THE ATTENTION OF THE BOARD:

19th August 2020

- Staff levels and concerns
- Adult safeguarding resources
- Patient harm on waiting lists
- Impact of delayed 52 week wait
- Communications regarding restoring hospital services
- Maternity Incidents which may cause increased publicity
- The impact of Covid 19 on the population and how health and care might be impacted in the future

15th September 2020

- Overdue SIs
- Mental health concerns
- Falls and pressure ulcers
- Increase in complaints around delayed appointments due to Covid
- Infection control training – focus on handwashing compliance
- Midwifery workforce concern
- Risk around lack of interpreters, affecting care of women
- Staff shielding during a second wave of Covid

AUTHOR OF PAPER: Sandie Knight, Governance Manager

Meeting: Trust Board Meeting in Public

30 September 2020

Agenda item	Workforce Race Equality Standard and Workforce Disability Equality Standard Action plans
Board Lead	Bridget O’Kelly
Type name of Author	Amir Khaki
Attachments	Appendix 1 – WRES Action plan Appendix 2 – WDES Action plan
Purpose	Approval
Previously considered	EMC

Executive Summary

- BHT WRES and WDES data was uploaded to the national portal before the deadline of 31 August 2020
- Action plans supporting these reports needs to be approved by our Board and published on the Trust website by 31 October 2020
- The purpose of these plans is to both to ensure BHT improves its WRES & WDES scores, and progress on its journey to becoming an inclusive & compassionate organisation.
- The action plans are to be live documents, being reviewed, updated and strengthened regularly based on new data, guidance and best practice.
- The Board is asked to approve the submission and endorse the direction of travel.

Decision	The Board is asked to endorse this report.
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Relevant Strategic Priority

Quality ☒	People ☒	Money ☒
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Implications / Impact

Patient Safety	There is evidence of the link between staff satisfaction and patient care
Risk: link to Board Assurance Framework (BAF)/Risk Register	Our people objective is for staff to feel safe, supported and listened to. Equality, inclusion and diversity runs through all of this work.
Financial	Risk of discrimination claims
Compliance NHS Regulation	Workforce Race Equality Standard Workforce Disability Equality Standard
Partnership: consultation / communication	Staff networks are involved and inform and direct this work. The Trust Equality & Diversity Steering Group includes members from staff side.
Equality	In line with Statutory reporting obligations
Quality Impact Assessment [QIA] completion required?	N/A

Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) action plans

1. Introduction

The WRES is now well established, having been introduced in 2015. There are 9 indicators against which Trusts are measured, including workforce data as at 31 March of that year and outcomes from a number of questions from the most recent staff survey data (from the previous year).

The WDES was launched in April 2019, with all NHS organisations being required to publish workforce data as at 31 March of that year and outcomes from a number of questions from the most recent staff survey data (from the previous year) with a corresponding detailed action plan. Trusts are measured against ten specific Indicators.

BHT WRES and WDES data was uploaded to the national portal before the deadline of 31 August 2020. The data comprises extracts from our workforce processes (recruitment, involvement in disciplinarys) as well as the answers to a number of questions from the national staff survey.

2. Issues (Findings)

From our analysis of this year's data, we have identified key areas to be addressed. These are

- White staff are 0.96 times more likely to access non-mandatory training and education than BAME staff, this compared to 1.57 times in 2019. This represents an improvement since the 2019 WRES, and shows that last year BAME staff were more likely than white staff to access non-mandatory training.
- There is an improvement in the ratio for BAME staff being appointed from shortlisting in comparison with white staff although there is still a significant disparity to be addressed; this ratio for 2020 is 1.98 compared to 2.38 in 2019 and 2.44 in 2018.
- Overall disabled staff reported (through responses to the staff survey) a deterioration in their experiences at work. This is reflected in particular in the two biggest deteriorations - disabled staff reporting that they don't believe that the Trust provides equal opportunities for career progression or promotion and that the Trust did not make adequate reasonable adjustments for them at work.
- A deterioration in the percentage of BAME staff believing that the Trust offers equal opportunity for career progression
- A deterioration in the percentage of BAME staff experiencing bullying, harassment or abuse from staff in the last 12 months
- A deterioration in the percentage of BAME Staff who in the past 12 months have personally experienced discrimination at work from their Manager/team leader or other

The action plans supporting these reports needs to be approved by our Board and published on the Trust website by 31 October 2020

3. Proposal

The NHS People Plan sets out clear inclusivity ambitions nationally for the NHS. It states that "Systemic inequalities are not unique to the NHS. Each of us needs to listen and learn – from our colleagues, and from society – and take considered, personal and sustained action to improve the working lives of our NHS people and the diverse communities we serve

There is strong evidence that where an NHS workforce is representative of the community that it serves, patient care and the overall patient experience is more personalised and improves. Yet it is also clear that in some parts of the NHS, the way a patient or member of staff looks can determine how they are treated.”

To be able to deliver against the people plan and improve lived experience of all of our staff a cultural shift is required, this is not a short term intervention and BHT is investing to make this happen. as part of this culture shift we need to examine our metrics, and based on the latest WRES and WDES reports uploaded to the national portal in August and our last staff survey data, we have identified four key themes for improvement to support our ambition of becoming an inclusive and compassionate organisation and to deliver the outcomes set out in the people plan. These have been developed into the two action plans attached, developed with input from our staff networks and best practice from regional neighbours. We will continue to develop the plans based on ongoing involvement of our staff networks, regional and national best practice.

The key themes and actions to support these are set out in the table below.

Theme	Action	Impact/measure
1.Support & Engagement	Exec Director involvement in each of the four themes in both of the plans	State a clear intention, support, facilitate & hold to account the delivery of key parts of the plan
2.Recruitment	WRES & WDES recruitment metrics to form part of Divisions’ quarterly performance framework for regular review	Improve awareness and accountability on a regular basis
3.Experience at work/Formal disciplinary process	Co-create with our staff forums a revised checklist and guidance for managers to support a consistent and fair evaluation of decision.	Reduction in discrepancy in numbers of individuals going through formal disciplinary processes
4.Education	Review & mandate an Inclusive Leadership Programme for all managers 8a and above and evaluate inclusive behaviours via sample 360s	Increased awareness of and amongst Leaders and greater evidence of Inclusive Leadership

4. Action required from the Committee

The Board is asked to approve the uploading of the action plan.

Appendix 1 – WRES Action plan 2020-21

Please note this is our formal response to the WRES report, and is a one year action plan. However, it does sit as part of a wider Trust Equality and Inclusivity Strategy which is being developed to encompass and drive this Action plan amongst others.

Theme	Action	Who	WRES Ind.	When	Measure	Impact
1. Support and Engagement Indicator 3 – The relative likelihood of BME staff entering formal disciplinary process is 1.96x higher compared to that of white staff Indicator 4 – Relative Likelihood of White Staff accessing non mandatory training and education is 0.96x higher in comparison to BME Staff Indicator 7 – percentage of BAME staff believing that the Trust offers equal opportunity for career progression= 76.7% Indicator 8 – Percentage of BAME Staff who in the past 12 months have personally experienced discrimination at work from their Manager/team leader or other colleague = 11.5%	1.1 Breakdown staff survey WRES data by division to identify local hot spots.	Feedback & Engagement team	3,4,7,8	16 October 2020 for 2019 data	amalgamated data for triangulation and div. 'hotspots'	Local awareness & ownership of the issues and ability to provide tailored support to improve local data
	1.2 WRES metrics to form part of Divisions performance framework	Head of Inclusivity, Talent & Leadership	3,4,7,8	30 October 2020	Local action plans monitoring and interventions and impacting Divisional data	Improved divisional WRES data
	1.3 Recruitment of a BAME FTSUG	FTSUG	3,4,7,8	30 October 2020	BAME FTSUG in post	A higher number of BAME colleagues feeling safe to speak up
	1.4 Exec engagement in WRES Plan and sponsorship for key themes (e.g. Recruitment, Disciplinaries, Education, etc.)	Deputy Director of HR and OD/ED&I Lead	3,4,7,8	30 October 2020	Exec sponsors for each of the WRES themes	Recruiting exec leaders as project sponsors to support, facilitate & hold to account the delivery of each part of the plan

Theme	Action	Who	WRES Ind.	When	Measure	Impact
2. Recruitment Relevant Indicator(s) Indicator 2 – Relative likelihood of staff being appointed from Shortlisting – 1.98x higher for white candidates Indicator 7 – percentage of BAME staff believing that the Trust offers equal opportunity for career progression – 76.7%Regular	2.1 Quarterly Breakdown of Recruitment WRES Indicator 2 data by division	Recruitment Manager	2	31 October 2020	Create a demographic report for managers to see the mix of their staff & how the diversity of their team is affected by each appointment Thus impacting their WRES data	Awareness of local data & ownership of issue to reduce the gap
	2.2 Recruitment team to interrogate the data to understand why candidates are withdrawing from the recruitment process after shortlisting	ED&I Lead + Recruitment Manager	2,7	31 October 2020	Improved Data quality which could facilitate improvements in Indicators 2 and 7	To understand potential process issues and to improve quality of data
	2.3 In collaboration with our BAME network, co-design & co-deliver a value based & Inclusive BAME interview skill course	Recruitment Team/ED&I Lead	2,7	31 January 2021	Train a pool of 30 BAME interview panellists. 2 cohorts with minimum of 15 attendees	Improve the interview process from an inclusivity perspective
	2.4 BAME Network to be involved with the review of existing recruitment training	ED&I Lead Recruitment team	2,7	27 November 2020	Revised (co-designed by BAME network) Recruitment training	Improved recruitment practices & impactful recruitment training.
	2.5 BAME representative on all recruitment panels for B7 and above.	Recruitment Manager	2,7	30 October 2020	Closure of gaps in targets for BAME	Make panels more inclusive

	2.6 Quarterly review of all appointments into posts Band 8a and above	ED&I team + Recruitment Team	2,7	Quarterly	recruitment at Band 8A and above Develop standard (fully inclusive) JD templates for all banding	Improved fairness in process as demonstrated by interview outcomes
	2.7 Ensure all job descriptions are culturally sensitive	ED&I Lead, Recruitment team BAME Network	2,7	Quarterly		
	2.8 Use Model Employer targets with ED&I Steering Group to further inform positive action.	ED&I Lead ED&I Steering Group	2,7	31 December 2020	BHT score compared with Model employer	See where we are and find trust to role model

Theme	Action	Who	WRES Ind.	When	Measure
<p>3. Formal Disciplinary Process</p> <p>Indicator 3 – The relative likelihood of BME staff entering formal disciplinary process compared to that of white staff – 1.96</p> <p>Indicator 8 – Percentage of BAME Staff who in the past 12 months have personally experienced discrimination at work from their Manager/team leader or other colleague – 11.5%</p> <p>Improvement in Indicators 3 and 8</p>	<p>3.1 Breakdown WRES Indicator 3 data by division and include in Divisional performance reports</p>	<p>ED&I Lead</p> <p>HRBP Team</p>	3,8	30 October 2020	<p>Create a demographic report for all managers to see the mix of their staff against their disciplinary data</p>
	<p>3.2 Co-Create a checklist and guidance for managers to support a consistent and fair evaluation of actions taken before formal disciplinary process is initiated.</p>	<p>ED&I Lead</p> <p>HRBP Team</p>	3,8	27 Nov 2020	<p>Managers Checklist created as part of Triage process</p>
	<p>3.3 Evaluate progress to date</p>	<p>ED&I Lead</p> <p>HRBP Team</p>	3,8	30 October 2020	<p>Revised triage process incorporating evaluation recommendations</p>
	<p>3.4 Carry out Audit of disciplinary case outcomes</p>	<p>HR Policy Lead</p>	3,8	1 December 2020	<p>Audit report to the ED&I committee</p>

Theme	Action	Who	WRES Ind.	When	Measures
<p>4. Education</p> <p>Indicator 2 – Relative Likelihood of staff being appointed from shortlisting across all posts– 1.98-</p> <p>Indicator 3 – The relative likelihood of BME staff entering formal disciplinary process compared to that of white staff</p> <p>Indicator 4 – Relative Likelihood of White Staff accessing non mandatory training and education in comparison to BME Staff - 1.96</p> <p>Indicator 4 – Relative Likelihood of White Staff accessing non</p>	<p>4.1 Revise Peak 1 training for line managers to include a bigger focus on inclusion. Evaluate attendees for inclusive behaviours.</p>	Head of Inclusivity, Talent & Leadership	2,3,4,7,8	<p>Review by 5 Oct 2020</p> <p>Evaluate by 1 Jan 2021</p>	Increased awareness of Inclusion amongst Leaders and greater evidence of Inclusive Leadership
	<p>4.2 Introduce BAME Network slot on Trust induction programme</p>	Head of Inclusivity, Talent & Leadership	2,3,4,7,8	30 October 2020	Increased awareness of inclusion in the Trust
	<p>4.3 Secure BOB system funding to run a local ‘Stepping up’ BAME Leadership development programme with BOB partners.</p>	Head of Inclusivity, Talent & Leadership	2,4,7,8	1 Feb 2021	Increased number of BAME colleagues in Leadership roles
	<p>4.4 Scope BOB funding for ICS racial equity Board Development programme</p>	Head of Inclusivity, Talent & Leadership	2,7,8	28 Dec 2020	Creation of an ICS Racial Equity Board
	<p>4.5 Adapt current Rainbow Badge Training to create and Trial an Allyship education programme to create more advocates for BAME colleagues</p>	Head of Inclusivity, Talent & Leadership	2,3,4,7,8	31 March 2021	Expand cohort of trained Allies from current number – 185

<p>mandatory training and education in comparison to BME Staff 0.96</p> <p>Indicator 7 – percentage of BAME staff believing that the Trust offers equal opportunity for career progression</p> <p>- 76.7%</p> <p>Indicator 8 – Percentage of BAME Staff who in the past 12 months have personally experienced discrimination at work from their Manager/team leader or other colleague – 11.5%</p>	<p>4.6 Develop HR racial equity programme for all senior HR staff and people policy influencers</p>	<p>Head of Inclusivity, Talent & Leadership</p> <p>Deputy Director of HR & Education</p>	<p>2,3,4,7,8</p>	<p>28 Dec 2020</p>	<p>All senior HR colleagues and Policy influencers have completed the programme</p> <p>Increased awareness of Inclusion amongst Leaders and greater evidence of Inclusive Leadership</p> <p>Programme of events and celebrations devised collaboratively with BAME colleagues and increase in number attending</p>
	<p>4.7 Mandate Inclusive Leadership Programme for all managers 8a + and evaluate inclusive behaviours via sample 360s</p>	<p>Head of Inclusivity, Talent & Leadership</p>	<p>2,3,4,7,8</p>	<p>31 January 2021</p>	
	<p>4.8 Continue the development of the BAME Network by Co-creating a 12 month marketing & educational programme for the Network.</p>	<p>ED&I Lead</p> <p>Head of Inclusivity, Talent & Leadership</p>	<p>2,3,4,7,8</p>	<p>31 March 2021</p>	

Theme	Action	Who	WRES Ind.	When	Measure
<p>5.Career Development</p> <p>Indicator 2 – Relative Likelihood of staff being appointed from shortlisting across all posts – 1.98</p> <p>Indicator 3 – The relative likelihood of BME staff entering formal disciplinary process – 1 compared to that of white staff – 1.96</p> <p>Indicator 4 – Relative Likelihood of White Staff accessing non mandatory training and education in comparison to BME Staff 0.96</p> <p>Indicator 7 – percentage of BAME staff believing that the Trust offers equal opportunity for career progression</p> <p>- 76.7%</p> <p>Indicator 8 – Percentage of BAME Staff who in the past 12 months have personally experienced discrimination at work from their Manager/team leader or other colleague – 11.5%</p>	<p>5.1 Co-create a talent management process with BAME network.</p>	<p>Head of Inclusivity, Talent & Leadership + BAME Network</p>	<p>2,3,4,7,8</p>	<p>30 April 2021</p>	<p>There is a pipeline of BAME colleagues ready for promotion to more senior roles</p>
	<p>5.2 Host speed mentoring event for BAME colleagues with senior leaders</p>	<p>Head of Inclusivity, Talent & Leadership BAME Network</p>	<p>2,7</p>	<p>28 February 2021</p>	<p>BAME colleagues demonstrate increased confidence to develop in their roles and careers</p>
	<p>5.3 Review and expand reverse mentoring programme. Host new cohort of 10 relationships.</p>	<p>Head of Inclusivity, Talent & Leadership BAME Network</p>	<p>2,3,4,7,8</p>	<p>31 March 2021</p>	<p>Leaders more aware of issues facing BAME colleagues and enhanced cultural awareness – improved leadership and increased engagement</p>
	<p>5.4 Provide access to an external BAME coach to support staff in managing racial equity challenges.</p>	<p>Head of Inclusivity, Talent & Leadership</p>	<p>2,3,4,7,8</p>	<p>31 October 2020</p>	<p>BAME colleagues are more confident when accessing coaching and they perceive quality of coaching to be high</p>

Appendix2. WDES Action Plan 2020-21

Theme	Action	Who	WDES Ind.	When	Measure	Impact
1. Support and Engagement	1.1 Breakdown staff survey WDES data by division to identify local hot spots.	Feedback & Engagement team	All	16 October 2020 for 2019 data	amalgamated data for triangulation and div. 'hotspots'	Local awareness & ownership of the issues and ability to provide tailored support to improve local data
	1.2 WDES metrics to form part of Divisions performance framework	Head of Inclusivity, Talent & Leadership	All	30 October 2020	Local action plans monitoring and interventions and impacting Divisional data	Improved divisional WDES data
	1.3 Recruitment of a BAME FTSUG	FTSUG	All	30 October 2020	Additional FTSUG in post	A more diverse group of colleagues feeling safe to speak up
	1.4 Exec engagement in WDES Plan and sponsorship for key themes (e.g. exp. at work, Disability declaration, Recruitment, etc.)	Deputy Director of HR and OD/ED&I Lead	All	30 October 2020	Exec sponsors for each of the WDES themes	Recruiting exec leaders as project sponsors to support, facilitate & hold to account the delivery of each part of the plan

Theme	Action	Who	WDES Ind.	When	Measure
2. Recruitment	4.1 Assess progress on Disability Confident Level 1 with a view to planning to move to Level 2	Recruitment Manager/ED&I Lead and BHTAbility	1,2,5	24 December 2020	Understanding of current position and what is needed to progress to Level 2
	4.2 Provide information for Managers outlining the Guaranteed Interview Scheme as part of Recruitment and Inclusion Training sessions	Recruitment Manager/ED&I Lead	1,2,5	27 November 2020	Evidence that everyone who meets minimum criteria is being shortlisted
	4.3 Continue relationship with Stony Dean School (a school for disabled children) and facilitate permanent recruitment to roles in the Trust via this route	Recruitment Manager	1,2,5	31 Dec 2021	Evidence of recruitment of Interns into permanent roles
3. Improving Experience at Work	2.1 Co-opt a Network Member to join the Bullying and Harassment Task and Finish Group	ED&I Lead and BHTAbility Chair	4,5,6,7,8	27 Nov 2020	Member co-opted and Network involved in developments
	2.2 Share outputs from the Bullying and Harassment Task and Finish Group with BHTAbility Network and Network to	BHTAbility Network Co-optee and	4,5,6,7,8	30 Sept 2021	Evidence of plan being developed and customised initiatives in place

	develop a plan accordingly	ED&I Lead			
	2.3 Create a resource library of lived experiences of employees with disabilities. Use these sensitively to talk about disability at work and to support culture change	BHTAbility Chair and ED&I Lead	4,5,6,7,8	30 September 2021	Resources publicised and evidence of this being used. Increased awareness of lived experience in Trust
	2.4 Review Peak 1 training for line managers to include a bigger focus on inclusion. Evaluate attendees for inclusive behaviours.	Head of Inclusivity, Talent & Leadership	4,5,6,7,8	Review by 5 Oct 2020 Evaluate by 1 Jan 2021	More inclusive behaviour via sample 360
	2.5 Review and enhance Inclusive Leadership Programme and evaluate attendees on inclusive behaviours	Head of Incl. Talent & Leadership	4,5,6,7,8	Review complete Evaluation in Jan 21	Leaders demonstrate improved behaviours
	2.6 Undertake a Survey for colleagues with disabilities re their work experiences	BHTAbility Chair	4,5,6,7,8	24 Dec 2020	Presentation to ED&I Steering Group
	2.7 Co design Education resources for Managers about Reasonable adjustments	ED&I Lead and Comms Team	4,5,6,7,8	24 Dec 2020	Managers encourage discussion of reasonable adjustments and manage these more effectively
	2.8 Celebrate Disability related events – ie International Day of Persons with Disabilities	ED&I Lead and BHTAbility Chair	4,5,6,7,8	Ongoing	Evidence of increased awareness of Disability issues

	2.9 Grow BHT Ability Network, encouraging staff from all roles across BHT to join	ED&I Lead and BHTAbility Chair	4,5,6,7,8	Ongoing	Increased membership and representation
4. Education/ Disability Declaration Indicator 1. Percentage of staff in AfC paybands senior managers compared with the percentage of staff in the overall workforce Rates	3.1 Plan a publicity campaign on Swanlive promoting declaration and staff members real experience of doing so	ED&I Lead and Comms Team	1	24 December 2020	Increase in declaration on ESR self service
	3.2 CEO Video explaining and promoting how to declare a Disability	CEO/Comms Team	1	31 October 2020	Evidence of increased declaration rates
	3.3 Hold regular face to face or virtual 'clinics' to support employees who wish to declare their disability on ESR Self Service	ED&I Lead and Workforce Information Manager	1	Quarterly starting in November	Employees feel more supported in the declaration process
	3.4 Explore possibility of declaration of Disability made as part of the process for applying for Training Courses within the Trust, subject to GDPR regulations to ensure reasonable adjustments provided during the course	ED&I Lead and Head of Inclusivity, Talent & Leadership	1,8	02 Nov20	Evidence of a larger than normal increase in declaration rates
	3.5 Identify and implement opportunities for validation of personal data by individual employees – i.e. on appraisal	ED&I Lead/HRBP's and Workforce Manager	1	31 March 2021	Evidence that Managers are sensitively encouraging staff to confirm their personal details

WDES Indicators

Indicator 1. Percentage of staff in AfC paybands or medical and dental subgroups and very senior managers compared with the percentage of staff in the overall workforce.

Indicator 2. Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting across all posts.

Indicator 3. Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

Indicator 4 Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from patients, managers or other colleagues:

Indicator 5. Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.

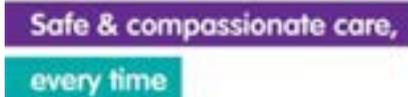
Indicator 6 Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

Indicator 7 Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.

Indicator 8 Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

Indicator 9 a) The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.

b) Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard? (yes) or (no)



**BOARD COMMITTEE ASSURANCE REPORT FOR PUBLIC BOARD
30 September 2020**

Details of the Committee

Name of Committee	Strategic Workforce Committee
Committee Chair	Nicola Gilham , Non-Executive Director
Meeting dates:	7 September 2020
Were the meetings quorate?	Yes
Any specific conflicts of interest?	No
Author of the paper	Bridget O'Kelly, Director of Workforce & OD

Apologies: Nav Bahal (Guardian of Safe Working Hours) Neil Macdonald (CEO), Tracey Underhill (Freedom to Speak Up Guardian), David Williams (Director of Strategy)

KEY AREAS OF DISCUSSION:

The NHS People Plan

The Trust People Objectives:

People are safe and well

- The Trust winter wellbeing plans
- Keeping staff safe and free from bullying & harassment

People are supported and developed

- Update on continual professional development funding
- Corporate Risk Register – workforce and health & safety items

People are listened to, involved and engaged

- Equality, diversity & inclusion – workforce race equality standard
- 2019-20 Annual equality, diversity & inclusion report
- Freedom to Speak Up Guardian quarterly report
- Guardian of Safe Working Hours
- 2020 Staff Survey

People are productive

- Workforce re-set plans in response to the NHSI/E Phase 3 letter
- Integrated performance report

AREAS OF RISK TO BRING TO THE ATTENTION OF THE BOARD:

NHS People Plan, which was published on 30 July 2020

The Trust's winter well-being plan

Equality, Diversity & Inclusion

Highlights from the Freedom to Speak Up Guardian report

The NHS Staff Survey, which launches in October 2020

NHSI Phase 3 letter and the impact on the Trust workforce

The Trust plans to grow the workforce and the importance of training

ANY EXAMPLES OF OUTSTANDING PRACTICE OR INNOVATION:

The Committee commented on the quality of the papers and the helpfulness of having them published early



Meeting: Trust Board Meeting in Public

30 September 2020

Agenda item	Corporate Risk Register (CRR)	
Board Lead	Sue Manthorpe	
Type name of author	Sue Manthorpe	
Attachments	Corporate Risk Register	
Purpose	Assurance	
Previously considered	Audit Committee 05092020; EMC 22092020	

Executive Summary

Corporate Risk Register

The Corporate Risk Register (CRR) was reported to the Audit Committee on 3 September and the Executive Management Committee on 22 September.

Divisional risks and their impact on the Corporate risk register were also discussed at the Risk and Compliance Group meeting on 21 September. These updates and changes are reflected in the CRR and outlined in this report.

Risk Management Development

The Executive Management team, at a recent development day, took the opportunity to discuss the current risk management system in use across the Trust. It was agreed action is required to improve our risk management system and develop a plan for increasing our risk maturity and understanding the gaps in assessment as well as a framework for Board decision making. This report outlines the first steps in the achievement of this outcome through the development of the Risk Management Project Plan.

The Plan will cover a number of work streams some of which will need to happen either simultaneously or in rapid succession. The plan is an essential part of the transformation process of the risk management landscape for the Trust. A revision of the risk management strategy and policy is underway and will be reported to the Board in November.

Another essential part of this plan is the development of a new Board Assurance Framework (BAF). The Board Assurance Framework (BAF) provides the structure and process that enables the Trust to focus on those key risks that might compromise achieving the Trusts strategic objectives. It maps the key controls that should be in place to manage those risks to the strategic objectives and confirm the organisation has gained sufficient assurance about the effectiveness of these controls. The Board has recently agreed new strategic objectives and these are cornerstone of the new BAF.

Decision	The Board is requested to note the CRR and the proposed plan for improving the Trust risk management process.		
Relevant strategic priority			
Quality ☒	People ☒	Money ☒	
Implications / Impact			
Patient Safety		Identifies any potential patient safety	

	concerns
Risk: link to Board Assurance Framework (BAF)/Risk Register	Risks articulated in the CRR
Financial	Risks articulated in the CRR
Compliance <small>Select an item.</small> Good Governance	Risks articulated in the CRR
Partnership: consultation / communication	Consultation and Communication identified in updated actions
Equality	Identified in the CRR
Quality Impact Assessment [QIA] completion required?	Not Applicable

Introduction

This paper provides an opportunity for the Board to review the Corporate Risk Register (CRR) and to discuss any recent changes as noted at the Executive Management Committee. It also provides an outline of the development of the Risk Management Project Plan.

Corporate Risk Register

The Corporate Risk Register (CRR) was reported to the Audit Committee on 3 September and the Executive Management Committee on 22 September.

Divisional risks and their impact on the CRR were also discussed at the Risk and Compliance Group meeting on 21 September. These updates and changes are reflected in the CRR and outlined in this report.

As part of this paper a full copy of the CRR is provided for information in Appendix 1.

The following two new risks are requested to be added to the risk register:

CRR 126: Covid impact on staff health and wellbeing - Risk Score 20

CRR 127: Covid impact on BAME staff - Risk Score 15

The following risks have been updated:

CRR45: Ophthalmology Service provision - this risk has been reviewed and the introduction of telephone clinics is having some impact and reducing the risks therefore the risk has been rescored at 15 (5x3)

CRR88: Tracking of patient referrals and appointments – this risk has been reviewed and the provision of additional resource provided to manage this issue is having an impact and changing the level of risk therefore the risk has been rescored to 16 (4x4)

Risk Management Framework

In June the Executive Management Committee (EMC) received a report on outlining the proposed risk appetite statement following on from a Board workshop held, pre-Covid, on risk appetite. It was also an opportunity to discuss the current risk management system in use across the Trust. Following the discussions held at EMC, Audit F&BP and Quality Committee, it became clear there is a need to develop a risk management framework plan for increasing our risk maturity and risk management processes as well as a framework for Board decision making. This has led to an outline of the first steps in the achievement of this outcome through the development of the Risk Management Project Plan.

The Plan will cover a number of work streams some of which will need to happen either simultaneously or in rapid succession. The plan is an essential part of the transformation process of the risk management landscape for the Trust. A key part of the plan is to develop our risk strategy and policy. This work is already underway. The strategy, policy and a risk management handbook to support staff through this transition will be available for presentation and ratification at the November Board.

The three year project plan with key areas for measuring progress and adjusting the approach, if necessary, has been produced (Appendix 2). To truly embed risk management effectively takes time.

The project plan aim is to make the risk strategy a reality for staff. It is essential that the new changes proposed are communicated clearly and in detail to staff so they understand their role in making risk management a success.

In the first year of the project plan it is important that we educate and train staff and develop and confirm our risk management appetite. It is also important we have a clear process for identifying and describing risks, dealing with escalation and de-escalation and manage and monitor risks well.

The Director for Governance has the Board level role to champion risk. This allows for an independent voice assurance and risk management. However the whole Board has a part to play in creating positive culture for risk management. Involving the whole Board will provide support and commitment to a more visible leadership for the risk agenda. A risk workshop is being arranged for 28 October 2020.

Board Assurance Framework

The Board Assurance Framework (BAF), an NHS requirement, sets out the strategic objectives, identifies risks in relation to each strategic objective and the controls to mitigate these risks. The details of the assurances on the effectiveness of these controls are also included. As such gaps in

controls and assurances can be identified and acted upon. This forms an integral part of the risk management reporting system. This document is then used as a tool for further discussion in relation to the levels of assurance received and required at Board and Board Sub Committee level as set out in the Trust Risk Management Strategy. The Board Assurance Framework also provides the starting point for the Trust Board to record the risks in relation to the strategic objectives that then form the basis of the development of the Corporate Risk Register.

The Trust has identified 4 new strategic objectives. These must be mapped on to a new BAF along with the principle risks threatening the delivery of these strategic objectives. This work is in progress and new BAF will be presented to the Board at the End of October.,

Recommendations

The Board is requested to note the CRR and the proposed plan for improving the Trust risk management process.

APPENDICES

Appendix 1: CRR

Appendix 2: Risk Management Project Implementation Plan

Corporate Risk Register reference	Divisional Risk Register reference	Division	Date added to CRR	Trust Objective	Description of risk	Unmitigated risk score	Key controls	Risk Score			Gaps in controls	Actions to address risk, including target completion dates (bold) for each action.	Target overall completion date	Executive Lead	Predicted residual score		
								C	L	C x L					C	L	C x L
CRR 10	HR 4/14	Trust	24/11/2014	Implement new workforce models	Shortage of qualified nursing, Midwifery and AHP staff, which results in high reliance on temporary staffing (Bank and Agency) in some areas which could impact on the quality of patient care and the Trust financial position.	25 (5x5)	<ul style="list-style-type: none"> Performance management of Recruitment Service - HR & Workforce Group. Performance management of Divisions and Corporate Services Performance management of NHSP to ensure quality of temporary staff and high proportion of bank rather than agency staff. Daily safe staffing huddles. Weekly safe staffing meeting to identify and review hot spots. Monthly vacancy heat map by cost centre. Detailed recruitment plan. Part of Phase 4 of NHSi retention program (recognised nationally). Monitored through Strategic Workforce Committee. 	5	4	20	<ul style="list-style-type: none"> National shortage of registered nurses. Drop in numbers recruiting to nurse degree programmes. Delays in conversion of overseas recruits due to the requirements of the IELTS/OET and the time it takes to register with the NMC and changes in immigration rules due to COVID Uncertainty around impact BREXIT will have on EU recruitment Potential impact of COVID-19 on nurse leavers and retirees. 	<ul style="list-style-type: none"> Trust-wide recruitment plans in place - this includes, local, national and international recruitment of nurses Longer term plans: Bucks Health and Social Care Academy. Use of apprenticeships: 40 individuals being recruited onto Nursing associate apprenticeship programmes; 10 individuals to start accelerated nurse degree apprenticeships. Retention plan - includes: part of NHSi Cohort 4. Local plans for hotspot areas focussing on skill mix review and recruitment to a wider range of roles; plans to be reviewed by EMC. Contact with EU Universities maintained. 	30/03/2021	Director of Workforce and Organisational Development	5	3	15
CRR 27A	S195, PS117	Surgery	27/07/2014	Estate strategy	Risk to patients and staff posed by the New Wing theatre infrastructure, specifically the outdated electrics. The electrical circuit boards do not have miniature circuit breakers or residual current devices and are fitted with cartridge type fuses which are slower to react to an overcurrent situation or a short circuit.	20 (4x5)	<ul style="list-style-type: none"> Electrical installations are checked in accordance with the Electricity at Work regulations. Regular maintenance checks. BHT approved extension leads are the only ones in use. Full infrastructure report completed and used to advise the business case relating to remedial work on electrics. Monthly safety rounds with Property services and theatre manager. Daily checks by matrons/Lead ODP to ensure that fire exits are clear. Divisional Director leading the steering group as SRO for capital works to ensure that the risk to activity is minimised and to ensure clinical involvement. 	4	4	16	<ul style="list-style-type: none"> £4m allocated to be spent £2.5m in year 2018/19 and the other £1.5m in the year 2019/20. The project is expected to be completed by end of October 2021. 	<ul style="list-style-type: none"> The Estates ten year strategy has been approved by the Board. The High Voltage works have to be completed before the Low Voltage works can commence, ensuring High Voltage supply security. The local works conducted over the last six months have focussed on improving the electrical safety in the theatres and the working environment for staff and patients, greatly improving the overall environment within theatres. High Voltage (HV) project expected completion Dec 2020 Low Voltage programme to commence after the HV work is completed - expected completion by October 2021 Regular monthly safety check audits completed with the Estates team and the Theatres management team 	30/10/2021	Commercial Director	5	1	5
CRR 27B	PS153	Property Services	20/10/2017	Estate strategy	The Stoke Mandeville Hospital main High Voltage electrical supply carries significant infrastructure risks which could result in overload of the network or power failure impacting on clinical services.	25 (5x5)	The Trust has a well-structured generator supply system which will provide emergency power to critical parts of the trust in the event of critical power failure.	5	4	20	<ul style="list-style-type: none"> SM Hospital only has a single HV feed into the site There is requirement to replace the UKPN outdated switchboard The outdated Hospital HV intake switchboard is not sufficient and requires changing to accommodate the new twin supplies. 	<ul style="list-style-type: none"> The risk will be reduced by increasing our contractual arrangement with UKPN to supply increased capacity; a business case is being developed to meet this requirement. A feasibility study is underway to develop an options appraisal based on the upgrade of contract arrangements for the supply of Electricity from 1500KVA to 3000KVA. Replacement of UKPN HV intake switch gear and Hospital HV intake switch gear including the provision of dual switching capabilities. The development of Electricity dual supply options. The HV project works are due to commence in August 2019 starting the 60 week program to put in a new 11KV Cable (incomer) and to upgrade the main HV switch to 3MW. UKPN and the Trust are engaging the wayleaves to allow the 11KVA cable to be run The 1.25MW generators are being procured from St Georges Hospital to give resilience to the site The transformers and concrete pads are being designed to be built by end financial year (Completed April 2020) The theatre lighting and power program will start when the HV section is completed The theatre lighting program will start and deliver by end financial year The HV switch in Tower 69B will be stripped of asbestos as will the entire tower to allow normal working access and the HV/LV connectivity to be developed 	30/12/2020	Commercial Director	5	1	5
CRR 39	RAD03	Trust	19/12/2015	Digital strategy	The current use of paper reporting for imaging results does not allow for a satisfactory audit trail or monitoring of reporting A recent SI highlighted an issue and continuing risk that Imaging and Pathology reports are not acted upon.	20 (4x5)	<ul style="list-style-type: none"> Most Pathology and Radiology reports are now requested electronically on ICE. The facility to send reports to clinical teams electronically is in place. Any severely abnormal results are phoned through to the requesting clinician. Where a radiologist completes a review where they identify a concern they can put this into the Multi-disciplinary Team review process directly. 	4	4	16	<ul style="list-style-type: none"> Some clinical services have a Standard Operating Procedure in place, however insufficient assurance that electronic reports from Radiology and Pathology will be acted on and hence allow for the discontinuation of paper reports. IT issues need to be resolved with regards to filling in the ICE system and monitoring of compliance. Clarification required on the location of requests in ICE and how these are allocated. 	<ul style="list-style-type: none"> The monitoring of compliance is with every SDU, going through to the relevant Divisional Board. Resolution of the outstanding IT issues will be dependent on funding. Clarification regarding ICE/Winpath locations. Action: ICE project team are working to resolve this. There is a data quality issue in WinPath, the locations are not accurate. For example, the 'chest office' is a location in WinPath but is not available in ICE - this means that when it is selected in pathology it will show as an unknown location in ICE. This will also affect the compliance report. Action: ICE project team are working to resolve this. Project reviewed March 2020 - IT issues are preventing the project moving forwards. Delay completion from March 31st to September 30th 2020 	<ul style="list-style-type: none"> Radiology 30/09/2020 Pathology 31/03/2021 	Medical Director	4	2	8

CRR 45	S199	Surgery	27/10/2014	Clinical Strategy	<p>Due to an increase in GP referrals there is a risk that ophthalmology capacity is unable to meet demand resulting in appointment delays for First and Follow-up appointments with the medical retinal speciality the most affected. This has resulted in compromised patient outcomes.</p> <p>There is likely to be an increase in Outpatient waiting times and number of patients 'On Hold' due to the COVID-19 pandemic</p>	20 (5x4)	<ul style="list-style-type: none"> Booking standards in place and monitored through key performance indicators. Provision of One -Stop Acute Macular Degeneration (AMD) clinic in Amersham. AMD patient tracking system in place which includes a weekly review. Weekly access meetings with daily reporting in place. Clear patient guidance for appointment schedule. Additional Fellows in place. Mobile answer-machine for the AMD coordinator. All letters have this telephone number on so that patients/GP's will have a direct point of access. Daily safety huddles introduced at the beginning and the end of all One Stop clinics. Medisight Steering group, chaired by the Divisional Director for Surgery, meeting fortnightly to ensure robust project oversight. Recruitment of a retinal failsafe co-ordinator in 18/19 to ensure that clinics are managed and patients who DNA are followed up. Two additional retinal consultants appointed in December 2018. Identified backlog of retinal patients (718) were clinically reviewed in December 2018, and the 200 identified as 'high risk' have been seen in clinic. Completed by 14 February 2019. No serious harm identified. 	5	3	15	<ul style="list-style-type: none"> Space for booking teams to be housed in one central location. Availability of physical space in the Mandeville Wing to accommodate the required activity. Challenge to recruit high quality Fellows. 	<p>Introduction of post op cataract telephone clinics reducing demand for consultant led face to face consultation.</p> <p>Reconfiguration of Amersham space (replicating the efficient clinic set – up currently used for AMD) to create a Retinal and Cataract hub with increased workflow and capacity. This would future proof the service for the next ten years.</p> <p>Implement virtual glaucoma outpatient appointments (July 20)</p>	31/12/2020	Chief Operating Officer	6	1	6
CRR 49	IM128 formerly MD46	Trust	25/05/2017	Clinical Strategy	<p>Risk that the Trust will not meet the national access/quality standards for emergency care due to the rise in demand on the urgent care pathway. Any delays potentially have an adverse impact on patient and staff experience. The use of escalation areas is not optimal for patients or staff. This is in the context of significant increase in activity.</p>	25 (5x5)	<ul style="list-style-type: none"> Ensuring staffing is in place in accordance with agreed levels. Daily breach meetings with cross divisional input held to understand cause of breaches and actions required. Escalation protocol in place with support out of hours from on-call managers. Issues of flow and bed capacity managed internally and with partners. GP streaming in place. System wide weekly escalation meeting in Place. Length of Stay initiatives. Winter System Winter Director. 	5	4	20	<ul style="list-style-type: none"> Lack of control in the number of attendances at A&E. Higher acuity and higher patient attendance during the winter period. Delays in discharge. Higher reliance on temporary staffing due to vacancies. Areas now affected by changes in clinical practice and social distancing. 	<p>Implementation of urgent care transformation: ENPs working to full scope of role</p> <p>Delivery of the national 7 pillars of care (urgent care). Escalation areas opened. Including new medical team. EAPMG - supports & monitors.</p> <p>Working group to be set-up to address, manage and monitor minors and type 1 breaches.</p> <p>Clinical teams need to engage Property Services to understand the impact of covid-19 social distancing on throughput and beds.</p>	30/11/2021	Chief Operating Officer	5	2	10
CRR 53	C&YP 14	Women, Children and Sexual Health Services	07/12/2015	Implement new workforce models	<p>Waiting times for community paediatrics and paediatric Speech and Language Therapy due to low capacity due to staffing issues, high demand and number of Looked After Children and Emergency Department referrals that have statutory target of 28 days.</p>	25 (5x5)	<ul style="list-style-type: none"> Monthly meetings with commissioners. Weekly highlight report sent to Chief Operating Officer and commissioners. Commissioners have been informed of risk via written communication. RTT pathway has been removed. CHAMS and BHT pathway commenced. 	3	4	12	<p>Clinical risk to patients whose treatment might be delayed as a result of capacity</p>	<p>*Service manager in post, *D+C modelling to be repeated following successful recruitment to the team (x2 psychologists and x2 paediatricians), *EHCP referral project underway looking at efficiencies and reduction in inappropriate referrals and waiting list</p> <p>interrogation underway to better understand the current pathways. 09/04/2020. Changes to service delivery due to COVID-19. Bus. Cont. plan in place. Potential redeployment to support Acute paed as required.</p>	01/04/2021	Chief Operating Officer	2	4	8
CRR 54	IT061	IT	22/06/2016	Digital strategy	<p>Management Information: Risk of availability of management information caused by capacity of the information team; systems and technological platform (some of the systems are obsolete); models of data reporting are under-developed</p>	20 (4x5)	<ul style="list-style-type: none"> Defined list of information deliverables for Information Department. Encourage staff reporting information to use self-service wherever possible through Qlikview. 	4	4	16	<p>Comprehensive and complete Data Warehouse and BI Solution.</p>	<p>Review of the BI function undertaken Dec 2019 (agreed by EMC Jan 20). Implementation of the review was paused by COVID-19.</p> <p>A paper summarising the findings/recommendations of the review plus additional requirements generated by COVID (e.g. pre-19 paused projects; C19 BAU reporting; C19 on-going projects; and recovery initiatives) was submitted to DOCs (13-July-20) for discussion. BI funding/staffing subject to further review as a result of DOCs feedback.</p> <p>Plans to develop a centralised data warehouse, improve the technical infrastructure (BI team) and to utilise the Care Centric BI platform continue as specified.</p>	31/10/2020	Director of Strategy	4	2	8
CRR 59	IT054/ IT121	IT	26/04/2016	Digital strategy	<p>Cyber security - Risk of disruption to Trust technology systems and services caused by cyber incidents.</p>	25 (5x5)	<ul style="list-style-type: none"> Cyber security strategy and accountabilities in place Hardware and Software patching up to date Education and awareness of cyber risks Regular auditing & monitoring of controls 	5	4	20	<ul style="list-style-type: none"> Cyber Security strategy being defined Cyber Security role not in place Software (i.e. Win 7) moving out of mainstream vendor support 	<p>NHS digital cyber risk assessment completed and working with NHS Digital to review identified gaps and agree plan to address including deliver Cyber Security strategy (30-Oct). A Cyber security incident table top exercise was carried out successfully to test and inform the Trust ability to manage potential Cyber-attack and ensure Trust Preparedness for such incidents (31 Mar) CISO role approved by vacancy panel, recruitment can commence (30-Oct) Using West Midlands Ambulance Service Cyber Security capability to provide ongoing support as needed (Now) </p>	31/10/2020	Director of Strategy	5	3	15
CRR 60	IT071/ IT044	IT	22/01/2014 13/06/2016	Digital strategy	<p>Telecommunications : loss of voice or data communications services to Trust (including key components - Switchboard, Bleep) or capacity constraints due to lack of bandwidth</p>	25 (5x5)	<ul style="list-style-type: none"> Disaster Recovery plans in place and tested Equipment remains within manufacturers support Regular Maintenance of infrastructure with access to parts Proactive monitoring of network and key equipment Regular service reviews on performance with IT and Property Resilience across network to address single points of failure 	4	4	16	<ul style="list-style-type: none"> Single points of failure remain Components beyond end of serviceable life (switchboard, network management) increasing risk of unplanned downtime Capacity of network to meet future growth 	<p>Network business case being presented to exec board in July (7/20) to replace all end of life equipment, increase capacity, and address single points of failure - working across ICP to obtain economies of scale and greater capacity in technical skills Plan to deliver network upgrades and implement high priority changes.(30/3/21) Support contract in place for new network (30/3/21). Project Manager and Network Architect recruited and start July 20th </p>	31/03/2021	Director of Strategy	4	3	12

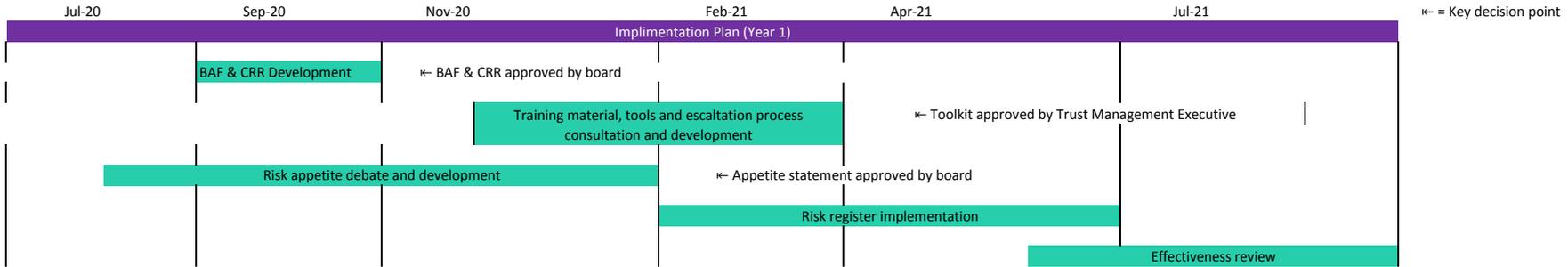
CRR 68	S228	Trust	23/09/2016	Clinical Strategy	There is a risk to the delivery and sustainability of the national standard for Referral to Treatment Time (RTT) as per the 19/209 NHS Guidance i.e. waiting list size reduction and half the number of 52 week breaches. Contributing factors of increased demand and insufficient capacity are compounded by reduction of services due to COVID-19 risks. The possible adverse outcomes for this risk are: possible harm to patients and poor patient experience if their waiting times are extended. Risk of delayed cancer referrals due to COVID-19 and later more complex cases.	20 (4x5)	BHT recovery and sustainability plan submitted to NHSE. Plan is monitored through: weekly Patient Tracking List (PTL) meetings; weekly Access Performance Management Group (APMG) meetings; weekly performance escalation meetings chaired by the Chief Operating Officer; recruitment of additional consultants/Fellows in ophthalmology/Plastics; training programme established for IFR funding process and adherence to CCG criteria; use of Independent Sector to offer safe facilities; full demand and capacity review of all specialities underway. Clinical assessment of all delayed patients. Multidisciplinary meeting discussions for delayed cancer patients.	4	5	20	Not all Non face to face consultations recognised by system • Outpatient Clinic capacity does not meet demand. • Virtual facilities not yet available • Electronic referral assessments not communicating with PAS system • Inability to recruit to nursing and medical vacancies • Rise in demand anticipated in second half of year • Increase in 52 week breaches • Increase in cancer 62 day breaches due to hospital and patient cancellations • E-referral programme: no electronic requesting available.	• Moving almost all elective in patient activity to WH and increasing the amount of day case surgery to reduce cancellations • Continued use of Independent Sector facilities • Data quality request submitted to NHS Improvement and additional resource to address feedback • IT initiating virtual system through Microsoft Teams • IT supporting system communication re cancer and non face to face • IT and TVCA to support electronic requesting programme • Demand, capacity and efficiency programme • Benefits learnt during COVID-19 period to continue • Clinical risk reviews completed for all 52 week breaches and cancer 104 day breaches.	31/12/2020	Chief Operating Officer	4	2	8
CRR 76	IT045/ IT121	IT	21/04/2017	Digital strategy	IT Server and Storage infrastructure: There is a risk that the file servers and data that enable Trust systems to run could fail due to resilience, obsolescence or capacity issues.	15 (5x3)	• Server and Storage device health monitoring • capacity planning to provide for increasing demand • Equipment remains within manufacturers support and is not obsolete • Resilience to remove single points of failure	4	4	16	• proactive Server and storage monitoring • Formalised capacity management • Number of devices and supporting software beyond supported life	Strategic Data Centre project (to consolidate into for purpose data centre across ICP). Scoping underway with Council now on Data Centre project (30/8/20). Plan to be developed once strategy and funding agreed via exec board approval (Aug / Sept 20 - TBC) Tactical remediations in place to address high priority issues (31/12/20)	31/03/2021	Director of Strategy	4	3	12
CRR 85		Trust	20/10/2017	Implement new workforce models	We have a shortage of junior doctors in the organisation. The specialities most affected are the medical specialities and paediatrics. This has the potential to have a negative impact on patient care.	20 (4x5)	• Existing staff asked if they would like to work extra shifts. • Use of temporary staff where possible. This is usually through the bank and often doctors who know the organisation. The switch from agency to bank has created a more stable temporary workforce. Consultants acting down policy in place. • Resident Medical Officer (RMO) service in place in National Spinal-cord Injuries Centre to offer additional cover. • RMO post incorporated into night rota for acute surgery at Wycombe and Stoke Mandeville Hospitals. • Revised middle grade rotas in order to make them more resilient. • Controls around leave booking is held at local level. • Review of staffing levels against new Royal College of Physicians guidance. Medical rotas have been revised to increase cover to the out of hours teams. Safe medical Staffing review of the acute medical rota at Stoke Mandeville identified a shortage of specialist Registrar grade time in the week.	5	3	15	National shortage of doctors from key groups. Internal audit has identified the need for more central oversight of leave management. There are identified gaps in rotas in medicine at registrar and consultant level. These gaps have increased with the expansion of the medical bed base due to Covid-19	• Active recruitment to vacant posts. Medical director to work with Finance to ensure approved posts are authorised in a timely manner. • Action plan to address findings of review against new Royal College of Physicians guidance - needs to be reviewed following Covid-19. • Develop policy for leave management including central oversight. • An electronic rostering system has been implemented in the division of medicine giving much better visibility of rotas. An electronic rostering system has been implemented in the division of medicine giving improved visibility of rotas • Continued development of new roles to support medical rotas e.g. associate physicians, extended nurse practitioners. (Divisional Chair and Director, Integrated Medicine.) Project reviewed March 2020 - COVID-19 issues will delay this moving forward. Target completion date moved to 30th September 2020.	30/10/2020	Medical Director	5	1	5
CRR 88	S220, IM138 and IM 139	Trust	19/02/2018	Digital strategy	There is a risk that harm can come to patients if they are not tracked robustly and given appointments in a timely fashion. This includes: -Monitoring of hospital initiated cancellations -Tracking follow up appointments -oversight of patients put 'on hold' -incomplete clinic outcome forms This has become increasingly visible through new reporting via Medway	25 (5X5)	IT reviewing process and considering alternatives to enable the repeated movement of patients to be clearly visible so they can be monitored and reviewed. Outpatient review group. Compulsory follow up date to be in Medway. Working through On Hold lists for each SDU. Insufficient capacity in Outpatients for several SDUs. Risk to achieving RTT performance and clinical risk due to delays in seeing follow ups.	4	4	16	• 'On hold' project and data validation exercise expanded to include cancellations due to COVID-19. • Ability to be able to track non compliance with agreed standard operating procedures. • Recovery plans and Outpatient capacity. • Non compliance with cancellation process • Outpatient modernisation project.	• Validation of outpatient records in an 'on hold' state • Review of patients in progress • Additional resource to support COVID-19 cancellations • COVID-19 recovery plans and non face to face contacts to include appropriate 'on hold' patients. • Cashing up of clinics to be completed within 7 days • Tracking of data at consultant level and review date • Secretaries review all 'On Hold' entries when typing up patient letters	31/12/2020	Chief Operating Officer	5	2	10
CRR 95	IM149	Integrated Medicine	04/05/2018	Estate strategy	Waiting room at Wycombe Endoscopy Unit too small therefore not fit for purpose. Low Pendulum in room 2 and restricted imaging capacity. This is linked to JAG accreditation that is due for renewal July 2019. Decontamination is not compliant with dirty/clean separation of scopes. The waiting area is too small	20 (4x5)	• Currently managing on a day to day basis to keep patient experience at the best possible level given the space issue. • SoP are in use to mitigate the risk of contamination between clean and dirty scopes.	3	5	15	• Lack of suitable alternative space, unable to transfer work to alternative site. If this cannot be resolved there is a possibility that JAG will not be achieved in 2019. • Longer term decontamination solution not yet identified. • Waiting area size not addressed.	Recognition that new Endoscopy unit required, business case under development, strategy to be revisited for a final solution. Fund strategy being established, exploring various options Working through versions of business case Work being undertaken on waiting room Exploring outsourcing decontamination Independent review undertaken re: JAG requirements 7 day working business case being explored. Property Services are active in the preparation of the existing CSSD to change to an Endoscopy production unit once CSSD leave the area. Property Services will then assist the Endoscopy department to form a new business case to centralise into a new department or building. 1.6.2020 update. Decontamination solution being explored, options appraisal to be submitted by end of June 2020 Waiting room refurbishment complete. JAG report submitted to Trust, action plan to address shortfalls in place. Need for additional capacity and 7 day working being reviewed in light of COVID.	31/10/2020	Chief Operating Officer	4	4	16

CRR 100		Trust	07/09/2018		There is a risk that Brexit could have an adverse impact on workforce supply and procurement of essential clinical supplies.	20 (4x5)	<ul style="list-style-type: none"> Monitoring of leavers from EU Communication with EU nursing staff Weekly EU Exit group established with expert support from key areas such as procurement, workforce and information 	5	3	15	There is a high level of uncertainty about the impact of Brexit.	<ul style="list-style-type: none"> Attention to communication from the Department of Health and Social Care and any resulting action. HRBP lead allocated. Action plan drawn up. Trust to pay for EU Staff settled status application. All business continuity plans are up to date. 	31/12/2020	Director of Workforce and Organisational Development	5	2	10
CRR 108	PS161	Property Services	10/09/2019	Estate strategy	Three plant rooms at Stoke Mandeville require Asbestos removal	20 (4x5)	<p>The Trust have appointed following a procurement led process a HSE approved asbestos specialist company to manage the safety of asbestos within the Trust and to manage the surveys, access to asbestos areas, control of contractors, management of safety, on call 24/7/365 specialist teams to enter the plant rooms under controlled conditions in the event of plant failure and the management of the removal of asbestos. Access to all plant rooms containing asbestos is controlled by the asbestos management company and safety is the primary driver for all works, inspections and management of the process. The asbestos company also act as the Trust AE for asbestos.</p>	5	3	15	We have a comprehensive and safe plan in place to manage the situation	<p>The Trust have appointed following a procurement led process a HSE approved asbestos specialist company to manage the safety of asbestos within the Trust and to manage the surveys, access to asbestos areas, control of contractors, management of safety, on call 24/7/365 specialist teams to enter the plant rooms under controlled conditions in the event of plant failure and the management of the removal of asbestos. Access to all plant rooms containing asbestos is controlled by the asbestos management company and safety is the primary driver for all works, inspections and management of the process. The asbestos company also act as the Trust AE for asbestos.</p> <p>The energy centre has been stripped of asbestos and is now completed. The Plan for Tower 69A has been procured and works will start in this financial year 2020-21 if capital is available. This work is expected to take 12 weeks to complete. The design for the Tower 69B is well in development and the clearing of the 2nd floor of the tower is ready to start and has been procured. Works began in November 2019. It is critical to clear tower 69B of asbestos in order for maintenance and PPM to be conducted on the air handling plan, the chillers, the medical gas manifolds and the HV/LV such gear, all of which are critical for patient safety in the hospital.</p>	30/04/2021	Commercial Director	5	1	5
CRR 109	IM145	Integrated Medicine	10/09/2019		Dermatology have identified a lack of capacity for surgical, new and cancer patients - since added we have had more doctors leave and have discussed temporarily suspending service to new referrals	20 (4x5)	Daily scrutiny of patient lists. Options to provided different treatment pathways	4	4	16	Not replacing staff who have left. Patient numbers have increased.	<p>Monitoring of patient pathways. Exploring referrals process with GPs review of patients on the waiting lists</p> <ol style="list-style-type: none"> Locum consultants in place. Moving to teledermatology across ICS ICS capacity and demand piece of work. Service delivery being reviewed in light of COVID. 	31/10/2020	Chief Operating Officer	3	4	12
CR111	IT122/ IT281	IT	17/10/2019	Improving Communication Value for Money Quality/People	Data Centres: There is a risk to outages in Trust Data Centres that host critical IT equipment due to environmental issues (cooling, power)	20 (4x5)	<ul style="list-style-type: none"> Cooling and power requirements monitored and capacity in place to address Maintenance agreements for all equipment Security controls in place to reduce risk of unauthorised access Data Centre meets current and future best practice design for power, security, cooling etc 	4	5	20	<ul style="list-style-type: none"> Air conditioning does not meeting cooling requirements Remote monitoring needs to be enhanced Data Centre capacity for growth limited Data Centre design does not meet required standards and issues such as asbestos make ongoing maintenance challenging 	<p>Air conditioning upgrades to Stoke Mandeville and High Wycombe approved. Stoke Mandeville and High Wycombe UPS upgrades approved. Project now underway at SMH managed by Property Services. This also includes permanent removal of asbestos. (14/9/20). Air conditioning failure risk mitigated with robust rental a/c units now in place. Data Centre strategy in development to relocate to fit for purpose location (31/8/20), implementation plan to be agreed once funding approved (TBC - August / Sept Exec Board). Project Manager recruited and starts July 20th.</p>	31/03/2021	Director of Strategy	4	3	12
CRR115	PS118	Property Services	12/11/2019		<p>Stoke Mandeville Hospital & Wycombe Hospital. Existing piped medical gas infrastructure is not compliant with current HTM & HBN resilience requirements.</p> <p>Identified that the medical gas infrastructure is severely compromised due to there being no available backup systems for compressed air and oxygen.</p>	20 (5x4)	<ul style="list-style-type: none"> Affected areas identified Staff awareness EBME equipment servicing Quarterly PPM on MGPS Portable gas available Portable suction available 	5	4	20	Not compliant with current standards	<p>Immediate works being commissioned to mitigate the highest risk areas with a programme to address all other areas of failure simultaneously.</p> <p>The detailed survey by BOC has raised 1736 items of concern that need addressing. The Trust technical team and the BOC team have managed this into categories of risk and the cost of repairing significant risk is £700,000. these are being prioritised and a plan is being developed with the Capital Management Group to address these urgent issues.</p> <p>Further funding has been allocated to install a backfill loop and to conduct immediate repairs to the system and these works will commence in the FY 2019/20.</p> <p>The works to improve flow in the ICU, AMU and wards 15 to 17 have been improved new ventilators are now being installed with the correct flow rate.</p> <p>A detailed plan of actions is being developed through the medical gas committee with joint ownership from Pharmacy and Property Services working in partnership with our specialist providers and the AE/AP structure to manage the safety of this very old and complex system. Capital has been requested from the BOB fund. Additional air and Vacuum plant has been installed and is ready for connection. New Oxygen ring main being installed for the supply of the Spinal Unit. Funding available for the spinal unit to have new AVSU's installed at the head of wards and new supply pipework.</p>	30/11/2020	Commercial Director	5	1	5

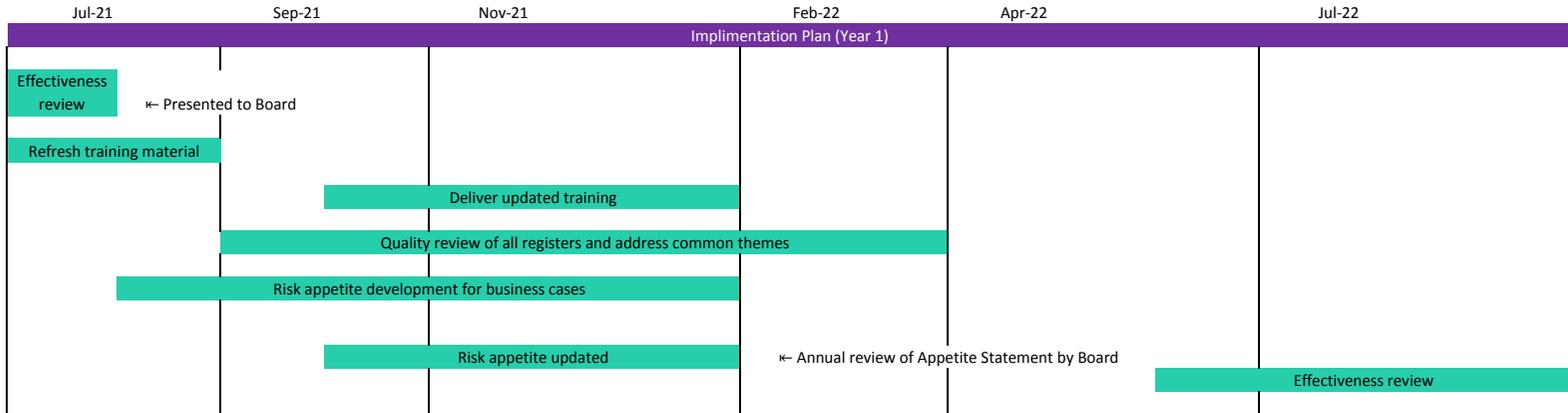
CRR116		Trust	12/11/2019		<p>There is a risk that Business Continuity will be impacted unexpectedly as the current version of Datix cannot be sustained or supported in the long term by the suppliers so the version is time limited. There are multiple scenarios for possible failures with this version.</p> <p>There is a risk that Patient Safety will be compromised through modules in Datix not optimised in interfaces, codes incompatible with national systems, inability to comprehensively benchmark, and an inability to identify risks at the earliest possible stage. There is a risk the Trust will not be able to report incidents in a timely manner due to the poor performance and incapability of the system against national requirements.</p> <p>There is a risk staff will disengage with the reporting and management of incidents processes</p>	20 (4x5)	Monitoring and vigilance and Workarounds Regular meetings and checks within the Patient Safety Team	4	4	16	<p>Financial constraints affect the Trusts ability to purchase a new system. System performance discourages staff from reporting and managing incidents in a timely manner.</p> <p>The Trust ability to learn from incidents is affected due to the difficulty in obtaining information in a clear and timely manner.</p> <p>Datix cannot provide standard technical back room support, and workarounds on the system to support functions may introduce some unintended or unknown risk into the system.</p>	<p>The patient safety team monitor the system on a regular basis. Reminders sent to staff and managers to respond and manage the incident process.</p>	30/05/2021	Director for Governance	2	1	2
CRR 119		Trust	30/03/2020	ALL	<p>Covid 19 presents a potential risk to service delivery and sustainability (supply of staff and potential disruption to supply chains)</p>	20 (4x5)	Daily management of patient flows. Demand and capacity needs to be aligned with staffing and equipment requirements	4	5	20	<ol style="list-style-type: none"> 1. Patient flows increasing pressure on staffing and equipment requirements leading to delays in supply. 2. Frequent changes to national guidance changing patient care needs and resource requirements. 3. Difficulty in sourcing , purchasing and supply of required equipment leading to delays in supply. 4. Staff absenteeism causing strain on the delivery of care and treatment. 	<ol style="list-style-type: none"> 1. Daily monitoring of patient flows leading to appropriate triage. Patients discharged in a timely manner to alleviate pressure on flow and service demands. 2. Daily bronze, silver and gold meetings to disseminate guidance, review resources and supply's to ensure these are targeted appropriately. 3. Regular monitoring and communication with supply chain networks; central trust storage system in place to disseminate supplies and equipment appropriately. 4. Monitoring of staffing levels and staff deployed in key areas as required, staff supported with a range of resources. Staff testing to commence to facilitate return to work and deployment options. 	31/03/2021	Chief Operating Officer			4
CRR 124	PS172	Property Services	31/05/2020		<p>Due to some areas being closed down and not used during the current COVID-19 emergency there are a number of water outlets i.e showers, toilets, sinks that have not been identified and are not being regularly flushed to prevent the build-up of Legionella in the pipe work. Staff, patients, visitors and contractors could be put at risk of contracting Legionnaires' disease when closed areas with water outlets are re-opened.</p>	16 (4x4)	<ul style="list-style-type: none"> • Little used outlets is covered in Water Safety and IPC policies • Regular staff communications • Issue notified to Silver command and is included in daily briefings • Water testing results are monitored daily • Information and support available • High risk areas are identified • Flushing regimes in place for known LUO • Positive counts are treated immediately with local disinfection 	4	3	12	<p>Some areas have closed down and have not notified Estates.</p> <p>Some areas have LUO that are not being flushed.</p>	<p>As instruction is given to re-open wards/department areas a full testing regime will be implemented.</p> <p>Any remedial actions from test results will be implemented.</p>	31/12/2020	Commercial Director	2	2	4
CRR 125	PS173	Property Services	31/05/2020		<p>Due to access restrictions in clinical areas during the current COVID-19 emergency it has not been possible to carry out ppm on some equipment i.e.</p> <ul style="list-style-type: none"> • Ceiling mounted ACU • Theatre Laminar Flows • New area reconfigurations <p>The likelihood of failure has increased.</p>	16 (4x4)	<ul style="list-style-type: none"> • Increased frequency of servicing during periods of COVID stand down in some areas • Increase monitoring of the BMS on alarmed functions • Estates engineers trained and equipped with FFP3 and PPE for access in an emergency breakdown 	4	3	12	<p>Full access to COVID-19 areas cannot be given to the Estates teams.</p>	<p>Estates teams will react to equipment failures as highlighted by the BMS or reports to help desk.</p> <p>As clinical areas are re-instated the Estates team will carry out full service checks prior to normal services being resumed.</p>	01/01/2021	Commercial Director	2	2	4
NEW RISKS																	

CRR 126	Covid-19 RR ref 11	Trust	01/04/2020	People are safe, supported and listened to	Increased impact on staff physical and psychological health and wellbeing from working during COVID-19 pandemic. Specific risks include: increased pressure in work environment- wearing of PPE for prolonged periods, increased end of life patients, caring for colleagues, working in new environments	16	<ol style="list-style-type: none"> 1. Comprehensive staff occupational health & wellbeing offer - psychological and physical - in house and access to national programmes 2. Weekly debriefs with CEO and regular communications 3. Staff networks 4. Strengthened collaboration with Clinical Psychology, Chaplaincy and OD Teams. Additional mental health specialist support in place. 5. Implementation of Employee Assistance Programme (Vivup) w/b 06/07/2020, free 3 month trial. 6. Strong wellbeing Comms plan in place providing information and links to a range of external support together with psycho-educational material. 7. Continued promotion of the 'Just Ask' campaign which reinforces the message that staff wellbeing is a priority and self care is essential. 8. Developing return to work packs to support staff and managers with the transition of coming back to the workplace. 	5	4	20	<p>Impact of sustained pressure of managing COVID-19 is not yet known</p> <p>Specific impact on some staff groups - BAME - is emerging; causation is not yet clear</p> <p>July 2020 - many staff not aware of EAP. Communications can be challenging because of staff limited access to emails. Uncertainty of how long additional staffing resource will be in place</p>	<p>Roll out of #@HAY (How Are You) regional guidance - key actions include TRIM (Trauma Risk Injury Management) and identification of inside and outside hubs for staff</p> <p>Wrap around support offer from OH, Wellbeing, Chaplaincy and psychologists in place and being regularly advertised</p> <p>Psychologist identified to support high risk areas</p> <p>Inline with social distancing rule develop COVID19 Schwartz round; After Event Reflections</p> <p>Developing additional communication channels to get service information out to staff. Using all existing services (training, 1:1's, team support) to share what's available for staff. Disseminating information through Wellbeing Champions, Trust Networks, Junior Doctors Forum.</p>	31/03/2021	Director of Workforce and Organisational Development	5	3	15	
CRR 127	Covid-19 RR ref 12	Trust	01/04/2020	People are safe, supported and listened to	National data shows an Increase risk of adverse impact on staff from BAME backgrounds if they become positive with COVID19; 24 % of the Trust's staff are from a BAME background. There is therefore a higher risk to both physical and psychological health and wellbeing to these staff.		<ol style="list-style-type: none"> 1. Risk Assessments for all high risk staff 2. Access to appropriate PPE 3. Information cascade on guidance 4. Active staff networks 5. Regular formal and informal communication between Directors and staff from a BAME background 6. Director of Workforce and Chief Nurse attend national and regional meetings to ensure Trust receives most up to date guidance 	5	3	15	<p>Reasons for disproportionate impact for individuals from a BAME background are not fully identified</p>	<p>CEO letter to all BAME staff</p> <p>Development of COVID 19 risk assessment</p> <p>Ongoing review of all emerging evidence</p> <p>Link with local public health team to understand if there are any specific local risks</p>	31/03/2021	Director of Workforce and Organisational Development	4	3	12	

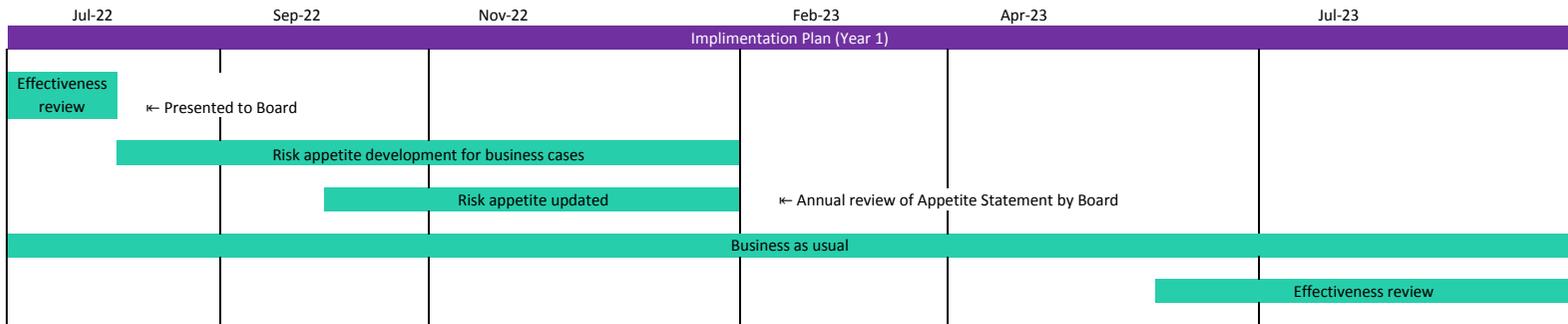
Year 1: Implementation project plan (July 2020 - July 2021)



Year 2: Implementation project plan (July 2021 - July 2022)



Year 3: Implementation project plan (July 2022 - July 2023)



Meeting: Trust Board Meeting in Public

30 September 2020

Agenda item	Audit Committee	
Board Lead	Graeme Johnston Non-Executive Director and Chair of the Audit Committee	
Type name of author	Sue Manthorpe, Director for Governance	
Attachments	None	
Purpose	Assurance	
Previously considered	N/A	

Executive Summary

The Board is asked to note the contents of the Audit Committee's regular report to the Board on the main issues that were discussed at its meeting held on 3 September 2020

Decision	The Board is asked to note and discuss the Audit Chair's report.		
Relevant strategic priority			
Quality <input checked="" type="checkbox"/>	People <input checked="" type="checkbox"/>	Money <input checked="" type="checkbox"/>	
Implications / Impact			
Patient Safety	Not Applicable		
Risk: link to Board Assurance Framework (BAF)/Risk Register	The committee provides assurance about internal control and risk management.		
Financial	Committee review of Trust financial processes		
Compliance <small>Select an item.</small> Good Governance	The AC reviews assurance in respect of all Trust systems of control which includes reporting and compliance with all regulation applied to an NHS Trust		
Partnership: consultation / communication	Not Applicable		
Equality	Not Applicable		
Quality Impact Assessment [QIA] completion required?	Not Applicable		

This report outlines the main issues raised and discussed at the Audit Committee meeting.

1. Internal Audit:

1.1 Audit reports

The Committee received four final reports. Key points of note for the Board are given below.

Equality, Diversity and Inclusion – Substantial Assurance

The Committee noted the report

Sub-contracting to the GP Federation – Reasonable Assurance Opinion

The Committee noted the report

Pharmacy – Advisory Review

The Review covered two main areas relating to losses and the process of invoicing. The Committee had raised considerable concern on the size of pharmacy losses and a sought assurance around the future management of the issue. It was noted the losses related to drugs required in the Ophthalmology service. The investigation into the substantial increase in losses was complex and would be completed by in November and presented at the Audit Committee. The pharmacy invoicing process was paper based and this was having a high impact on resources and causing delays to the invoicing process.

The Committee received reasonable assurance on the plans for improvement following a detailed presentation and explanation on the investigation into the losses and confirmation the process of invoicing was changing to an electronic system from the Head of Pharmacy. A report on the outcome of the investigation would be presented at the next Audit committee..

Property Services Risk Management – Partial Assurance Opinion

The report highlighted the concerns raised by the Trust around the lack of contractor risk assessments prior to work commencing on site. The Committee were assured actions are already being taken to ensure the risk assessments are completed.

1.2 Internal Report Actions

The Committee noted and highlights to the Board the improved response in reporting on the progress on actions where these have not been completed

However, the Committee stressed the importance of setting and adhering to realistic time frames and deadline dates. It was noted updating and completing actions in a timely manner strengthens the value and importance of internal audit findings by the Trust.

1.3 Benchmarking report

The Committee received an Audit Benchmarking Report outlining BHTs performance with regard to the management of the internal audit process against other NHS Acute Trusts. The report identified areas where the Trust had appeared to have a slightly higher number of partial assurances. The Board should note the confirmation this was because in large part the Trust used internal audit highly appropriately in seeking out areas of concern in order to improve the situation.

1.4 Local Counter Fraud Progress Report.

The Committee noted the Trust was commended on the work being undertaken to ensure the risks identified by the LFCS team were being reflected in the Trust Risk registers. The Trust was also praised for inviting the LFCS team to attend on a quarterly basis the Trust's Risk and Compliance Group meetings demonstrating the integrated working taking place.

The Committee noted the very proactive working relationship the trust teams have with Internal Audit and the LFCS team.

2 Statutory External Audit Letter

The Committee received and noted the External Audit Annual Audit letter which summarises the key findings of the audit work completed for the year ended 31 March 2020. It is a statutory requirement that the Trust receives the letter and places it on its public website.

3 Risk register

The Committee noted the risk register and that a large number of the key risks related to infrastructure of the Trust. The Committee expressed considerable concern about the management of the risk process and in particular the spreadsheet format of the Corporate Risk Register.

The Committee wished to highlight to the Board the increasing lack of assurance it received from the risk register in its current format and expressed support for the Director for Governance to move forward with an improved risk management system and process.

4 Finance training

It was noted by the Committee that the mandatory finance training will now be provided as a webinar from October and the plan is to have 80% of staff trained by the end of December 2020.

Recommendation

The Trust Board is asked to note the contents of this report.



The Annual Audit Letter for Buckinghamshire Healthcare NHS Trust

**Year ended 31 March 2020
July 2020**



Contents



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Executive Summary

Purpose

Our Annual Audit Letter (Letter) summarises the key findings arising from the work that we have carried out at Buckinghamshire Healthcare NHS Trust (the "Trust" and its subsidiaries (the group) for the year ended 31 March 2020.

This Letter is intended to provide a commentary on the results of our work to the group, Trust and external stakeholders, and to highlight issues that we wish to draw to the attention of the public. In preparing this Letter, we have followed the National Audit Office (NAO)'s Code of Audit Practice and Auditor Guidance Note (AGN) 07 – 'Auditor Reporting'. We reported the detailed findings from our audit work to the Trust's Audit and Risk Committee as those charged with governance in our Audit Findings Report on 11 June 2020.

Our work

Materiality	We determined materiality for the audit of the group's financial statements to be £7.8 million, which is approximately 1.8% of the group's prior year gross revenue expenditure.
Financial Statements opinion	<p>We gave an unqualified opinion on the Trust and group's financial statements on 25 June 2020.</p> <p>We included a going concern material uncertainty paragraph in our report on the Trust's financial statements to draw attention to the note which explains the basis on which the Trust has determined that it is still a going concern.</p> <p>We included an emphasis of matter paragraph in our report on the uncertainty over asset valuations as at 31 March 2020 given the Covid-19 pandemic. This does not affect our opinion that the statements give a true and fair view of the Trust's financial position and its income and expenditure for the year.</p>
NHS Group consolidation template (WGA)	We also reported on the consistency of the financial statements consolidation template provided to the National Audit Office with the audited financial statements. We concluded that these were consistent.
Use of statutory powers	On 5 June 2020 we referred a matter to the Secretary of State, as required by section 30 of the Local Audit and Accountability Act 2014, because the Trust had not achieved a break even position over the three year period ended 31 March 2020, and will not achieve one over the three year period to 31 March 2021.
Value for Money arrangements	<p>We were satisfied that the Trust put in place proper arrangements to ensure economy, efficiency and effectiveness in its use of resources except for in relation to the arrangements to support the financial outturn and financial sustainability.</p> <p>We therefore issued a qualified value for money conclusion in our audit report to the Directors of the Trust on 25 June 2020.</p>
Quality Accounts	Due to the Covid-19 pandemic the Department of Health and Social Care suspended the requirement for the Trust's Quality Accounts to be certified.
Certificate	We certified that we have completed the audit of the financial statements of Buckinghamshire Healthcare NHS Trust in accordance with the requirements of the Code of Audit Practice on 25 June 2020.

Respective responsibilities

We have carried out our audit in accordance with the NAO's Code of Audit Practice, which reflects the requirements of the Local Audit and Accountability Act 2014 (the Act). Our key responsibilities are to:

- give an opinion on the Trust and group's financial statements (section two)
- assess the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources (the value for money conclusion) (section three).

In our audit of the Trust and group's financial statements, we comply with International Standards on Auditing (UK) (ISAs) and other guidance issued by the NAO.

Executive Summary

Working with the Trust

Progress compared to the prior year was a significant improvement. Despite the inevitable challenges presented by remote working as a result of Covid-19, the Trust's finance team was responsive, helpful and fully engaged with the audit process. Through effective collaborative and partnership working and the benefit of strong and constructive relationships and communication arrangements, the opinion was issued in line with the national statutory deadline.

We worked closely with the Trust throughout March and April, holding regular meetings with key finance staff to discuss the impact of Covid-19. We also discussed the financial implications in terms of asset valuations, going concern and provision for credit losses in advance of the Trust's submission of the financial statements. This assisted the Trust in complying with the required accounting standards and ensuring the financial statement disclosures complied with the DHSC Group Accounting Manual.

The Trust's finance team was prepared for remote working and there were no changes in key financial processes that impacted on our approach to the Trust's audit although, unavoidably, this did mean some processes took longer. Restrictions for non-essential travel have meant both teams were flexible in approaches to sharing information, and we were able to gain assurance over the completeness and accuracy of information produced by the Trust for the audit team. We made more use of conference calls and emails to resolve audit queries. Inevitably in these circumstances resolving audit queries takes a little longer than a face to face discussion. Daily meetings were held with senior finance staff to highlight key outstanding issues and findings, ensuring that the audit process was efficient, responsive and timely.

As we received the accounts on 11 May 2020, there were only 6 weeks of audit time available. This was only a week longer than the normal audit duration period in a normal (non-Covid) year, and therefore provided very little additional time to accommodate the increased workload and timescales needed to deliver an audit remotely and for the Trust to respond to audit queries and provide evidence remotely. In addition, the finance team also, concurrently, had to respond to the NHS month 1 reporting requirements and the increased reporting requirements for returns in respect of Covid-19 expenditure. This meant the pace of response to the audit was slower in some weeks than needed. A number of material factors also resulted in additional work or additional time being needed to complete work:

- Misstatements and uncertainties within the Trust's accounting entries in respect of the PFI liability and disclosures
- Valuation of land and buildings, and difficulties obtaining the required information from the Trust's estates department. In the end, we had to perform additional, alternative procedures to gain the assurance needed
- Agreement of balances, and receipt of additional information to support or correct the Trust's position
- Some difficulties were experienced with certain transaction listings to render them suitable for selecting sample items for testing.
- The remuneration report – which is relatively time consuming to audit and required some amendment – was not received until later in the audit process.

We noted the risk of a 'single point of failure' continued to rest in the Financial Controller. Management has recently invested in two additional fully qualified accountants to support the Financial Controller. However, they only started in late March, just before the year end, and the pandemic conditions meant full induction and training was slower than hoped for. As such, their impact in terms of providing additional support and capacity this year was limited, and the majority of work once again fell to the Financial Controller. Management is hopeful this investment will increase capacity by next year end, with additional support provided to the financial controller in producing the accounts and responding to the audit process.

We would like to record our appreciation for the assistance and co-operation provided to us during our audit by the Trust's staff during these extraordinary times.

Grant Thornton UK LLP
July 2020

Audit of the Financial Statements

Our audit approach

Materiality

In our audit of the Trust's financial statements, we use the concept of materiality to determine the nature, timing and extent of our work, and in evaluating the results of our work. We define materiality as the size of the misstatement in the financial statements that would lead a reasonably knowledgeable person to change or influence their economic decisions.

We determined materiality for the audit of the Trust's financial statements to be £7.8 million, which is approximately 1.8% of the group's prior year gross revenue expenditure. We used this benchmark as, in our view, users of the Trust's financial statements are most interested in where Trust has spent its revenue in the year.

We set a lower threshold of £300k above which we reported errors to the Audit and Risk Committee in our Audit Findings Report.

The scope of our audit

Our audit involves obtaining sufficient evidence about the amounts and disclosures in the financial statements to give reasonable assurance that they are free from material misstatement, whether caused by fraud or error. This includes assessing whether:

- the accounting policies are appropriate, have been consistently applied and are adequately disclosed;
- the significant accounting estimates made by management are reasonable; and
- the overall presentation of the financial statements gives a true and fair view.

We also read the remainder of the Annual Report to check it is consistent with our understanding of the Trust and with the financial statements included in the Annual Report on which we give our opinion.

We carry out our audit in accordance with ISAs (UK) and the NAO Code of Audit Practice. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Our audit approach was based on a thorough understanding of the Trust's business and is risk based.

We identified key risks and set out overleaf the work we performed in response to these risks and the results of this work.

Audit of the Financial Statements

Significant Audit Risks

These are the significant risks which had the greatest impact on our overall strategy and where we focused more of our work.

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
<p>Covid – 19</p> <p>The global outbreak of the Covid-19 virus pandemic has led to unprecedented uncertainty for all organisations, requiring urgent business continuity arrangements to be implemented. We expect current circumstances will have an impact on the production and audit of the financial statements for the year ended 31 March 2020, including and not limited to:</p> <ul style="list-style-type: none"> • Remote working arrangements and potential redeployment of staff to critical front line duties may impact on the quality and timing of the production of the financial statements, and the evidence we can obtain through physical observation. • Volatility of financial and property markets will increase the uncertainty of assumptions applied by management to asset valuation and receivable recovery estimates, and the reliability of evidence we can obtain to corroborate management estimates. • Financial uncertainty will require management to reconsider financial forecasts supporting their going concern assessment and whether material uncertainties for a period of at least 12 months from the anticipated date of approval of the audited financial statements have arisen. • Disclosures within the financial statements will require significant revision to reflect the unprecedented situation and its impact on the preparation of the financial statements as at 31 March 2020 in accordance with IAS1, particularly in relation to material uncertainties. 	<p>As part of our audit work we:</p> <ul style="list-style-type: none"> • worked with management to understand the implications that the Covid-19 pandemic had on the Trust's ability to prepare the financial statements. We agreed a revised audit start to take account of the later submission of accounts on 11 May 2020. • liaised with other audit suppliers, regulators and government departments to co-ordinate practical cross sector responses to issues as and when they arose. • evaluated the adequacy of the disclosures in the financial statements that arose in light of the Covid-19 pandemic. • evaluated whether sufficient audit evidence could be obtained to corroborate significant management estimates such as asset valuations and recovery of receivable balances. • reviewed management's assumptions that underpinned the revised financial forecasts and the impact on management's going concern assessment. 	<p>Due to the potential impact that Covid-19 has on the value of land and buildings, the Trust's valuer disclosed a material uncertainty within the 31 March 2020 valuation report, in common with the majority of NHS Trusts.</p> <p>The Trust had not reflected this material uncertainty within the draft financial statements. We agreed with management a disclosure in this respect was required.</p> <p>The Trust subsequently reflected the material uncertainty within the financial statements. We reflected the Trust's disclosure within an "emphasis of matter" paragraph in our opinion.</p> <p>This was not a qualification of the opinion.</p>

Audit of the Financial Statements

Significant Audit Risks - continued

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
<p>Revenue recognition</p> <p>NHS bodies are facing significant external pressure to restrain budget overspends and meet externally set financial targets, coupled with increasing patient demand and cost pressures. In this environment, we have considered the rebuttable presumed risk under ISA (UK) 240 that revenue may be misstated due to the improper recognition of revenue.</p> <p>We have rebutted this presumed risk for revenue streams that are principally derived from contracts that are agreed in advance at a fixed price. We have determined these to be income from:</p> <ul style="list-style-type: none"> Block contract income element of patient care revenues <p>We have not deemed it appropriate to rebut this presumed risk for all other material streams of patient care income and other operating revenue.</p> <p>We have therefore identified the occurrence and accuracy of these income streams and the existence of associated receivable balances as a significant risk of material misstatement.</p>	<p>As part of our audit work we:</p> <ul style="list-style-type: none"> evaluated the Trust's accounting policy for recognition of income from patient care activities and other operating revenue for appropriateness and compliance with the DHSC Group Accounting Manual 2019/20. updated our understanding of the Trust's system for accounting for income from patient care activities and other income and evaluated the design of the associated controls. sample tested healthcare revenues from commissioners and NHS England. Our work included testing income from contract variations and year end receivables to signed contract variations, invoices or other supporting evidence such as correspondence from commissioners. sample tested year end receivables from other operating revenue to invoices and cash payment or other supporting evidence Evaluated and challenged the estimates and judgements made by management in relation to year end activity reviewed the NHS agreement of balances tool to verify that the healthcare year end balances agreed with commissioning bodies returns. reviewed year end provision against amounts billed to NHS institutions and other customers. agreed income recognised to NHS Improvement notifications for Provider Sustainability Funding, Financial Recovery Funding and Marginal Rate Emergency Tariff funding. 	<p>During the year, management, with the full knowledge and agreement of the Board, raised invoices which were unconnected to underlying transactions or activity and did not represent "earned income". This was part of an agreement with the CCG wherein invoices were raised to enable the Trust to report it had met its quarterly financial targets for the purposes of declaring an entitlement to 'incentive funding', paid by NHSI when quarterly financial targets are met.</p> <p>The invoices were subsequently credit noted back to the CCG.</p> <p>Raising invoices which are not backed by activity for "income", to which it is agreed upfront the Trust has no entitlement and which will be refunded, is not appropriate accounting practice.</p> <p>We raised a control finding in this respect and recommended</p> <ul style="list-style-type: none"> Management should ensure invoices are only raised when they relate to 'earned income' and are backed by activity / underlying transactions. Management should avoid the use of similar schemes in future years to achieve financial targets and / or realise financial incentives or to transfer monies around the system which do not relate to earned income, as such schemes incorrectly inflate reported income and the Trust's financial results during the year. <p>We also identified some non-material errors in our testing of debtors.</p> <p>Our work did not identify any other material issues relating to revenue recognition.</p>

Audit of the Financial Statements

Significant Audit Risks - continued

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
<p>Management override of controls</p> <p>Under ISA (UK) 240 there is a non-rebuttable presumed risk that the risk of management over-ride of controls is present in all entities. The Trust face external pressures to meet agreed targets, and this could potentially place management under undue pressure in terms of how they report financial performance.</p> <p>We therefore identified management override of control, in particular journals, management estimates and transactions outside the course of business as a significant risk, which was one of the most significant assessed risks of material misstatement.</p>	<p>As part of our audit work we:</p> <ul style="list-style-type: none"> evaluated the design effectiveness of management controls over journals. analysed the journals listing and determined the criteria for selecting high risk unusual journals. tested unusual journals made during the year and during the accounts production stage for appropriateness and corroboration. gained an understanding of the accounting estimates and critical judgements applied by management and considered their reasonableness. 	<p>Our audit work did not identify any material instances of management override of controls.</p>
<p>Going concern material uncertainty disclosures</p> <p>As auditors, we are required to obtain sufficient appropriate audit evidence about the appropriateness of management's use of the going concern assumption in the preparation and presentation of the financial statements and to conclude whether there is a material uncertainty about the Trust's ability to continue as a going concern.</p> <p>We therefore identified the adequacy of disclosures relating to material uncertainties that may cast doubt on the Trust's ability to continue as a going concern in the financial statements as a significant risk.</p>	<p>As part of our audit we:</p> <ul style="list-style-type: none"> discussed the Trust's financial standing with senior officers. reviewed management's assessment of the going concern assumptions and supporting information, e.g. 2020/21 and future budgets and cash flow forecasts. examined the terms of available cash support facilities. reviewed the completeness and accuracy of disclosures on material uncertainties with regard to going concern in the financial statements. 	<p>Management had considered the materiality uncertainties in respect of going concern.</p> <p>The materiality uncertainty was not adequately reflected in the Trust's draft financial statements and we requested an updated disclosure</p> <p>Uncertainties in relation to the delivery of financial plans and anticipated cash flows were subsequently updated and disclosed within the accounting policies note 1.2.</p>

Audit of the Financial Statements

Significant Audit Risks - continued

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
<p>Valuation of land and buildings (desktop valuation)</p> <p>The Trust revalues land and buildings on an annual basis to ensure the carrying value in the financial statements is not materially different from current value at the financial statements date.</p> <p>The valuation of land and buildings is a key accounting estimate which is sensitive to changes in assumptions and market conditions. We therefore identified valuation of land and buildings as a significant risk, which was one of the most significant assessed risks of material misstatement.</p>	<p>As part of our audit we:</p> <ul style="list-style-type: none"> evaluated management's processes and assumptions for the calculation of the estimate, the instructions issued to valuation experts and the scope of their work; evaluated the competence, expertise and objectivity of any management experts used; reviewed and challenged information used by the valuer to ensure it is robust and consistent with our understanding; tested a sample of revaluations as to whether they are input correctly into the asset register; evaluated the assumptions made by management for those assets not revalued during the year and how management has satisfied themselves that these are not materially different from current value. 	<p>Due to the potential impact that Covid-19 has on the value of land and buildings, the Trust's valuer disclosed a material uncertainty within the 31 March 2020 valuation report, in common with the majority of NHS Trusts.</p> <p>The Trust had not reflected this material uncertainty within the draft financial statements. We agreed with management a disclosure in this respect was required.</p> <p>The Trust subsequently reflected the material uncertainty within the financial statements. We reflected the Trust's disclosure within an "emphasis of matter" paragraph in our opinion.</p> <p>This was not a qualification of the opinion.</p>

Audit of the Financial Statements

Significant Audit Risks - continued

Risks identified in our audit plan	How we responded to the risk	Findings and conclusions
<p>Fraud in expenditure transactions; completeness of operating expenditure and associated creditor balances</p> <p><i>The risk that expenditure, including operating expenditure and associated creditor balances, includes fraudulent transactions, or is not complete</i></p> <p>As per Practice Note 10, where financial targets are required to be met, the auditor should consider the risk of material misstatement due to fraudulent financial reporting that may arise from the manipulation of expenditure recognition.</p> <p>Due to the pressure to meet financial targets there is a risk over the completeness of your operating expenditure and creditor balances.</p>	<p>As part of our audit we:</p> <ul style="list-style-type: none"> performed a walkthrough test of the payables system to gain assurance that the in-year controls were operating in accordance with our documented understanding. verified that the operating expenses included within the financial statements are complete via review of the reconciliations between the Accounts Payable system and the General Ledger. tested operating expenditure to verify cut-off has been correctly applied. undertook substantive testing procedures on all in year expenditure. tested year end creditor and accrual balances. 	<p>As at 31 March 2020 the Trust was reporting a circa £7m liability balance in relation to 'goods received not invoiced' transactions.</p> <p>During our audit testing of GRNI accruals, we found that several of our sampled transactions related to purchase orders which were receipted many months ago. Given the number of legacy items identified we recommended management review these legacy balances to ensure they remain valid liabilities.</p> <p>We also identified an error in our sample testing but confirmed, on extrapolation, that this error was not indicative of material misstatement.</p>
<p>Private Finance Initiative (PFI) liability</p> <p>The risk of material error in the accuracy and presentation of the PFI liability and associated disclosures</p> <p>You have two builds which are financed through PFI (Amersham / Wycombe and Stoke Mandeville). As these PFI transactions are significant, complex and involve a degree of subjectivity in the measurement of financial information we have categorised them as a significant risk.</p>	<p>As part of our audit we:</p> <ul style="list-style-type: none"> reviewed the PFI models and assumptions contained therein. compared the PFI models to the previous year to identify any changes. reviewed and tested the output produced by the PFI models to generate the financial balances within the financial statements. reviewed the PFI disclosures to ensure they are consistent with the DHSC Group Accounting Manual and the International Accountancy Standard IFRIC12. vouched the additional disclosures that were included within the financial statements to the PFI models. 	<p>As part of our work on PFI we identified non-material differences between the liability recognised on your balance sheet and the underlying PFI models. The current PFI liability had been overstated by £50k on the balance sheet and the non-current PFI liability understated by £5,809k on the balance sheet, resulting in a net variance between the total PFI liability recognised on your balance sheet and the underlying PFI models of £5,760k. We also identified that your disclosures in the notes to the accounts did not agree to the PFI models.</p> <p>Management amended some of the disclosure notes, but did not adjust the financial statements. The balance sheet liability remained misstated by £5,760k.</p> <p>We raised a control recommendation that management should ensure the integrity and reliability of the PFI model, which may require specialist input.</p>

Audit of the Financial Statements

Audit opinion

We gave an unqualified opinion on the Trust and group's financial statements on 25 June 2020.

Preparation of the financial statements

Management presented us with draft financial statements on 11 May 2020, the end of the timescale allowed under the pandemic lockdown restrictions that existed at the time, and provided working papers to support them. The finance team responded promptly and efficiently to our queries during the course of the audit.

Issues arising from the audit of the financial statements

We reported the key issues from our audit to the Trust's Audit Committee on 23 June 2020.

Annual Report, including the Annual Governance Statement

We are also required to review the Trust's Annual Report, including the Annual Governance Statement. Management provided these later than expected during the audit.

The remuneration report required a number corrections before it was correctly stated.

Whole of Government Accounts (WGA)

We issued a group return to the National Audit Office in respect of Whole of Government Accounts, which did not identify any issues for the group auditor to consider.

Other statutory powers

On 5 June 2020 we referred a matter to the Secretary of State, as required by section 30 of the Act, because the Trust had not achieved a break even position over the three year period ended 31 March 2020, and will not achieve one over the three year period to 31 March 2021

Certificate of closure of the audit

We certified that we have completed the audit of the financial statements of Buckinghamshire Healthcare NHS Trust in accordance with the requirements of the Code of Audit Practice on 25 June 2020.

Value for Money conclusion

Background

We carried out our review in accordance with the NAO Code of Audit Practice, following the guidance issued by the NAO in April 2020 which specified the criterion for auditors to evaluate:

In all significant respects, the audited body takes properly informed decisions and deploys resources to achieve planned and sustainable outcomes for taxpayers and local people.

Key findings

Our first step in carrying out our work was to perform a risk assessment and identify the risks where we concentrated our work.

The risks we identified are below and summary findings from the work we performed is set out overleaf

- Financial position and sustainability
- Delivery of cost improvement programmes
- Performance and outcomes in the delivery of healthcare

As part of our Audit Findings report agreed with the Trust in June 2020, we also recommended areas of focus for the Board for the coming year.

Overall Value for Money conclusion

We were satisfied that, in all significant respects, except for the matters we identified below, the Trust put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ending 31 March 2020.

- The Trust budgeted to breakeven in 2019/20 but incurred an adjusted deficit of £29 million. Significant risks underpinning the budget were not well understood and adequate arrangements were not in place to ensure that it could be delivered
- The Trust set an efficiencies target for 2019/20 of £15 million. £7.1 million recurrent savings were achieved, with the remainder of the target being met by non-recurrent savings made in the 2019/20 year alone. These non-recurrent savings were largely due to freezing recruitment to vacant posts, thereby saving pay costs in the short term.
- The total efficiencies target for 2020/21 is £16.7m but only £1m of schemes had been fully developed prior to the start of the financial year.

The Board did not have proper arrangements in place to set a realistic budget and enable delivery against the budget for the year. Accordingly, arrangements were not in place for planning finances effectively to support the sustainable delivery of strategic priorities and maintain statutory functions.

Value for Money conclusion

Summary findings

- Financially, 2019/20 was a continual challenge for you. We reported last year that significant and unmitigated risk was present in both your 2019/20 financial plans and your Cost Improvement Programme (CIPs) for 2019/20. Contractual negotiations to agree the main contract with your CCG were not concluded until significantly late into the year, with 'income risk phasing' invoices being raised as late as month 7 to reflect ongoing uncertainty over what the final contractual position would be. Despite recording an adjusted deficit of £31.6m in 2018/19 the Board set a challenging breakeven budget for 2019/20 and a CIP target of £15m. This was under considerable pressure from NHS Improvement (NHSI) for you to accept a breakeven control total, which you ultimately agreed to deliver, communicating the risks to this in a 'side letter' to NHSI alongside your acceptance of the control total. This meant, however, that the financial plans for 2019/20 contained significant, unmitigated risk and were arguably never achievable. In that respect the outturn position – a deficit of £38m before the application of non-recurrent 'incentive' PSF and FRF funding from NHSI – is unsurprising and is in line with the previous year's financial position.
- The financial plan agreed by the Board for 2019/20 was to deliver a breakeven financial outturn, in line with an agreed breakeven 'control total'. £18.6m of this position was to be funded by non-recurrent 'incentive funding' from NHSI, (Performance Sustainability Fund (PSF), Financial Recovery Fund (FRF) and Marginal Rate of Emergency Threshold (MRET)), payable to you on the achievement of your quarterly financial targets. In essence, the requirement you signed up to was to deliver a deficit budget of £18.6m.
- This was always going to be extremely challenging. It required a £14m net improvement over the prior year outturn deficit of £31.6m (adjusted) and, as we reported last year, it was not clear what factors were different in 2019/20 that would enable such an improvement in the underlying financial position to be delivered in just one year. The gross saving requirement was considerably higher, once the impact of non-recurrent savings from 2018/19 (which could not be relied upon in 2019/20), inflation in costs and growth in activity levels were factored in.
- With the appointment of a new, substantive Director of Finance, you are enhancing and improving your detailed understanding of the financial risks and drivers, an area we recommended for the Board last year. Internal financial reporting in the early part of the year still included the best-case breakeven scenario, which was extremely unlikely, while the reported most likely and worst-case scenarios deteriorated over time. The new Director of Finance has brought more transparency and focus regarding the actual underlying financial position of the organisation, including in discussions at Board and with NHSI. The Finance Director also identified additional 'unseen' costs which were present in the 2018/19 position but which had not been reflected in the 2019/20 budget. A piece of bridging work between the two years' budgets undertaken in December 2019 revealed there were an additional circa £6m costs that had not been identified and included in the baseline 2019/20 budget.
- Whilst the year end outturn position is, like the previous two years, a significant deficit and large deterioration from the planned budget, you have ended the year in a better position than you started it. The enhanced level of understanding, rigour and openness the new Director of Finance is bringing to the financial reporting will stand you in good stead in future financial negotiations and risk management. The increased understanding of the drivers of the financial position, and its relative stability in line with the prior year, suggests a stronger platform from which to plan for future recurrent financial balance.
- You have updated your financial plans for 2020/21, considering changes to the NHS funding structure put in place as part of the response to Covid-19. The government has committed to provide the necessary funding for you to achieve a breakeven position until the end of July 2020. After that you have made assumptions regarding future income and expenditure which results in a forecast deficit of £20.1m by the end of the 2020/21 financial year.
- The preliminary budget is highly challenging but, arguably, deliverable. The main risk facing the organisation is that the ambition of this budget may not be matched by the capability of the organisation in actually delivering it. The budget has not been delivered for three years in a row, and there is a risk of 'deficit-fatigue' and the emerging 'cultural norm' that whatever the budget is, it won't be delivered. Whilst the financial forecasting capability in the Trust has been strengthened, the Board now needs to demonstrate the same improvement operationally in delivering the ambitious budgets which are set.

Value for Money conclusion

Areas of focus for the Board

In our prior year report, we set out some key areas of focus for the Board for 2019/20. At the request of the chair of the audit committee, these were considered further at a Board seminar in October 2019. These were strategic in nature, rather than 'task and finish' recommendations. There was not an expectation they would all be 'closed off' within 12 months, but that these would support the Trust as it continues its journey towards financial recovery.

The ongoing key areas of focus for the Board which we first set out in our 2018/19 report are as follows:

- Ensuring the Board is sufficiently cognisant of the significant risks inherent in the financial plans, and that Board challenge is appropriately aligned with those risks
- Ensuring reports to the Board and committees are concise, focused and enable key risks to be prioritised and acted upon. Continue the exercise to 'declutter' the reporting environment by considering the need, scope and content of reports for the Board and its committees.
- Ensuring challenge is strategic, focused, informed and prioritises key issues, and that there is appropriate balance between the time spent responding to challenge and the time spent delivering against corporate objectives and managing risk. Guard against 'scope-creep' in the requesting of assurance.
- Ensuring CIP programmes are finalised as soon as possible at the Trust and system level, and that they are realistic, deliverable and achievable, with minimal back-ended delivery risk. If they are not, ensuring the financial plans are re-considered at an early stage.
- Considering the timing of sub-committee meetings to ensure they are sufficiently in advance of Board meetings so as to optimise opportunities to inform and drive Board discussions on significant risks
- Ensuring sufficient focus on the arrangements to mitigate system risks, and in particular the risk to delivery of the system CIP and the Trust's own CIP, both of which are significant.

- Ensuring arrangements supporting the continued effectiveness of the PMO are embedded and the risk of short term disruption and instability from personnel moves is mitigated
- Ensuring the assumptions informing the income and costs in the 2019/20 plans are appropriate and realistic
- Embedding the revised governance and accountability arrangements and ensuring their effectiveness
- Ensuring that sufficient senior management time is focussed on design and implementation of planned transformational projects to support the Trust's long term financial sustainability.
- Ensuring that you deliver performance at the standards expected by the constitutional targets, offsetting financial challenges with transformation and productivity improvements, rather than deteriorations in performance.
- Where you determine it is no longer possible to plan to meet constitutional targets, you should ensure all transformation, productivity and efficiency opportunities have been explored, and ensure communication of this planning decision clearly to the people of Buckinghamshire to enable them to make informed decisions over their healthcare needs.
- Ensuring no reduction in focus or rigour on 'grip and control' in the delivery of increasingly challenging budgets and CIP savings targets, whilst continuing to meet the challenges of delivering financial and performance targets in a changing NHS environment and financial framework
- Identifying and responding to the significant capital constraints and risks this presents to the delivery of affordable, safe and efficient healthcare within your financial envelope.
- Developing credible medium term plans to realistically return the Trust to recurrent financial balance, in conjunction with systems partners
- Focus on the delivery of your strategic direction in terms of people and culture by making a reality of creating an environment which encourages creativity and innovation, empowers individuals and engenders ownership throughout the organisation. This will enhance buy-in and the winning of 'hearts and minds', and be essential for driving change and ensuring a motivated response to overcoming the significant financial challenges faced.

A. Reports issued and fees

We confirm below our final reports issued and fees charged for the audit and confirm there were no fees for the provision of non audit services.

Reports issued

Report	Date issued
Audit Plan	February 2020
Audit Findings Report	June 2020
Annual Audit Letter	July 2020

Fees

	Planned £	Actual fees £	2018/19 fees £
Statutory audit	81,625	*86,625	81,334
Total	81,625	86,625	81,334

** The actual fee was higher than planned due to the additional work required as a result of the issues set out on page 4 and the resolution of the material and non-material uncertainties and errors in the financial statements arising from the PFI accounting. Further detail is contained in the Audit Findings report and Audit Findings report addendum reported to management and the Audit Committee*



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Meeting: Trust Board Meeting in Public

30 September 2020

Agenda item	Board Attendance Record
Board Lead	Sue Manthorpe
Type name of Author	Elisabeth Jones
Attachments	None
Purpose	Information
Previously considered	

20

Executive Summary

To keep the Board informed of the attendance of Board members at Board meetings and Board committees.

Decision The Board is requested to note the contents of the report.

Relevant Strategic Priority

Quality <input type="checkbox"/>	People <input type="checkbox"/>	Money <input type="checkbox"/>
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Implications / Impact

Patient Safety	Type in box
Risk: link to Board Assurance Framework (BAF)/Risk Register	Type in box
Financial	Type in box
Compliance Select an item. Select CQC standard from list.	Type in box
Partnership: consultation / communication	Type in box
Equality	Type in box
Quality Impact Assessment [QIA] completion required?	Type in box

Board Attendance Record: July to September 2020

	Strategic Workforce Committee		Finance and Business Performance Committee			Quality & Clinical Governance Committee			Commercial Development Committee		Organ & Tissue Donation Committee	Charitable Funds Committee	Audit Committee		Trust Board	
	13 Jul	07 Sep	21 Jul	18 Aug	22 Sep	14 Jul	19 Aug	15 Sep	8 Jul – Cancelled	3 Sep - Cancelled	No meeting during this time	2 Sep	8 Jul	3 Sep	29 Jul	26 Aug
Hattie Llewelyn-Davies Trust Chair *	✓		✓	✓ (part of mtg)	x	✓	x	✓							✓	✓
Neil Macdonald, Chief Executive Officer *	x	x	✓	✓	✓	x	✓	x							✓	✓
Dipti Amin NED*						✓	✓	✓					✓	x	✓	✓
Karen Bonner Chief Nurse *	✓	✓	✓	✓		✓	✓	✓					✓	✓	✓	✓
Dan Gibbs Chief Operating Officer*			✓	✓	✓	x	✓	x							✓	✓
Nicola Gilham NED*	✓	✓	✓	✓	✓							✓	✓	✓	✓	✓
Rajiv Jaitly NED *			✓	✓	✓							✓	✓	✓	✓	✓
Barry Jenkins Director of Finance*			✓	✓	✓							✓	✓	x	✓	✓

	Strategic Workforce Committee		Finance and Business Performance Committee			Quality & Clinical Governance Committee			Commercial Development Committee		Organ & Tissue Donation Committee	Charitable Funds Committee	Audit Committee		Trust Board	
	13 Jul	07 Sep	21 Jul	18 Aug	22 Sep	14 Jul	19 Aug	15 Sep	8 Jul – Cancelled	3 Sep - Cancelled	No meeting during this time	2 Sep	8 Jul	3 Sep	29 Jul	26 Aug
Graeme Johnston NED * (SID)			✓	✓	✓								✓	✓	✓	✓
Tina Kenny Medical Director *			x	✓	✓	✓	✓	✓						✓	✓	✓
Becki Medlock Board Affiliate					✓										✓	✓
Bridget O'Kelly Director of Workforce & Organisational Development	✓	✓	✓												✓	✓
Tom Roche NED*	✓	✓	✓	✓	✓								✓	✓	✓	✓
Karol Sikora Associate NED															x	✓
David Sines Associate NED	x	✓				✓	x	✓							x	✓
David Williams Director of Strategy & Business Development		x	✓	✓	✓									✓	✓	✓

	Strategic Workforce Committee		Finance and Business Performance Committee			Quality & Clinical Governance Committee			Commercial Development Committee		Organ & Tissue Donation Committee	Charitable Funds Committee	Audit Committee		Trust Board	
	13 Jul	07 Sep	21 Jul	18 Aug	22 Sep	14 Jul	19 Aug	15 Sep	8 Jul – Cancelled	3 Sep - Cancelled	No meeting during this time	2 Sep	8 Jul	3 Sep	29 Jul	26 Aug
Ali Williams Commercial Director		✓	x	✓	✓									✓	✓	✓

NB: greyed out fields indicate committees the individual would not be expected to attend. NED = Non-Executive Director. A * indicates a voting member of the Board

Safe & compassionate care,

every time

Buckinghamshire Healthcare
NHS Trust**Meeting:** Trust Board Meeting in Public**30 September 2020**

Agenda item	Private Board Summary 29 July 2020	
Board Lead	Sue Manthorpe	
Type name of Author	Elisabeth Jones	
Attachments	None	
Purpose	Information	
Previously considered		

Executive Summary

The purpose of this report is to provide a summary of matters discussed at the Board in private on the 27 May 2020. The matters considered at this session of the Board were as follows:

- Finance Report
- Financial Governance
- Temporary Staffing Contracts
- Serious Incident Report and Tracker
- Excluded Practitioners
- ICP Community Engagement Programme
- IT Business Case

Decision	The Board is requested to note the contents of the report.		
Relevant Strategic Priority			
Quality <input checked="" type="checkbox"/>	People <input checked="" type="checkbox"/>	Money <input checked="" type="checkbox"/>	
Implications / Impact			
Patient Safety	Aspects of patient safety were considered at relevant points in the meeting		
Risk: link to Board Assurance Framework (BAF)/Risk Register	Any relevant risk were highlighted within the reports and during the discussion		
Financial	Where finance had an impact it was highlighted and discussed as appropriate		
Compliance Select an item. Select CQC standard from list.	Compliance with legislation and CQC standards were highlighted when required or relevant		
Partnership: consultation / communication	N/A		
Equality	Any equality issues were highlighted and discussed as required.		
Quality Impact Assessment [QIA] completion required?	N/A		

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Safe & compassionate care,
every time

Acronym 'Buster'

- A&E - Accident and Emergency
- AD - Associate Director
- ADT - Admission, Discharge and Transfer
- AfC - Agenda for Change
- AGM - Annual General Meeting
- AHP - Allied Health Professional
- AIS – Accessible Information Standard
- AKI - Acute Kidney Injury
- AMR - Antimicrobial Resistance
- ANP - Advanced Nurse Practitioner

B

- BBE - Bare Below Elbow
- BME - Black and Minority Ethnic
- BMA - British Medical Association
- BMI - Body Mass Index

C

- CAMHS - Child and Adolescent Mental Health Services
- CAS - Central Alert System
- CCG - Clinical Commissioning Group
- CCU - Coronary Care Unit
- Cdif / C.Diff - Clostridium Difficile
- CEA - Clinical Excellence Awards
- CEO - Chief Executive Officer
- CHD - Coronary Heart Disease
- CIO - Chief Information Officer
- CIP - Cost Improvement Plan
- CQC - Care Quality Commission
- CQUIN - Commissioning for Quality and Innovation
- CSU - Commissioning Support Unit
- CT - Computerised Tomography
- CTG - Cardiotocography

D

- DBS - Disclosure Barring Service
- DGH - District General Hospital
- DH / DoH - Department of Health
- DIPC - Director of Infection Prevention and Control
- DNA - Did Not Attend
- DNACPR - Do Not Attempt Cardiopulmonary Resuscitation
- DNAR - Do Not Attempt Resuscitation
- DNR - Do Not Resuscitate
- DoLS - Deprivation of Liberty Safeguards
- DPA - Data Protection Act
- DSU - Day Surgery Unit
- DVT - Deep Vein Thrombosis

E

- E&D - Equality and Diversity
- EBITDA - Earnings Before Interest, Taxes, Depreciation and Amortization
- ECG - Electrocardiogram
- ED - Emergency Department
- EDD - Estimated Date of Discharge
- EIA - Equality Impact Assessment
- ENT - Ear, Nose and Throat
- EOLC - End of Life Care
- EPR - Electronic Patient Record
- EPRR - Emergency Preparedness, Resilience and Response
- ESD - Early Supported Discharge
- ESR - Electronic Staff Record

F

- FBC - Full Business Case
- FFT - Friends and Family Test
- FOI - Freedom of Information
- FTE - Full Time Equivalent

G

- GI - Gastrointestinal
- GMC - General Medical Council
- GP - General Practitioner
- GRE – Glycopeptide Resistant Enterococci

H

- HAI - Hospital Acquired Infection
- HASU - Hyper Acute Stroke Unit
- HCA - Health Care Assistant
- HCAI - Healthcare-Associated Infection
- HDU - High Dependency Unit
- HETV - Health Education Thames Valley
- HSE - Health and Safety Executive
- HSMR – Hospital-level Standardised Mortality Ratio
- HWB - Health and Wellbeing Board

I

M

- I&E - Income and Expenditure
- IC - Information Commissioner
- ICP - Integrated Care Pathway
- ICU - Intensive Care Unit
- IG - Information Governance
- IGT / IGTK - Information Governance Toolkit
- IM&T - Information Management and Technology
- IPR - Individual Performance Review
- ITU - Intensive Therapy Unit / Critical Care Unit
- IV - Intravenous

J

- JAG - Joint Advisory Group

K

- KPI - Key Performance Indicator

L

- LA - Local Authority
- LCFS - Local Counter Fraud Specialist
- LD - Learning Disability
- LHRP - Local Health Resilience Partnership
- LiA - Listening into Action
- LOS / LoS - Length of Stay
- LUCADA - Lung Cancer Audit Data

M

- M&M - Morbidity and Mortality
- MDT - Multi-Disciplinary Team
- MIU - Minor Injuries Unit
- MRI - Magnetic Resonance Imaging
- MRSA - Meticillin-Resistant Staphylococcus Aureus

N

- NBOCAP - National Bowel Cancer Audit Programme
- NCASP - National Clinical Audit Support Programme
- NED - Non-Executive Director
- NHSE - NHS England
- NHSLA - NHS Litigation Authority
- NICE - National Institute for Health and Care Excellence
- NICU - Neonatal Intensive Care Unit
- NMC - Nursing and Midwifery Council
- NNU - Neonatal Unit
- NOGCA - National Oesophago-Gastric Cancer Audit
- NRLS - National Reporting and Learning System / Service

O

- O&G - Obstetrics and Gynaecology
- OBC - Outline Business Case
- ODP - Operating Department Practitioner

- OHD - Occupational Health Department
- OOH - Out of Hours
- OP - Outpatient
- OPD - Outpatient Department
- OT - Occupational Therapist/Therapy

P

- PACS - Picture Archiving and Communications System / Primary and Acute Care System
- PALS - Patient Advice and Liaison Service
- PAS - Patient Administration System
- PbR - Payment by Results
- PDC - Public Dividend Capital
- PDD - Predicted Date of Discharge
- PE - Pulmonary Embolism
- PFI - Private Finance Initiative
- PHE - Public Health England
- PICC - Peripherally Inserted Central Catheters
- PID - Patient / Person Identifiable Data
- PID - Project Initiation Document
- PLACE - Patient-Led Assessments of the Care Environment
- PMO - Programme Management Office
- PPE - Personal Protective Equipment
- PPI - Patient and Public Involvement
- PSED - Public Sector Equality Duty

Q

- QA - Quality Assurance
- QI - Quality Indicator
- QIP - Quality Improvement Plan
- QIPP - Quality, Innovation, Productivity and Prevention
- QIA - Quality Impact Assessment
- QOF - Quality and Outcomes Framework

R

- RAG - Red Amber Green
- RCA - Root Cause Analysis
- RCN - Royal College of Nursing
- RCP - Royal College of Physicians
- RCS - Royal College of Surgeons
- RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
- RTT - Referral to Treatment

S

- SAU - Surgical Assessment Unit
- SCAS / SCAmb - South Central Ambulance Service
- SHMI - Summary Hospital-level Mortality Indicator
- SI - Serious Incident
- SIRI - Serious Incident Requiring Investigation
- SIRO – Senior Information Risk Owner
- SID - Senior Independent Director
- SLA - Service Level Agreement
- SLR - Service-Line Reporting
- SLT / SaLT - Speech and Language Therapy
- SMR - Standardised Mortality Ratio
- SoS - Secretary of State
- SSI(S) - Surgical Site Infections (Surveillance)

- SSNAP - Sentinel Stroke National Audit Programme
- STF – Strategic Transformation Fund
- STP - Sustainability and Transformation Plan
- SUI - Serious Untoward Incident

T

- TIA - Transient Ischaemic Attack
- TNA - Training Needs Analysis
- TPN - Total Parenteral Nutrition
- TTA - To Take Away
- TTO - To Take Out
- TUPE - Transfer of Undertakings (Protection of Employment) Regulations 1981

U

- UGI - Upper Gastrointestinal
- UTI - Urinary Tract Infection

V

- VfM - Value for Money
- VSM - Very Senior Manager
- VTE - Venous Thromboembolism

W

- WHO - World Health Organization
- WTE - Whole Time Equivalent

Y

- YTD - Year to Date