

Meeting: Trust Board Meeting in Public

Date: Wednesday, 26 January 2022

Time: 09:00-11:30

Venue: Virtual meeting via MS Teams and streamed live to the Public

Start Time	Item	Subject	Purpose	Presenter	Encl.
09.00	1.	<ul style="list-style-type: none"> Chair's Welcome to the Meeting, Meeting Guidance and Who's Who of the Board Apologies for absence 	Information	Chair	Verbal Paper
	2.	Declaration of Interests	Assurance	Chair	Verbal

General Business

09.05	3.	Patient Story	Discussion	Chief Nurse	Paper
09.35	4.	Minutes of the last meeting <ul style="list-style-type: none"> Held on 24 November 2021 	Approval	Chair	Paper
	5.	Actions and Matters Arising	Approval	Chair	Paper
	6.	Chief Executive's Report	Assurance	Chief Executive Officer	Paper

Performance

09.45	7.	Integrated Performance Report	Assurance	Chief Operating Officer	Late Paper
10.00		QUESTIONS FROM THE PUBLIC			
10.05		COMFORT BREAK – 10 minutes			

Strategy

10.15	8.	Estates Strategy 2022-2025	Approval	Commercial Director	Paper
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Finance

10.30	9.	Finance and Business Performance Committee Chair's Report	Assurance	Committee Chair	Paper
	10.	Monthly Finance Report	Assurance	Director of Finance	Paper

Quality

10.40	11.	Quality and Clinical Governance Committee Chair Report	Assurance	Committee Chair	Paper
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Workforce

10.45	12.	Strategic Workforce Committee Chair Report	Assurance	Committee Chair	Paper
	13.	Vaccination as a Condition of Deployment (VCOD) Update	Assurance	Chief People Officer	Paper

	14. Gender Pay Gap	Approval	Chief People Officer	Paper
Risk and Governance				
11.00	15. Audit Committee Chair's Report	Assurance	Committee Chair	Paper
	16. Corporate Risk Register	Assurance	Chief Nurse	Paper
	17. Board Assurance Framework	Assurance	Trust Board Business Manager	Paper
Information				
11:15	18. Charitable Funds Annual Trustees Report 2020/21	Information	Director of Finance	Paper
	19. Charitable Funds Committee Chair's Report	Information	Committee Chair	Paper
	20. CQC Improvement/Action Plan	Information	Chief Nurse	Paper
	21. Infection Prevention & Control Report (IPC)	Information	Chief Nurse	Paper
	22. Safe ('Safest') Staffing	Information	Chief Nurse	Paper
	23. Compliance with Legislation	Information	Chief Nurse	Paper
	24. Compliance Certificate	Information	Chief Executive Officer	Paper
	25. Board attendance record	Information	Trust Board Business Manager	Paper
	26. Private Board Summary Report	Information	Trust Board Business Manager	Paper
	27. Risks identified through Board discussion	Discussion	Trust Board Business Manager	Verbal

ANY OTHER BUSINESS

QUESTIONS FROM THE PUBLIC

Date of Next Meeting:
30 March 2022, 9am

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

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 on our website www.buckinghamshirehealthcare.nhs.uk.

Members of the public will be given an opportunity to raise questions related to agenda items during the meeting or in advance of the meeting by emailing: bht.communications@nhs.net

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.

When viewing the streamed live meeting please note that only nine directors can be visible at any time. When a director stops talking after a few minutes the system will automatically close their camera and show their initials until the director speaks again.

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

David Highton
Trust Chair

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

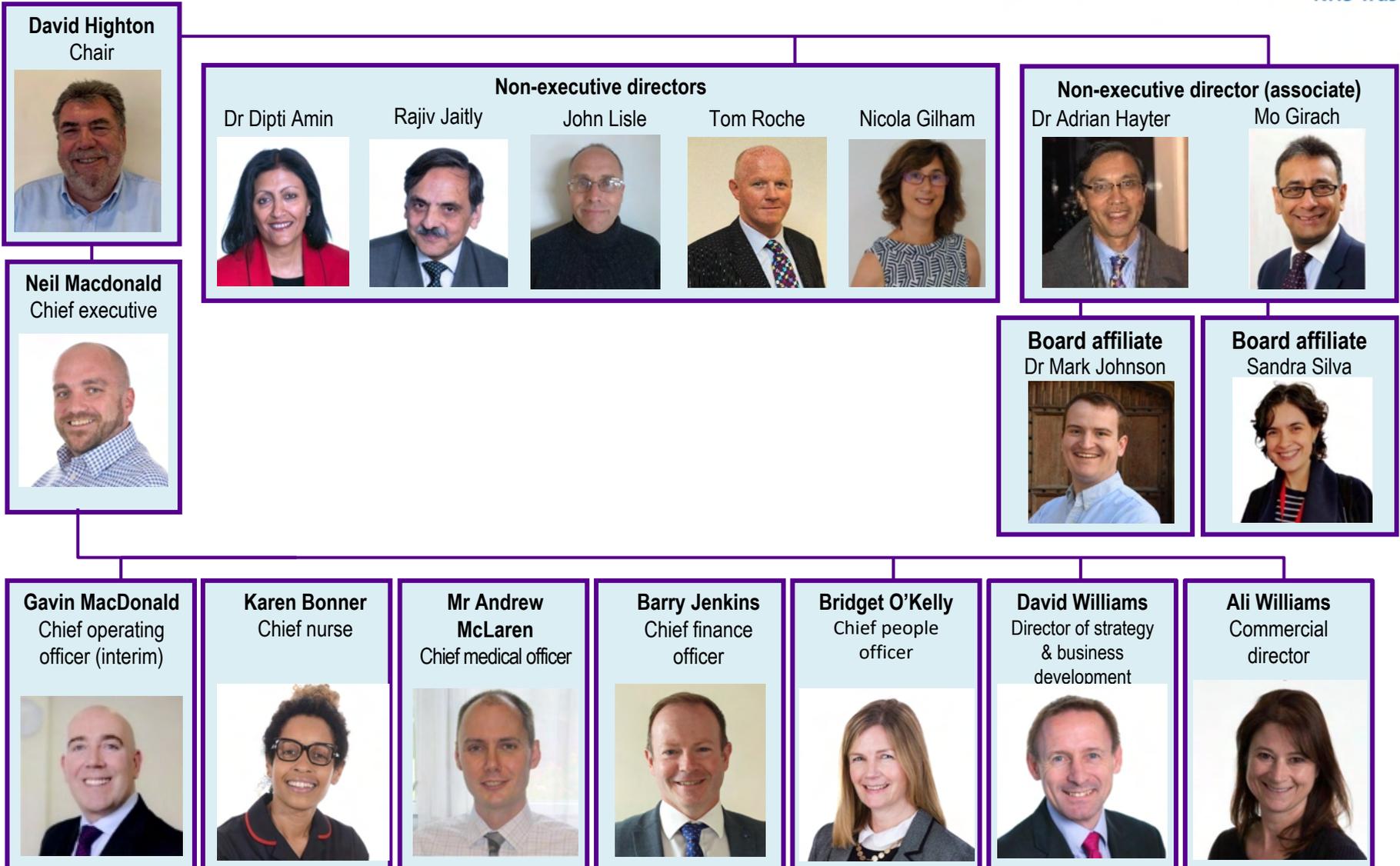
Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

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.

Board of directors



Meeting: Trust Board Meeting in Public

26 January 2022

Agenda item	Patient Story – Remember Ben
Board Lead	Karen Bonner, Chief Nurse
Type name of Author	Amarjit Kaur, Head of patient experience and involvement
Attachments	Remember Ben – Slides
Purpose	Discussion
Previously considered	Q&CG 19.01.2022

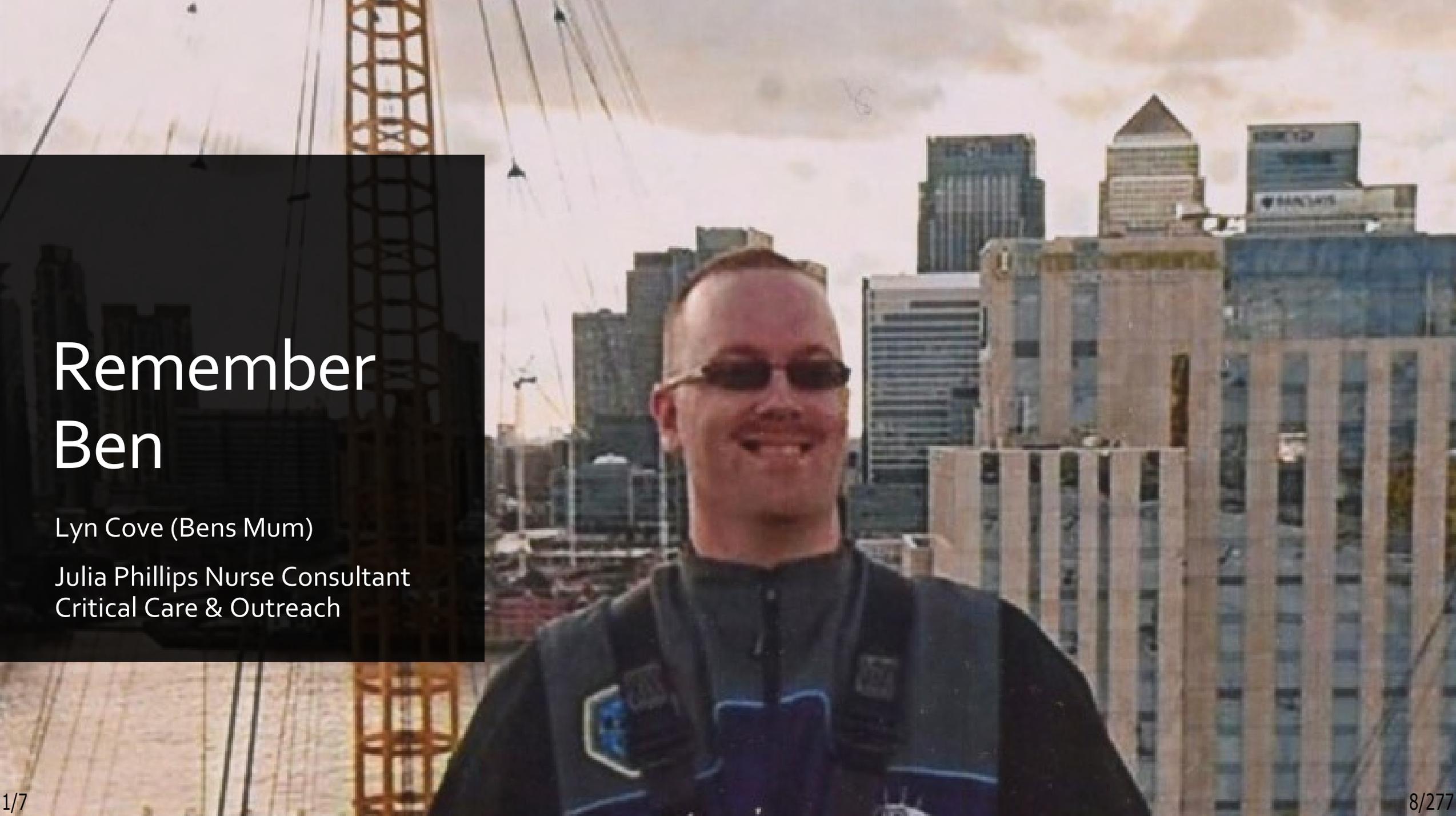
Executive Summary

- Ben Cove was 39-year old who died from sepsis at Buckinghamshire Healthcare NHS Trust 15 hours following first presentation.
- Bens case was investigated as part of a serious incident.
- Ben’s story is being told so we can learn and act to ensure timely recognition and treatment leads to the best possible patient outcomes.
- Having the skills to recognise and treat sepsis is essential for all clinical staff.
- Bens story is told by his mother Lyn Cove. Lyn was with Ben throughout –including his first presentation with the GP at Wycombe treatment centre –and throughout his care in ED until his death 15 hrs following 1st presentation

<https://youtu.be/3nSEnX4RPkM>

Decision	The Board is requested to discuss this story		
Relevant Strategic Priority			
Outstanding Care <input checked="" type="checkbox"/>	Healthy Communities <input type="checkbox"/>	Great Place to Work <input type="checkbox"/>	Net Zero <input type="checkbox"/>
Implications / Impact			
Patient Safety	Poor patient experience can be an indicator of safety concerns		
Risk: link to Board Assurance Framework (BAF)/Risk Register	Listening to the patient voice and a culture of quality improvement		
Financial	Potential litigation		
Compliance CQC Standards Person-centred Care	Person centred care, safety, safeguarding, complaints		
Partnership: consultation / communication	We understand patient experience by listening to feedback from a variety of channels. We work in partnership with patients to improve services		

Equality	Working with key stakeholders in quality, safety and experience. Health inequalities are avoidable, unfair and systematic differences in health and experience between different groups of people. The trust is committed to the fair treatment of all patients and service users, regardless of age, colour, disability, ethnicity, gender, gender reassignment, nationality, race, religion or belief, responsibility for dependents, sexual orientation, or any other personal characteristics.
Quality Impact Assessment [QIA] completion required?	Not required



Remember Ben

Lyn Cove (Bens Mum)

Julia Phillips Nurse Consultant
Critical Care & Outreach

Sepsis

A Time Critical Illness

The leading cause of
preventable death

Sepsis six Saves lives

Lessons Learnt

<https://youtu.be/3nSEnX4RPkM>

Institutional
Memory

Educational Video
Mandatory for all
clinical staff

Sepsis screening
for all ED
presentations
(excluding minors)

Remember the
Sepsis Six

Ketone check for
raised glucose

Blood gas results –
interpretation by
senior

Remember Ben

NEWS Escalation
Pathway

Importance of
Clinical Concern

Escalate to
Clinician in
Charge

Emergency
Laparotomy
Care Bundle

Interprofessional
Standards

Remember Ben

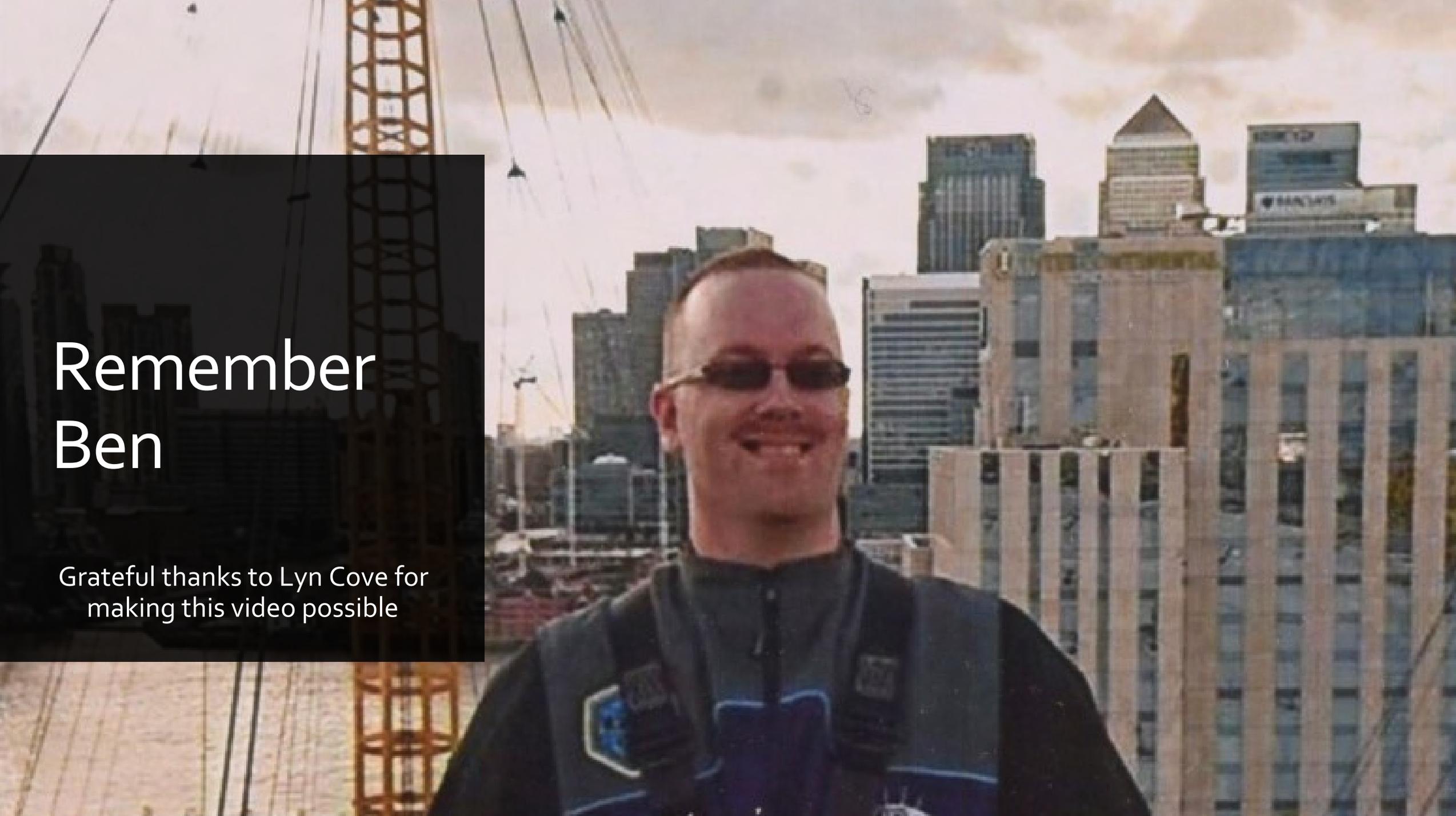
Electronic Sepsis Screening and Careflow Vitals

Measures for
improvement

ED sepsis screening >
90%

Human Factors

Primary care
recognition

A man with short hair and sunglasses is smiling. He is wearing a dark blue safety vest with a logo on the left chest. The background shows a construction site with a yellow crane and a city skyline with several skyscrapers under a cloudy sky.

Remember Ben

Grateful thanks to Lyn Cove for
making this video possible

Meeting: Trust Board Meeting in Public

Date: Wednesday, 24 November 2021

Time: 9.00 – 11.30am

Venue: Virtual Meeting via MS Teams and streamed live to the public

MINUTES

Voting Members:

Ms H Llewelyn-Davies (HLD)	Trust Chair
Mr N Macdonald (NM)	Chief Executive Officer
Dr D Amin (DA)	Non-Executive Director
Ms K Bonner (KB)	Chief Nurse / Director of Infection Prevention Control
Mrs N Gilham (NG)	Non-Executive Director
Mr R Jaitly (RJ)	Non-Executive Director
Mr B Jenkins (BJ)	Director of Finance
Mr J Lisle (JL)	Non-Executive Director
Mr G MacDonald	Chief Operating Officer (interim)
Mr A McLaren (AM)	Chief Medical Officer
Mr T Roche (TR)	Non-Executive Director

Non-Voting Members:

Mr A Hayter (AH)	Associate Non-Executive Director
Dr M Johnson (MJ)	Board Affiliate
Mrs B O'Kelly (BOK)	Chief People Officer
Ms S Silva (SS)	Board Affiliate
Ms A Williams (AW)	Commercial Director
Mr D Williams (DW)	Director of Strategy and Business Development

In attendance:

Miss J James (JJ)	Trust Board Business Manager
Mrs E Jones (EJ)	Senior Board Administrator (minutes)
Ms K Kennedy (KK)	Head of Nursing, Integrated Elderly and Community Care (for agenda item 3)
Ms J O'Grady (JG)	Director of Public Health, Early Help & Prevention, Buckinghamshire County Council (for agenda item 10)
Ms T Underhill (TU)	Lead Freedom to Speak Up Guardian (for agenda item 7)

01/11/21 Chair's Welcome, introductions and apologies

The Chair welcomed everyone to the meeting.

Mo Girach was not present at the meeting.

02/11/21 Declarations of Interest

- NM noted a new declaration of interest: The new interim Chief Operating Officer had been introduced to the Trust through a recruitment company, Melber Flinn. The Director of the company was a friend of NM. Four candidates from different sources were interviewed for the role. The panel consisted of the CEO, a Non-Executive Director and the Regional Director for Systems and Strategy at NHS Improvement.
- BOK noted her youngest daughter had commenced volunteering at the Trust.

- For agenda item 18, it was noted both AW and BJ were directors of Buckinghamshire Healthcare Projects Limited (BHPL).

03/11/21 Patient Story

KB introduced a film where two patients shared their experiences of community nursing. Katriona Kennedy, Head of Nursing, Integrated Elderly and Community Care joined the meeting to answer questions from the Board.

DA commented on the positive story and the importance of sharing learning from this team with other teams across the Trust.

NG queried how the community nurses were coping with the additional demand and if the Trust was doing enough to protect their safety and well-being. KK noted the teams were resilient however recruitment nationally was difficult. Ten new members were undertaking training, being provided with lone working devices and resources for wellbeing were available for staff.

HLD noted the importance of treating patients at home rather than an acute setting.

KB recognised the difficulty initially of using PPE in the community due to confusion and ignorance until staff explained the use was for the safety of patients as well as staff.

HLD thanked the community nursing team and the patients for sharing their experiences.

04/11/21 Minutes of the last meeting

The minutes of the last meeting on 29 September 2021 were **APPROVED** as an accurate record.

05/11/21 Actions and matters arising

The Board **NOTED** the action log.

RJ queried when the Integrated Performance Report would be coming back to Board. NM explained this would be discussed at the next Finance and Business Performance Committee.

06/11/21 Chief Executives Report

NM highlighted the mandatory vaccine programme which had been announced noting legislation and guidance had not yet been received. Staff who were affected were being offered individual conversations and the situation was being monitored.

NM noted the challenge around wellbeing, safety and resilience of staff. The Trust had just completed the second half of financial planning which was a deficit plan and working with the ICS on an accurate forecast. NM explained money was available for recovery and plans were taking shape. NM thanked the finance teams for work on the finances.

NM recognised the great work of the children's immunisations teams who had been delivering Covid vaccines to schools across the county.

The Board **NOTED** the Chief Executive's report.

07/11/21 Freedom to Speak Up Report

BOK informed the Board the Trust was committed to speaking up and listening to colleagues and learning. It was noted the HSJ article recently published was disappointing and had not been triangulated with the staff survey results.

TU noted additional Guardians were now in place and there had been an increase in the number of contacts with many in the community services. The expansion of the team had

led to the biggest and best Speaking Up Month. TU noted the national guardian's office and CQC had recruited a National Lead Guardian.

DA recognised the increase in contacts and activity and queried how those members of staff who could not speak up were reached. TU explained the outreach had increased and those areas were being reached with the help of increased diversity in the team. The areas of the Trust where there was little contact were now being monitored with more flexibility to respond.

TR queried if BHT were benchmarked against Trusts of a similar size. TU noted BHT compared favourably with other Trusts and comparisons would be included in future reports.

NG, as Chair of the Charitable Funds Committee, noted pride that monies from the Charitable Fund was being used for Speaking Up outreach. NG queried if different themes were emerging following greater outreach in the community. TU noted the themes were no different for community than previously. TU thanked the Charitable Funds for their money.

JL queried plans for the next six months. TU noted there were plans for Speaking Up Champions and to reach more of the workforce with increased diversity and sustainability. All of this would underpin the safety for patients.

BOK assured the Board learning was shared with the leadership teams.

The Board was **ASSURED** by the report.

08/11/21

Recovery Report

GM updated the Board on the operational recovery programme and the support for planned care, diagnostics and urgent and emergency care (UEC). Following meetings with the regulators the plan would be further developed and would include governance, quality and safety, finance, people, leadership and culture. Additional funding and support for leadership and coaching had been received from the region to help deliver the Trust Improvement Programme (TIP).

Regarding planned care, UEC and diagnostics, the Trust had seen a return to pre-covid activity with patients attending hospital for referrals and planned care which was good news however this was putting pressure on clinical services. There were challenges with operational performance which included longer waits for planned operations however there was a planned trajectory to reduce patients waiting times and good progress was being made. Diagnostic waiting times were reducing, and the standard would be met except for endoscopy specialities where extra capacity was being found. There was a refocus around UEC with action plans to reduce waiting times in A&E and ambulance handover times.

Communications were planned with staff and the public and the plan included governance and reporting to the Board with stepped up oversight and fortnightly meetings and included highlight reports of the Trust's improvement.

DA queried what could be rectified around the endoscopy challenges. GM noted there had been capacity challenges before Covid which included workforce and productivity issues. However, recovery was taking longer because of Covid.

DA questioned whether patients were being put at risk around the 104 week waits. GM explained all patients were being prioritised by clinical risk.

In response to a query from DA, GM noted realistic timeframes were included in the plan around elective recovery.

RJ queried if the Trust was utilising independent sector opportunities for achievable recovery. GM highlighted the importance of understanding capacity and having visibility and the costing of this would be monitored through the Finance and Business Performance Committee.

AH highlighted the long waiting times in some community areas such as rehabilitation and queried if the recovery work would include community services as well as acute services. GM informed the Board monthly divisional reviews were taking place to track operational performance around quality and money which would provide support to address issues.

JL queried the backlog issues around outpatient services. GM noted an analysis on this would come to the Finance and Business Performance Committee.

NM noted the need for a complete review and oversight of areas where there were issues such as community services, health visiting, children's services, rehabilitation, resource and support recognising the health impact on developmental delays for children.

Action: The totality of access issues to come to Finance and Business Performance Committee and then Board - GM

GM highlighted the development of the trust improvement programme was an exciting opportunity and critical to improve things for both patients and staff.

The Board **NOTED** the report.

09/11/21 Emergency Preparedness, Resilience and Response (EPRR)

GM presented the EPRR noting it was an annual assurance process to ensure the Trust was compliant with a set of core standards. The review was a self-assessment followed by peer review. The process had been positive with one core standard being partially met which was the IT governance tool application. The CCG and NHSE were assured by the action plan to address the issue which would be tracked by the Emergency Planning Committee.

JL highlighted the plan was tested with live experiences and was continually updated with learning.

HLD asked GM to pass on the Board's thanks to the Emergency Planning Team.

The Board **NOTED** the update.

QUESTIONS FROM THE PUBLIC

There were no questions from the public.

10/11/21 Director of Public Health Annual Report 2021 – Domestic Violence and Abuse

HLD welcomed Jane O'Grady to present the Annual Report of the Director of Public Health which was focussed on domestic violence and included a wide range of stakeholders. JG thanked those involved particularly those who had shared stories and experiences. JG noted the huge problem and underreporting of abuse due to a lack of understanding and a reluctance to report abuse.

DA queried if the measures being taken nationally and regionally were causing a reduction. JG explained pre-Covid there had been a slight reduction nationally however Covid had increased the prevalence of domestic abuse. There needed to be a societal change around attitudes and comments as well as improved services and better awareness.

AH noted the underreporting in older adults was a significant issue and cultural change needed to happen. It was important for community nurses and services to be vigilant. AH highlighted the need for the Trust to be aware of the violence and abuse against older people. JG noted safeguarding of adults included domestic abuse as well as other abuse.

JG would be working with leadership team on what the Trust was doing around domestic abuse and what it could be doing.

JL queried if there were plans to strengthen the statutory and mandatory training for all staff around domestic abuse. NM noted this would be reviewed as part of the review taking place with the leadership team.

HLD thanked JG for her report and noted the review would come back to the Board.

11/11/21 Trust Board High Level Milestones Update

DW presented the Trust's progress against milestones on the Strategy. The following points were noted:

- The outpatient transformation was an important part of recovery and changing the way patients access the Trust including patient initiated follow ups and the introduction of video appointments.
- There had been agreement of a clear action plan to improve the health and well-being of children to improve outcomes for children ready for school including their emotional and mental health.
- Thames Valley Imaging Network were supporting radiologists and diagnostic services to work across hospitals in the region by sharing images, remote working and introducing new technology to improve outcomes for patients
- The Innovation Centre had been opened working collaboratively with businesses and clinical development.
- Approval of carbon net zero strategy to reduce the carbon footprint of the Trust.
- Quarterly report would come to the Board linked to transformation journey and milestones.

TR asked for assurance on the deliverance of the milestones on time. DW explained there was a monthly transformation board meeting to assess delivery which would be monitored through the Finance and Business Performance Committee.

MJ asked for assurance the outpatient work linked with the clinical quality of pathways and resetting expectations would provide the best possible care for patients. DW noted feedback would be provided from patients that the best care was being offered for patients. There had been a lot of digital appointments which had received support however those who did not have digital facilities would still be seen face to face. NM noted the importance in understanding the long-term models and convenience for patients looking at mapping disease pathways and involving clinicians and patients. AM highlighted video appointments needed to be embedded however it was important also to be able to examine patients when needed.

The Board **NOTED** the update.

12/11/21 Finance and Business Performance Committee Chair's Report

NG noted the month 7 £1.2m deficit and divisional risks were being monitored. There was concern regarding CIP and efficiency plans which were being monitored and concern related to pay overspends. A report on the management of overspends would come back to the Committee. The final H2 plan had now been agreed which was a £5.7m deficit for the year.

The Board **NOTED** the report.

13/11/21 Quality and Clinical Governance Committee Chair's Report

DA highlighted the following:

- Mortality Reduction Report. The lessons learnt report showed the Trust did well during the Covid pandemic and used key learning well.
- Infection Prevention Control Annual Report. This now included benchmarking of infections.
- Harms report. There was concern on the lack of access to children's services which was being reviewed by the CCG.

- Maternity staffing. There were national recruitment measures in place to support the Trust.
- Patient experience and inpatient surveys Annual Report. It was noted regular updates were received and a summary of actions would be included for assurance in future reports.
- It was noted the October meeting was not quorate therefore the Board endorsed the discussions that had taken place.
- Benchmarking data for staffing would be included in future staffing reports.

The Board **NOTED** the report.

14/11/21 Strategic Workforce Committee Chair Report (SWC)

TR noted the Committee had discussed the importance of looking after staff which had been recognised nationally. There had been progress on recruitment particularly around overseas nurses.

BOK noted the Trusts in the region were now sharing workforce data, which would come to SWC in January.

The Board **NOTED** the report.

15/11/21 Audit Committee Chair's Report

RJ noted the focus of the Committee had been on the internal audit reports and the updates on actions on partial assurance. The next meeting would include audit planning for the next year.

The Board **NOTED** the report.

16/11/21 Corporate Risk Register (CRR)

KB presented the CRR which included risks from divisions. Two new risks had been added to the register; capacity in the Emergency Department and the increase in the length of stay. The two risks being removed from the CRR would remain on the divisional registers.

RJ queried how the CRR and BAF were tracked through Recovery and Estates. KB noted the feedback, noting this would be reviewed.

The Board **NOTED** the report.

17/11/21 Board Assurance Framework (BAF)

JJ explained the BAF provided an update on outstanding actions and work to link the risks identified at Board Committees and the CRR was being undertaken to provide a joint report. The appendix showed committee ownership of the risks.

RJ welcomed the progression of the BAF and asked for RAG rating to be included to ensure visibility of escalation levels.

The Board **NOTED** the report.

18/11/21 BHPL Annual Report

AW highlighted the support and service the company had provided to the Trust. The KPIs were helping clinical staff. AW noted social enterprise status had been achieved. It was noted surplus money was always reinvested and a Hairdressing Salon had opened.

The Board **NOTED** the report.

19/11/21 Safeguarding Annual Report

KB noted the increase in contact through the pandemic and there had been a refocus on training.

RJ asked for the issues around training in several of the reports to be reviewed. HLD requested a report went to SWC and then back to Board.

The Board **NOTED** the report.

20/11/21 Information Governance DSP Toolkit Improvement Plan

DW noted all the actions would be completed by the end of December except those related to infrastructure.

There had been investment in the infrastructure however there were risks due to legacy issues. It was noted NHSI were aware and recognised the issues. This would be discussed at the Finance and Business Performance Committee. RJ requested visibility of the unmitigated risks to be included in the next report for complete understanding.

The Board **NOTED** the report.

21/11/21 Patient Experience Annual Report

KB noted the importance of tracking improvements over time. TR asked for compliments to be highlighted in the report.

The Board **NOTED** the report.

22/11/21 Infection Prevention and Control Report

The Board **NOTED** the report.

23/11/21 National Inpatient Survey Results

The Board **NOTED** the report.

24/11/21 Safe (safest) staffing including maternity

KB noted the move to safest staffing during the peaks of the pandemic.

BOK noted the Trust was always listening and adapting to the wellbeing measures in place going into the Winter to support staff including in reach teams.

The Board **NOTED** the report.

25/11/21 Mortality Reduction Report

The Board **NOTED** the report.

26/11/21 Harms Report

The Board **NOTED** the report.

27/11/21 Trust Board Seal

The Board **NOTED** the report.

28/11/21 Board attendance record

The Board **NOTED** the report.

29/11/21 Private Board Summary Report

The Board **NOTED** the report.

30/11/21

Risks identified through Board discussion

JJ noted the risks identified through Board discussion as follows:

- Mandatory COVID-19 vaccinations for healthcare workers, noting further national guidance awaited.
- Recovery of services post pandemic; specific attention to community services as well as acute and elective work.
- Finance; divisional outturns, CIP and efficiency plans, pay overspend and predicted deficit for the year.
- Individual risks noted within the CRR.
- Need for external funding to realise full digital agenda.
- Statutory training with particular reference to safeguarding.
- Number of cancellations and impact on patient experience and ability to recover services.

31/11/21

Any other Business

There was no other business.

32/11/21

QUESTIONS FROM THE PUBLIC

There were no further questions from the public.

Date of next Meeting: Public and Private Trust Board Meeting: 26 January at 9am

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 September 2021	Update November 2021	Update January 2022	RAG	Date closed
11/09/2021	29/09/21	Integrated performance report	Board presentation on Community and Integration and Service Development to be scheduled	Chief Nurse	TBC	Not due	Date to be confirmed	Date to be confirmed	Red	
12/09/2021	29/09/21	Winter Resilience Plan	Scenario planning against the winter plan to go to F&BP	Chief Operating Officer	24/11/21 26/01/22	Not due	BHT participated in a regional winter exercise in November 2021 where winter plans were tested against several scenario. Output from this will be taken to F&BP.	Verbal update at January Board meeting	Amber	
06/07/2021	28/07/21	Chief Executives Report	Staff resilience risk to be discussed at Strategic Workforce Committee and then at Board.	Chief People Officer	29/09/21 26/01/22	Discussed at Strategic Workforce Committee on 13 September and a verbal update will be given at the board meeting.	This will be considered as part of the new IPR in January 2022. Staff health & wellbeing remains a standing agenda item at SWC	Update on IPR development at January Board meeting	Amber	
07/07/2021	28/07/21	Integrated performance report	Key strategic metrics to be highlighted in the IPR	Chief Operating Officer	27/10/21 26/01/22	Not due	Work is underway on the development of a new IPR template. For January Board.	Update on IPR development at January Board meeting	Amber	
11/09/2021	29/09/21	Integrated performance report	IPR to include diagnostic and cancer waits	Chief Operating Officer	27/10/21 26/01/22	Not due	Work is underway on the development of a new IPR template. For January Board.	Update on IPR development at January Board meeting	Amber	
03/09/2021	29/09/21	Patient Story	KB to take forward learning from children's services re: integration into adult services.	Chief Nurse	24/11/21 30/03/22	Not due	KB to share the learning and provide minutes of discussion	Planned for February Learning Forum	Amber	
11/09/2021	29/09/21	Integrated performance report	Community to be included in the performance slide in the CEO report	Chief Executive Officer	26/01/22 30/03/22	Not due	Not due	Metrics under development - to be included from March 2022	Amber	
24/11/2021	08/11/21	Recovery Report	The totality of access issues to come to Finance and Business Performance Committee and then Board	Chief Operating Officer	30/03/22	Not due	Not due	Not due	Amber	
14/09/2021	29/09/21	Infection Prevention Control Monthly Report	A report on compliance with NICE guidance to go to Q&CGC and then Board	Chief Nurse	26/01/22	Not due	Not due	Incorporated within IPC BAF quarterly update to Quality & Clinical Governance Committee	Green	Propose close 26/01/2022
07/09/2021	29/09/21	Buckinghamshire Healthcare Trust 2025 Strategy	Financial implications of the Strategy to come back to Board	Director of Strategy	24/11/21 26/01/22	Not due	As per strategy milestones document - work underway to develop Trust financial strategy; date revised to Q4 due to scale of work required to develop workstream to address the deficit	Financial Strategy presented to January Finance & Business Planning Committee principles and actions being incorporated into Operational Plan for 2022/23	Green	Propose close 26/01/2022
08/09/2021	29/09/21	Net Zero Carbon Roadmap and Strategy	Financial implications of the Roadmap to be brought to Board	Commercial Director	24/11/21 26/01/22	Not due	Further clarification of action required.	Net Zero elements costed within Estates Strategy.	Green	Propose close 26/01/2022

Completed Actions

12/09/2021	29/09/21	Winter Resilience Plan	Provide assurance the NHSE ten-point plan was incorporated in the winter plan	Chief Operating Officer	24/11/21	Not due	Ten point plan incorporated with a weekly review; the output of which goes to the BHT Incident Management Team, the Bucks System Cell (both weekly) and the UEC Board.			19/11/21
05/07/2020	29/07/20	Integrated performance report	Quality Committee to monitor the OPD letter process and ensure it is up to date	Chief Operating Officer	08/12/20	Being presented at the September Finance and Business Performance Committee.	Presented September F&BP			24/11/21
07/09/2021	29/09/21	Buckinghamshire Healthcare Trust 2025 Strategy	A quarterly progress report on the Strategy performance against the timeline to come to Board	Director of Strategy	24/11/21	Not due	On agenda			24/11/21

**TRUST BOARD MEETING IN PUBLIC
26 JANUARY 2022
CHIEF EXECUTIVE'S REPORT**

Introduction

This report aims to 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 list of the eight fantastic winners of our Trust CARE value awards for October and November (Appendix 1), and a summary of Executive Management Committee and Transformation Board meetings over the last two months to provide oversight of the significant discussions of the senior leadership team in other areas (Appendix 2).

Due to the threat of the Omicron variant, a Level 4 National Incident was declared on 13 December in recognition of the impact on the NHS of supporting the increase in the vaccination programme as well as preparing for a potentially significant increase in COVID-19 cases.

COVID-19 cases in Buckinghamshire still remain very high. Although new cases are now declining following a spike over the festive break, case numbers are approximately twice as high as they were in November (at the time of writing). The COVID-19 vaccine booster is a key part of our plans to keep people safe and well this winter and our teams moved quickly to set up vaccination centres at Amersham Hospital and at Stoke Mandeville Hospital. I am incredibly grateful for all the support given in helping us deliver both colleague and public vaccinations. I would encourage you to book in for your vaccine if you have not already done so and please encourage your neighbours, friends and loved ones to do so too.

Whilst the Trust is continuing to make progress, we are very aware that people are having to wait longer than we would like for elective procedures, diagnostic tests and in our Emergency Department. Recovery continues to be a key focus with a specific additional Trust Board meeting held each month and additional Executive Management Committee meeting held each week to review and address this.

At this challenging time, I am delighted to welcome our new Trust Chair David Highton who joined the Trust at the beginning of this month. David, who originally trained as a Chartered Accountant, began his career with the NHS as a Finance Director in 1990 before being appointed Chief Executive of Chelsea and Westminster Hospital NHS Trust and then Oxford Radcliffe Hospitals NHS Trust. He was also previously Ministerial Advisor on Private Involvement and Public Private Partnership to the Minister of Public Health in Qatar.

David succeeds Hattie Llewelyn-Davies who has left the Trust after almost 8 years. Hattie moves onto fresh challenges having been appointed as the chair of The Princess Alexandra Hospital NHS Trust. Under Hattie's leadership the Trust has been on a remarkable journey thanks to the dedication of our colleagues, partners and volunteers, moving out of special measures to achieving 'good' with 'outstanding for caring' in our last CQC inspection in 2019. Both the Trust and me personally are extraordinarily grateful for Hattie's wisdom, compassion, leadership and most importantly, her staunch advocacy for our residents. With his wealth of experience in healthcare, both here and overseas, and a commitment to driving change, David is ideally placed to lead our team on the next phase of our journey.

I am also pleased to announce that Raghuv Bhasin has been appointed into the substantive Chief Operating Officer role. Raghuv joins us with a wealth of experience; he started his career in the Civil Service working in a range of roles at the Department of Health and Social Care including as Principal Private Secretary to the Secretary of State and the Senior Civil Servant responsible for NHS Performance. Since then Raghuv has worked at NHS Improvement and most recently at Royal Berkshire NHS Foundation Trust in Operational and Strategy roles. He was also a part of the Executive Team that set up, built and managed NHS Test and Trace.

Raghuv will be starting with us in March. In the interim period, I am extremely grateful for Gavin Macdonald's continued support and leadership through this challenging period.

At regional level, Javed Khan has been appointed the Chair Designate of the establishing Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) and James Kent has been appointed Chief Executive Designate, following an appointment process managed by NHS England and NHS Improvement and agreed by the Secretary of State. I look forward to working with Javed and continuing to work with James at a time when regional collaboration and support is of significant importance.

COVID-19 response

Following declaration of the Level 4 National Incident, the Trust has taken actions to prepare for and respond to the Omicron threat including: a ramp up of the vital COVID-19 vaccine programme; exploration of new virus treatments; ensuring availability of COVID-19 treatments is maximised; support for colleagues; increasing capacity within hospitals and community settings; developing surge plans and processes to be ready for implementation; regular review of infection, prevention and control processes; and ensuring quality and safety oversight.

The Trust's incident reporting structures of Bronze, Silver and Gold Command meetings have been stood up and there is increased collaboration with partners across Buckinghamshire and BOB Integrated Care System (ICS) with daily briefings circulated from the BOB System Operations Centre, recently operationalised ahead of winter.

Quality, performance and recovery

The Trust Improvement Plan continues to be key focus during the current COVID-19 surge and services remain fully operational.

We have successfully been reducing the number of patients with extended wait times and are forecasting zero patients waiting over 104 weeks for planned care from next month with no increase from March 2022 in the number of patients waiting over 52 weeks compared with September 2021. Both metrics are on track for delivery. However, there remains a significant challenge for achieving diagnostic wait time compliance and specific recovery plans are in place.

Disappointingly, the number of patients on the cancer pathway is rising and cancer performance against the 62 day standard was not delivered in month, though it has improved. The number of patients waiting longer than 104 days for treatment has increased from the position in November. The two-week-wait metric was non-compliant at 80.4% in November. This is projected to be above target from April 2022.

Our pressures with urgent and emergency care performance continue to be reflected across Trusts at regional and national level, particularly with the Emergency Department (ED) 4-hour performance target of 95%. The Trust has been working closely with FedBucks over the last few months to develop a new Urgent Treatment Centre pathway at the front door of the Emergency Department at Stoke Mandeville Hospital. This will enable the management of minor illness and injury through a different pathway, allowing the ED to focus on the most acutely unwell patients. This pathway went live on 12 January – initially for all self-presenting patients to the Emergency Department.

To help create capacity to safely meet demand, the Trust has been working with the ICS, following national guidance, on Operation Reset: a multi-agency discharge event covering acute, community and mental health beds to reduce length of stay and make improvements against the baseline for patients who no longer meet the criteria to reside but remain in beds. Improvements will then need to be sustained.

Similarly, last month, people in Buckinghamshire were urged to work with the Trust to support their loved ones to leave hospital to be home in time for Christmas. Where patients no longer needed hospital medical care but couldn't return to their own home without additional support being in place first, the Trust worked closely with social care colleagues across the county and patients' families in a bid to help as many people to safely return home in time for Christmas.

Learning

In November we recorded five instances of *clostridioides difficile* infection and five in December. We reported zero instances of MRSA bacteraemia infection in the same months. In November we recorded 395 births and 376 in December; in the same months we recorded 100 and 97 deaths, respectively. There have been zero never events since my last report.

We continue to learn from what we have done right as well as where our patient care may not have met the high standards that we aspire to. In November and December we recorded 72 and 55 formal complaints respectively. Overall excellence report numbers have been increasing with 83 received in November and 70 in December. The following is an example of the personal care we aspire to deliver at all times:

*"Despite having recently been moved at very short notice from Wycombe Hospital to Stoke Mandeville Hospital, *** did not hesitate when someone had to be moved part way through a shift to help out in the Neonatal*

*Unit. She showed resilience, commitment to providing the best care to all children, and a willingness to step (even further) outside her comfort zone. While still finding her feet in a new work area *** volunteered to move wards. This is an excellent example of interdepartmental collaboration”*

People

The rise in COVID-19 rates has also had an impact our workforce and we have seen an increase in colleague absences across the Trust due to reasons related to COVID-19. Workforce availability is being closely monitored with business continuity plans in place if required. A Helping Hands initiative is also being rolled out for willing colleague volunteers to carry out non-clinical tasks in areas requiring additional support. Yasmeen Rabindranath, my Business Manager is an existing colleague volunteer and was included in the recent national NHS Health Education England report on Employee Volunteering. The report explores the impact of volunteering by NHS employees and Yasmeen was included as one of the four case illustrations; discussing her positive experiences of volunteering in various roles across the Trust, in addition to her substantive role.

In my last report I mentioned the legislation being introduced by the government to mandate COVID-19 vaccinations for patient facing colleagues (except where medically exempt) from 1 April 2022. This legislation was made on 6 January 2022 and applies in all CQC regulated settings which includes NHS provider organisations and private health care organisations. To be fully vaccinated, anyone who has not yet had their first dose will need to do this by 3 February 2022, in order to have received their second dose by the 1 April 2022 deadline. In line with Phase 1 of national guidance issued in early December, our Occupational Health Team has co-ordinated a wide-reaching communication campaign which includes webinars, emails, letters and one-to-one conversations to ensure that everyone working at the Trust has the information they need to make an informed decision about the vaccine.

To help improve internal communications, the new Trust intranet, Connect and Keep Engaging (CAKE) went live early last month for all Trust colleagues and has been well received.

The wellbeing of colleagues remains a key priority and last month we were able to provide a range of seasonal give-aways, many of which were kindly donated by external organisations. This included a donation of 7,000 advent calendars from Lindt, which were distributed across the organisation, theatre tickets from Aylesbury Waterside Theatre and hampers for teams in the 12 days leading up to Christmas. We also provided breakfasts or breakfast hampers at all sites from 10 December to 3 January and Christmas lunch or festive snacks to colleagues working on Christmas day.

Proud to be BHT

The week leading up to Christmas I was delighted to visit colleagues across each of the Trust's hospital and community sites to give season's greetings and distribute chocolate truffles and a magazine composed of colleague reflections of the pandemic: A Year Like No Other. I am so grateful for the continued hard work of individuals and teams and was grateful for the opportunity to thank them in person.

In other festive celebrations, the Trust Chaplaincy co-ordinated Christmas services in the week leading up to Christmas and I was pleased to attend the Trust Filipino Kalinga organisation celebration which included the lighting of a Christmas tree and carol singing, earlier in the month.

Last month we also celebrated the International Day of People with Disabilities to promote the rights and wellbeing of people with disabilities; and World AIDS Day to unite in the fight against HIV and to show support for people living with HIV for whom stigma and discrimination remain a life-changing reality. The Trust has three dedicated HIV clinics in Buckinghamshire: two at Wycombe hospital and one at Brookside in Aylesbury. We have a fantastic dedicated HIV team who have extensive experience and knowledge to help and support people.

I am pleased to share that the Upper Limb Studio at the National Spinal Injuries Centre, Stoke Mandeville Hospital, has been highly commended in the Acute Sector Innovation of the Year category at this year's Health Service Journal (HSJ) Awards. The inspiring initiative provides one-to-one and group therapy for spinal cord injured patients. This is carried out by Occupational Therapists who are specifically trained in the principles of Activity Based Restorative Therapy, which is an important and growing area of spinal cord injury research. Therapists will work with a patient using a range of carefully selected rehabilitation technology in a designated purpose-built environment to facilitate repetitive movement in order to achieve functional activities with a particular goal in mind such as feeding, drinking, return to driving, carrying out aspects of personal care, and

return to work. Using technology to support their upper limbs during therapy helps patients gain greater confidence and independence following a spinal cord injury. The Upper Limb Studio was highly commended due to their focus on excellence, conscientious hard work and the demonstrable positive impact that their project has within the health and social care sectors.

The Trust's Buckinghamshire Neurological Rehabilitation Unit (BNRU) has been featured in the Daily Telegraph where a previous patient of the department speaks very positively of her experience of being treated by the team. It is a great endorsement of the work of our fantastic BNRU team.

Claire Brandish, Specialist Pharmacist in Antimicrobials at the Trust has been named one of the Pharmaceutical Journal's Women to Watch 2021. According to the Pharmaceutical Journal, Claire has "revolutionised the impact of antimicrobial stewardship" at the Trust by leading on a safe and ambitious programme to radically reduce the number of patients unnecessarily prescribed antibiotics. As a result, the number of patients who had their antibiotics stopped rose from 65 in 2017/2018 to 312 in 2020/2021.

Finally, at the beginning of this month, our maternity service welcomed its first new arrivals of 2022. Nine babies were born at Stoke Mandeville Hospital on New Year's Day. I wish the families the best of luck with their new adventures.

Reflecting on the last year, there is so much that I am proud of and grateful for. I feel incredibly privileged to work alongside such inspirational colleagues. With a new year ahead, I look forward to all that we can achieve together in 2022.

Neil Macdonald
Chief Executive

Appendix 1 – Trust CARE value awards

Appendix 2 – Executive Management Committee and Transformation Board

Appendix 1 – Trust CARE values awards

I am delighted to share this summary of the winners of our Trust CARE value awards. Every month from all nominations received from colleagues and members of the public, the Executive Management Committee award four winners, one for each of four categories, which are: Collaborate, Aspire, Respect, and Enable.

October 2021

Category	Name	Role	Nomination	Nominated by
Collaborate	Luis Lee	Consultant Anaesthetist, Anaesthetic and Critical Care Department	Luis Lee is the workforce lead for the Anaesthetic and Critical Care SDU. In addition to this, he is the regional training program director (TPD) for core anaesthetic training and has recently been appointed as a Royal College of Anaesthetists FRCA examiner. He has worked tirelessly throughout Covid designing surge rotas, overseeing wellbeing of deployed doctors and our own trainees and SAS doctors. He continues to write and oversee all the junior doctor and SAS rotas within the SDU (6 rotas with over 40 doctors), and crucially is always available to address short notice absences and reallocate staff to ensure that our on-call rotas are filled and our patients remain safe. He has unparalleled knowledge of junior doctor and SAS contracts, and he has always collaborated with the ICU team to help our modelling for service expansion, adding ACCPs into medical rotas (mixing Agenda for Change rosters with medical rotas). He is always enormously welcoming and helpful when other specialties (e.g. ED, medicine) have trainees, fellows or SAS doctors that require anaesthetic or ICU training and works together with other TPDs, SDU Leads and College Tutors to give all of these doctors a rich training experience that meets their needs. He has been invaluable to the SDU and to the Trust throughout and since Covid began and is overdue some recognition for his many contributions.	Staff member
Aspire	Anita Cserbane	Research nurse, Research and innovation	Anita has driven the delivery of a national cancer research study called Simplify, that has enabled over 200 of BHT patients to take part. The study is available to patients on the 2 week wait pathway undergoing investigations for cancer. It involves a simple blood test that can potentially detect 50 different types of cancer. Anita has approached this study with great energy and enthusiasm. She has worked additional hours during the week and given up her weekends to enable more patients to take part. She has collaborated with various departments that may be new to research to ensure that the patients are given an equal opportunity to participate. Anita shows a caring, empathetic and respectful manner with her patients that are naturally worried about their investigations and care. In summary Simplify is a success at BHT due to the Anita's efforts and commitment. it is a pleasure to nominate her.	Staff member
Respect	Emma Kelly and Ward 10 staff	Ward Sister Short Stay and the nursing team. Short Stay Ward, Acute Medicine	Emma and the staff on ward 10 received high praise from numerous families of patients on the End of Life, most recently this week. Emma and the staff were able to offer great standards of care and excellent support to these families during very difficult times.	Staff member
Enable	Richard Smith	IT trainer and facilitator	My colleagues and I in the admin team would very much like Richard to receive recognition for continually being supportive to us and all ACHT Buckingham staff.	Staff member

			He is always our first choice to help with any IT problem, including Total Mobile, RIO and equipment issues. He always goes the extra mile to help out and is always prepared to go beyond his job remit to ensure our staff are set up with their mobile equipment correctly. We have experienced many IT problems since the base moved to Buckingham Community Hospital. Richard never fails to visit when asked and is always very patient and helpful.	
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November 2021

Category	Name	Role	Nomination	Nominated by
Collaborate	Stephen Webster	Grounds Man, Property Services	Just wanted to say a huge thank you to one of the ground keepers at SMH. On Saturday we had a nasty RTC between a motorbike and two Vans in Aylesbury. There was debris and substances across the road which needed to be soaked up with sand before the road was reopened as it could not be left for the public to see or be driven on. Bucks Highways could not attend to put sand down on the road and no other business in the area was able to help us. We asked a man who was at the hospital to help, and he kindly donated a bag of sand which enabled us to open the road and make it safe for traffic. He was extremely helpful and very polite and told us his name was spider and worked as a groundsman. He gave us a bag of sand and even offered to drive it to scene, but we had a car with us so he carried the bag to our car and said if we needed any more help to come and find him. We returned to thank spider shortly after the road was opened, but due to how impressed we had been at spiders attitude and helpfulness we wanted to make contact with you to say thank you as his help freed up a lot of officers from a road closure that would have gone on for hours. It also enabled officers to attend immediate calls for assistance.	Police Officer
Aspire	Helen Gadsby	Staff nurse SMH Intensive Care Unit	Helen is a conscientious and compassionate critical care nurse. She is passionate about delivering person-centred and holistic care for every patient that she cares for. This has become more prominent in the post pandemic era as Helen has championed a program to make the Critical Care environment more humane and patient friendly. She has designed a program called "Humanising ICU" for all Critical Care staff, she has presented it to the Critical Care MDT and actively teaches junior medical and nursing staff about how to humanise the Critical Care environment. It is a privilege to have her on the team.	Staff member
Respect	Fatima Benrakad	Junior Sister Ward 8	<p>Fatima has been remarkable with my father during his end of life care. Even moreover she has been a caring, compassionate and outstanding leader and team player with her amazing team on ward 8. Working endlessly to ensure all patients and staff are looked after and informed. Remaining upbeat and polite and courteous to all. Words are not enough for her true calling as an Angel of Mercy.</p> <p>When I was admitted into the hospital this month for 2 weeks due to Crohn's disease complications, I was moved to ward 8 into a side room due to isolation protocol. Fatima provided me and all her patients with such fantastic care. She was compassionate, kind, caring and consistently reassuring and informative. She helped me in every way that she could. She was amazing at running her ward and team, very knowledgeable and professional and made a difficult time so much more manageable. I have never felt so well cared for and safe. She is a huge credit to her profession and deserves all the recognition and respect she deserves. Thank you Fatima.</p>	<p>Patient Relative</p> <p>Patient</p>

Enable	Andrea Field	Clinical Practice Educator - Talent for Care	Andrea has put so much thought, care, hard work and 'love' into making the HCSW Conference such a fantastic event for the 'unsung heroes' of our organisation. She has worked tirelessly to put together a day that will offer learning, development, inspiration, recognition and opportunity for our many HCSW and this is just an extension to what she does day in and day out to support colleagues. Her enthusiasm, tenacity and resilience is a force to be reckoned with. She is amazing at judging the response that is needed to what is in front of her - demonstrating compassionate and empathetic leadership and support for us in ELD. Always willing to listen, support, help and develop colleagues realise and reach their potential she is a shining example of everything that is great about BHT.	Staff member
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Appendix 2 – Executive Management Committee and Transformation Board

Executive Management Committee 16 November 2021 to 11 January 2022

The 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 the second half of this year the committee has also become the programme management office for the Trust Improvement Plan. The meeting is chaired by the Chief Executive Officer and attended by Executive Directors 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 16 November 2021.

Quality and Performance

Cancer services performance
Integrated performance report
Trust Improvement Plan
Performance dashboard
Recovery Programme and Quality Improvement
Individual programme workstream updates
Oversight of delivery of funded schemes and larger change support projects
Waiting list management and prioritisation new guidance
Oversight meetings process and feedback
Discharge co-ordinator proposal
Discharge surge plan
Respiratory protective equipment
Emergency intermediate care facility
Emergency department Royal Berkshire hospital review
Healthcare scientist BOB ICS role proposal
Elective theatres improvement
Breast ANP tier for 2 week wait compliance
Recovery programme management
Retrospective COVID-19 Healthcare Onset Healthcare Associated (HOHA) review
Prism Improvement proposal
New guidance - change to UK threat level
My Planned Care patient information platform
Winter surge – mitigating the 35 bed gap
ICS elective care medium term strategy
Mobile cataract unit – contract extension
Compliance with Legislation 2021
CQC enquiries update
CQC improvement and action plan
Update on Paterson and Cumberlege action plan
Critical services: loss of staffing, triggers and response
Urgent and Emergency Care 10 point plan
Quality and safety report
Maternity – Ockenden report action update
Maternity – Wycombe Birth Centre
Maternity – Healthcare Safety Investigation Branch (HSIB) report
Safe staffing report
Significant Incidents report including maternity
Emergency Department quality report
Non COVID-19 harms report update
Urgent Treatment Centre pathway at SMH – IT pathway report
Infection Prevention Control report
Revised UK infection prevention and control guidance

People

CARE awards
Recruitment update
Vaccination as a condition of employment
Vaccination programme update
Winter and Christmas – people support plan
AHP faculty Memorandum of Understanding (MoU)
Support worker funding MoU
Alternative Pension Contribution Award Scheme
Recruiting to operational establishment
AHP work experience MoU
Staff Awards 2021-2022
Gender pay gap report
Recognising experience for international nurses
Staff survey draft results
Just culture

Money

COVID-19 cost tracking
Elective Recovery Fund (ERF) cost tracking
COVID-19 and ERF expenditure requests
Finance report
H2 financial plan
Critical investments expenditure report
Capital plan progress

Strategy, Estates & Commercial

Estates Strategy 2021-2025
Operational Planning Guidance 2022-23
Dermatology/Plastics development at Amersham site

Governance

Corporate Risk Register
Board Assurance Framework
Information governance and data security protection toolkit (DSPT) report
Lapsed policies and policies due to lapse report
The following policies were approved:

- BHT Policy 092 - Raising Concerns Policy and Procedure
- BHT Policy 134 - Registration Authority
- BHT Pol 023 - Conduct, Capability, ill Health and Appeals Policies & Procedures for Practitioners
- BHT Pol 039 - First Aid Policy
- BHT Pol 142 - Management of Skin Exposure Risks at Work
- BHT Pol 060 - Prevention & Management of Occupational Natural Rubber Latex Allergy & Glove Use Policy
- BHT Pol 198 - Managing Violence, Aggression & Unacceptable Behaviour Policy
- BHT Pol 082 - Trust Security Policy

- BHT Pol 071 - Patient Group Directions for Healthcare Professionals working in Specialist Areas (Annex 21)
- BHT Policy 017 - Expenses Policy
- BHT Policy 053 - Introduction of New Clinical Procedures Policy
- BHT Policy 171 - BHT Business Continuity Plan
- BHT Policy 203 - Policy for the Management of Persons Requiring Special Considerations of Security Measures (VIPs)
- BHT Policy 221 - Flexible Working Procedure
- BHT Policy 223 - Fixed Term Contracts Policy
- BHT Policy 235 - Working Time Regulations Policy
- BHT Pol 228 - Pay Step Review Policy v2.0

Transformation Board 09 December 2021

Established in 2020-21 as an Executive-level meeting with clinical leads from across the Trust, Transformation Board is dedicated to strategic projects and meets on a monthly basis covering transformation portfolio updates, strategic business cases, and quality improvement. Below is an overview of some of the areas considered in the last two months:

Transformation and efficiency update

Hospital redevelopment programme

Accommodation strategy

NHS Plastic Pledge

Management of Leases

Temporary staffing Update

Efficiency Plan – approach for 2022/23

Quality Improvements project on a page

Portfolio updates:

- Urgent and emergency care
- Planned care
- Community care
- Women Children and Sexual Health
- Diagnostics
- NSIC transformation
- Property and Commercial
- People
- IT and Digital
- Nursing
- Improving the health of the community
- Finance and improvement

Meeting: Trust Board Meeting in Public

26 January 2022

Agenda item	Estates Strategy 2022-2025
Board Lead	Commercial Director
Author	Head of Estates Development
Attachments	Estates strategy
Purpose	Approval
Previously considered	Executive Management Committee (EMC) 30/11/21 Finance and Business Performance committee (F&BP) 14/12/21

Executive Summary

This paper presents the estates strategy which is an enabler to deliver BHT's approved clinical strategy. It identifies a three year plan that will deliver a fully compliant estate in terms of legal and htm guidance, reduce recurrent operating costs by £3m per annum, and reduce the trusts carbon emissions by 10,000 tonnes per annum.

The plan references the current public engagement process as part of the programme business case being developed and the application we have made to the hospitals infrastructure programme but does not include this in the financial modelling at this stage. However, if successful the redevelopment of the estate could achieve a £30m per annum reduction in operating costs.

EMC reviewed this paper and requested further clarification on the risks and mitigations. F&BP reviewed this paper and requested further details on the estates aspects that contribute towards the Trusts overall drivers of the underlying deficit.

Decision	Approval		
Relevant Strategic Priority			
Outstanding Care <input checked="" type="checkbox"/>	Healthy Communities <input checked="" type="checkbox"/>	Great Place to Work <input checked="" type="checkbox"/>	Net Zero <input checked="" type="checkbox"/>
Implications / Impact			
Patient Safety	Patient safety is at the forefront of all Trust activities		
Risk: link to Board Assurance Framework (BAF)/Risk Register	Patient and staff safety		
Financial	Business / service interruption		
Compliance	CQC estates compliance		
Partnership: consultation / communication	PFI Partners, ICS		
Equality	All estates changes must take into consideration the fair treatment of all patients, service users, visitors and staff, regardless of age, colour, disability, ethnicity, gender, nationality, race, religion or belief, sexual orientation or any other personal characteristics		
Quality Impact Assessment [QIA] completion required?	N/A		

1 Introduction/Position

Following the recent publication of the Trusts clinical strategy, this estates strategy is one of the key enablers to deliver the truly transformational changes that BHT wishes to achieve in order to deliver outstanding care, a great place to work and healthy communities.

This document sets out the current challenges within the estate, the context of the new clinical strategy and how we will need to change the estate to deliver this. Within this, this document identifies key metrics and targets that will achieve a much more efficient estate and significantly reduce estates operating costs.

This strategy builds upon the initial estates roadmap from 2019 which set out to achieve best value from the estate and estates contracts and is now delivering ~£2m savings per annum. It is also informed by the 2021 seven facet survey, ERIC¹ operating metrics and PLACE² data.

2 Problem

From a services perspective the pandemic has highlighted how important it is to separate planned care from emergency and we are fortunate that we have two main hospital sites to be able to achieve this. However, our Trust is thought to have some of the oldest infrastructure in the NHS estate, which limits our ability to deal with growing demands for bio-secure environments, capacity and flow.

The seven facet data identifies the significant £200m backlog maintenance issue in the estate that we must manage day to day, the higher than average operating costs for a Trust of this size due to the poor quality of this estate, and the poor patient and visitor experience due to the estates infrastructure not being able to meet accessibility standards.

Much of the risk in the estate relates to our theatres, ICU and Emergency Department at Stoke Mandeville and in the Wycombe Tower which has reached end of life. These carry significant risks that are being managed day in and day out. The tower is now fully scaffolded to enable ongoing survey work to monitor its condition. Wycombe as a site carries half (£100m) of the total estate backlog maintenance issues.

In addition, our community hospitals provide important access to non-emergency care for patients, yet due to their age and condition are some of the most non accessible buildings from a disability and dementia perspective. These have around £11m backlog maintenance to repair but their design, even with repair, will not meet modern day accessibility standards.

Stoke Mandeville Hospital pre-dates the formation of the NHS. It was a Cholera Hospital and is now home to the world re-known National Spinal Injuries Centre. Once situated on the edge of Aylesbury, it is now firmly set in a large sprawling housing estate, making access by road or indeed helicopter difficult. Consequently, the estate as a whole does not facilitate optimal healthcare.

¹ Estates Returns Information Collection

² Patient-led Assessments of the Care Environment

3 Proposal, recommendations and next steps

This estates strategy has multiple priorities of clinical safety, estates compliance, driving efficiencies in terms of operating costs and meeting new national priorities such as the 2021 new cleaning standards and net zero. There are opportunities through new approaches to digital technology, one public estate and the ICS to consider clinical priorities and new pathways through a place based and regional lens and we continue to work with our system partners on these.

We will continue to work with the public, stakeholders and clinical leads to plan the proposed developments set out in in this strategy and are currently completing a programme business case to identify the best way forwards. We have also applied to the Hospitals Infrastructure Programme to support the redevelopment of our estate as the capital funding requirements to deliver the clinical strategy are significant, as one would expect with the ambitious strategy that we have set out.

Ultimately this strategy is about providing the best healthcare facilities for the population of Buckinghamshire and the Trust's workforce. We deserve modern and fit for purpose healthcare facilities, clinically safe environments and an estate that we can all be proud of.

4 Action required

To approve this strategy

Executive Summary

This estates strategy is one of the key enablers to deliver the truly transformational changes that BHT wishes to achieve in order to deliver outstanding care, a great place to work and healthy communities as set out in the Trusts vision and new clinical strategy. Our estates strategy must prepare us for future pandemics and enable us to deliver integrated care with greater guarantees of infection prevention and control. It must enable us to be financially sustainable by reducing the inefficiencies of delivering critical care from old estate across two sites and tackle our £200m backlog maintenance.

The estates strategy is also informed by the 2021 Seven Facet survey, ERIC (Estates Returns Information Collection) operating metrics and PLACE (Patient-led Assessments of the Care Environment) data. It sets out the key metrics and targets that we wish to achieve to deliver better patient, staff and visitor experience and to significantly improve our operating efficiencies.

This estates strategy has multiple priorities of clinical safety, estates compliance, and meeting new national priorities such as the 2021 new cleaning standards and net zero. There are opportunities through new approaches to digital technology, one public estate and the Integrated Care System (ICS) to consider clinical priorities and new pathways through a place based and regional lens and we continue to work with our system partners on these.

However, we have important estates challenges to address:

- Our current acute hospital services are split between Stoke Mandeville and Wycombe, with the emergency department at Stoke Mandeville and cardiac and stroke services at Wycombe. Critical care services are provided across both sites which presents operational and financial challenges managing medical and nursing rotas.
- The COVID-19 crisis has highlighted that there is a stronger case than ever for separating planned and unplanned care services. The current estate has impacted our ability to continue to deliver essential planned care services alongside emergency services.
- Stoke Mandeville Hospital pre-dates the formation of the NHS. It was a Cholera Hospital and is now home to the world re-known National Spinal Injuries Centre. However, when visiting this site, it does not strike one as world class and it could not be described to be a great place to work. There is a patchwork of low-rise poor-quality buildings, a lack of space, in parts poor disability access and significant infrastructure issues. Added to this, in Wycombe, the site carries half (£100m) of the total estate backlog maintenance issues.
- Our community hospitals provide important access to non-emergency care for patients, yet due to their age and condition are some of the most non accessible buildings from a disability and dementia perspective. These have around £11m backlog maintenance to repair, but their design, even with repair, will not meet modern day accessibility standards.
- Not all the estate or the services within the estate are in the ideal locations. Stoke Mandeville Hospital once situated on the edge of Aylesbury is now firmly set in a large-sprawling housing estate, making access by road or indeed helicopter difficult.

We will continue to work with the public, stakeholders and clinical leads to consider the proposed developments set out in in this strategy to identify the best way forwards. We have also applied to the Hospitals Infrastructure Programme to support the redevelopment of our estate as ultimately this strategy is about providing the best healthcare facilities for the population of Buckinghamshire and the Trust's workforce. We want to achieve modern and fit for purpose healthcare facilities, clinically safe environments and an estate that we can all be proud of.

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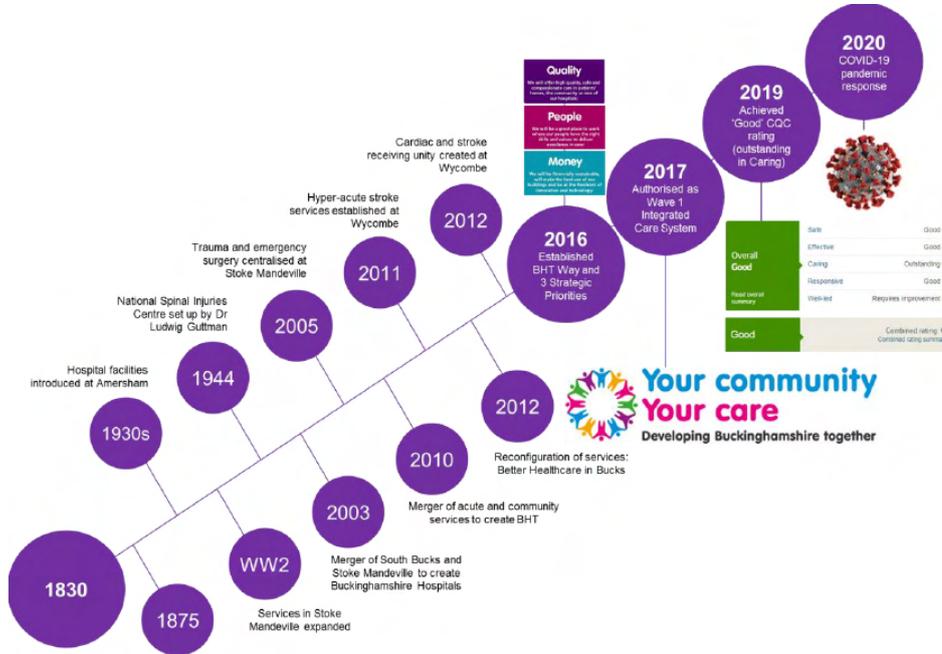
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INTRODUCTION

Buckinghamshire Hospitals NHS Trust has a history that can trace its roots to 1830. It became operational on 1 April 2003, changing its name to Buckinghamshire Healthcare NHS Trust [BHT] on 1 November 2010.

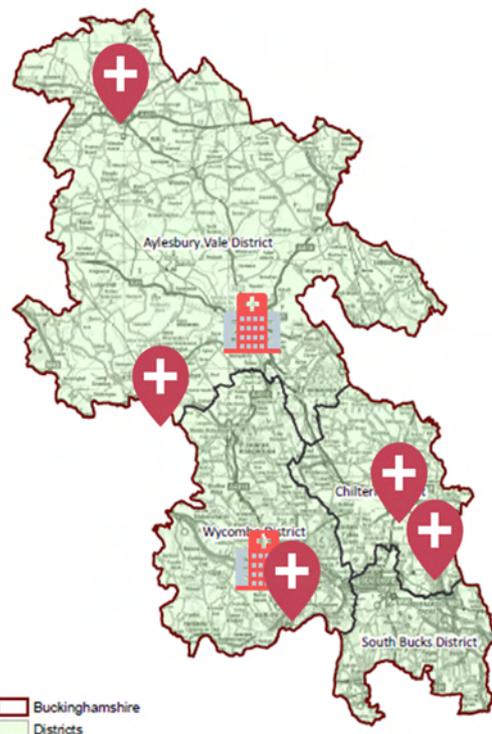


The Trust comprises 12 sites, four of which provide inpatient services and the remainder deliver community services. Parts of the estate also enable other providers to deliver services in Buckinghamshire, such as Oxford Health, Frimley and North West London Dental, and some Charities.

We have some of the oldest estate in the NHS. Stoke Mandeville was built pre-NHS in the 1830s as a Cholera hospital, Wycombe Hospital was built in phases, with Phase 1 being completed in 1966, Phase 2 completed in 1969, Phase 3 completed in 1971 and Phase 4 in the early 1990s.

60% of the Trust owned buildings are more than 30 years old. Consequently, we have challenges with the estate which is not fit in many parts to deliver modern day healthcare.

Much of the estate has a lack of single en-suite rooms and the impact of this has been highlighted during the recent pandemic where bed days were lost due to being unable to provide sufficient isolation facilities.



Added to this the demands on our site due to population growth are significant. For example, A&E attendances are 1500 per month more than four years ago (pre pandemic data), and with 46,000 new homes planned for the county, the pressure on the estate and services will only increase.

Important parts of the Wycombe site, such as the ICU, Theatres and most wards which are situated in the Tower (in the photo right) have reached the end of their structural life.

We estimate that with a good quality estate we would be able to reduce estates operating costs by as much as £30M per annum. However, the current context of this is the estate has £200M of backlog maintenance.

We also have two Private Finance Initiative Contracts which, whilst they provide good quality estate, contribute to higher than average operating costs when benchmarked against similar sized Trusts.



Where we are now (2021)

We are part of the Buckinghamshire Place based Partnership, which is part of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System.

Partners include:

- NHS Buckinghamshire Clinical Commissioning Group (CCG).
- Oxford Health NHS Foundation Trust.
- South Central Ambulance Service NHS Foundation Trust.
- Buckinghamshire Council.
- Fed Bucks GP federation.

Current estate profile

We provide acute hospital and community services for people living in Buckinghamshire and surrounding counties in Berkshire, Bedfordshire, Hertfordshire, Oxfordshire and London. Care is provided to 500,000 patients every year by our 6000 highly trained staff, including doctors, nurses, midwives, health visitors, therapists, and healthcare scientists. We are recognised nationally for urology and skin cancer services and are a regional specialist centre for burns care, plastic surgery, stroke and cardiac services and ophthalmology.

At Stoke Mandeville Hospital, the birthplace of the Paralympics, we provide specialist spinal services from our world renowned National Spinal Injuries Centre (NSIC) for patients from across England and internationally.

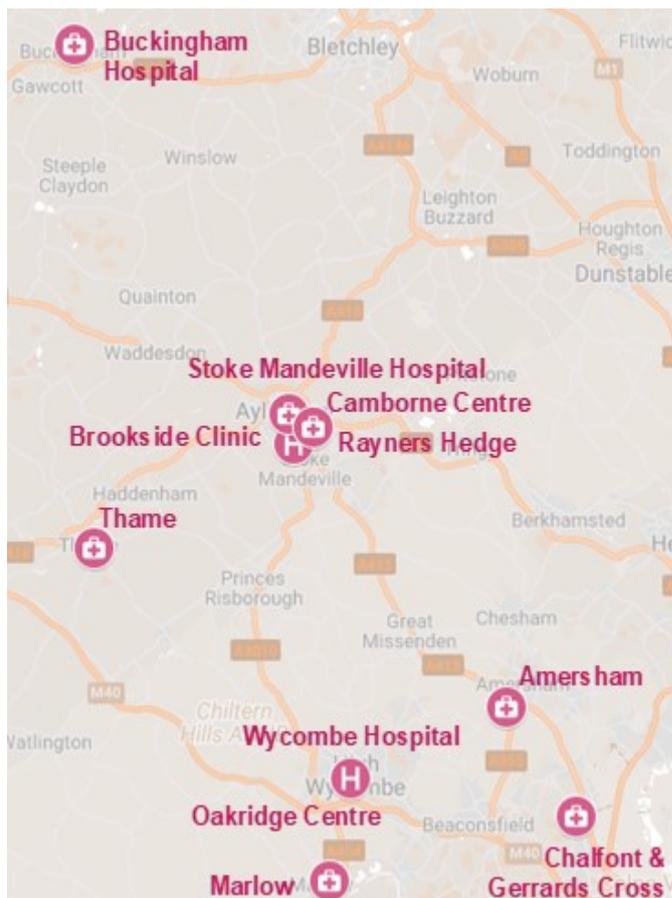
Our range of services include:

Outpatient Care	Outpatients, diagnostics and therapies
Planned and Inpatient Care	Day case surgery, consultant-led women and children’s centre, neonatal intensive care, rehabilitation and chemotherapy
Emergency Care	Accident and emergency, critical care, emergency and trauma surgery, acute medical care, acute obstetrics and gynaecology
Specialist Care	National Spinal injuries Centre, burns and plastic unit and ophthalmology
Clinical Support Services	Radiology, MRI and CT, pharmacy, pathology and infection control
Community Services	Community Head Injury Service, Physio, Occupational Therapy, Children’s Services, Neuro Rehabilitation Service, Dietetics, and many more.

Current Estate appraisal

Our facilities:

- **Stoke Mandeville Hospital**, Mandeville Road, Aylesbury HP21 8AL
- **Wycombe Hospital**, Queen Alexandra Road, High Wycombe, HP11 2TT
- **Amersham Hospital**, Whielden Street, Amersham, HP7 0JD
- **Buckingham Hospital**, High Street, Buckingham, MK18 1NU
- **Chalfonts & Gerrards Cross Hospital**, Hampden Road, Chalfont St Peter, SL9 9SX
- **Marlow Community Hub**, Victoria Road, Marlow, SL8 5SX
- **Thame Community Hub**, East Street, Thame, OX9 3JT
- **Rayners Hedge Rehabilitation Unit**, Croft Road, Aylesbury, Buckinghamshire, HP21 7RD
- **Camborne Centre**, Jansel Square, Bedgrove, Aylesbury, Bucks, HP21 7ET (recently closed)
- **Brookside Clinic**, Station Way, Aylesbury HP20 2SR
- **Oakridge Centre**, 240 Desborough Road, High Wycombe HP11 2QR
- **Chichester House**, Lincoln Road High Wycombe, HP12 3RE



Schedule of Property Assets

The Trust occupies some 150,375 m² of which 149,317 m² are across ten clinical sites:

Property	Use/Function	Size (m ²)	Tenure	Beds	PFI (Y/N)	PFI Size (m ²)
Stoke Mandeville Hospital, including Florence Nightingale Hospice	Acute	75,263	Freehold	431	Y	17,791
Wycombe Hospital	Acute	55,367	Freehold	147	Y	11,992
Amersham Hospital	Community	7,852	Freehold	53	Y	15,124
Buckingham Hospital	Community	1,893	Freehold	12	N	-
Chalfonts & Gerrard's Cross Hospital	Community	2,348	Freehold	0	N	-
Marlow Community Hub	Community	1,424	Freehold	0	N	-
Thame Community Hub	Community	1,519	Freehold	0	N	-
Rayners Hedge Rehabilitation Unit	Community	840	Freehold	0	N	-
Brookside	Community	1536	Freehold	0	N	-
Oakridge	Community	1275	Freehold	0	N	-

Private Finance Initiatives (PFI)

The Trust has two current Private Finance Initiatives [PFI] contracts in place:

- The North Bucks contract occupies a significant part of Stoke Mandeville Hospital. This was completed in 2006 on a 30-year term, expiring in 2036. We have recently re-appointed the soft services provider for this contract on a remaining 15 year basis on the basis of a value for money appraisal. Lifecycle works are up to date and there is a strong partnership in place between the Special Purpose Vehicle (SPV) Enterprise Healthcare, the Trust and Sodexo the service provider (for hard and soft)
- In South Bucks, an extension to Wycombe Hospital and the redevelopment of Amersham Hospital was procured in the late 1990s and completed in 2000. The contract term is 60 years with a first break clause for the project agreement in 2030. Vinci is the hard facilities management (FM) provider and its contract ends in 2025 but the PFI agreement continues to 2030. We are currently working with the SPV to appoint a soft services provider, having completed a market test process on a 9-year contract to 2030. Lifecycle works on this contract are currently being assessed. The hard FM provider for the remaining 5 years of the contract will be reappointed by the SPV (UHSB).

A profile of Stoke Mandeville Hospital

Stoke Mandeville Hospital was originally established in the 1830s in response to the cholera epidemics sweeping across the England and was established on the parish border between Stoke Mandeville and Aylesbury. The hospital joined the National Health Service [NHS] in 1948.

Stoke Mandeville National Spinal Injuries Centre (NSIC) & The Paralympics

The NSIC is the oldest, and one of the largest specialist spinal cord injuries centres in the world. It was founded by neurologist Professor Sir Ludwig Guttmann at Stoke Mandeville Hospital, in 1944 to treat servicemen who had sustained spinal cord injuries in World War II.

In 1948, Professor Guttmann began using sport as a vital ingredient in rehabilitation programmes and on 29 July organised a competition for 16 paralysed men and women to coincide with the opening ceremony of the 1948 Olympic Games in London. The Stoke Mandeville Games for wheelchair athletes began and was widely seen as the moment that the Paralympic movement was born.



Stoke Mandeville Hospital is located to the south edge of Aylesbury in Buckinghamshire. The hospital occupies a site of around 15.8 hectares and houses 431 beds (excluding paediatrics, maternity and critical care).

The hospital is thought to have some of the oldest infrastructure in the NHS estate, limiting its ability to deal with growing demands for capacity and flow.

The buildings forming the estate consist predominantly of a range of buildings from the 1940s, 1970s and 1980s. The gross internal floor area at Stoke Mandeville Hospital is 75,263m².

The maintenance schedule identifies that the site has a £91.8M backlog problem. Our emergency department, theatres, intensive care and maternity do not meet the standards of a 21st century hospital and create a barrier to improving patient care and experience.

The site is highly developed with buildings, car parking and roads. Development across the site, with the exception of the new PFI and Mandeville Wing, is low density with a significant number of single and two storey buildings and many buildings constructed as stand-alone facilities, limiting flexibility. Consequently, there are very few opportunities for new development without the demolition of existing buildings or the removal of car parking.

The buildings constructed more recently i.e. the hospital PFI building, Mandeville Wing, and the new innovation centre provide efficient accommodation. These buildings are higher density and constructed to three storeys. The new innovation centre has taken advantage of modern methods of construction and is made from 98% recyclable materials, demonstrating the opportunities with new technologies that will be available to us.

A profile of Wycombe General Hospital

The original hospital, built on Marlow Hill, was the "High Wycombe War Memorial Hospital" which opened in 1923 and was extended in 1932. The current hospital, Wycombe Hospital, was built in phases on a site adjacent to the old Memorial Hospital with Phase 1 being completed in 1966, Phase 2 being completed in 1969 and Phase 3 being completed in 1971. The Accident and Emergency [A&E] department was closed in 2005.

An element of the estate was constructed in the 1990's and was procured as a PFI project. The site provides a total gross internal area of 55,367m² of which 11,992m² is within PFI buildings.

Significant parts of the Wycombe estate are in poor condition and essentially are reaching the end of their structural life. 77% of the buildings on the site are more than 30 years old. The site as a whole suffers from £99M of backlog maintenance, 60% of this is classified as significant or high risk using the 7 Facet Methodology. We continually mitigate the associated risks of this, and we are currently taking steps to better optimise the limited number of good quality buildings that we do have on the site.

Our Community Hospitals

Our community hospitals provide convenient and important access points for patients undergoing local care. However, much of our community hospital estate is aged and does not conform to standards for accessibility which impacts patient experience. The backlog maintenance on this estate is currently £11m.

Buckingham, Thame, Chalfont and Marlow sites are co-located with GPs which provides good opportunities to work alongside primary care with an integrated service model, providing specialist services such as frailty and diagnostics.

Chalfont's & Gerrards Cross Community Hospital

Buckingham Community Hospital



Marlow Community Hospital

Thame Community Hospital



A significant part of Amersham Hospital is PFI and in good condition, but the site also has underutilised clinical estate. We are putting plans in place to address this subject to the appropriate public and staff engagement, and we also plan to expand our Community Diagnostics Services at this site.

The original part of Amersham Hospital, Hale Acre, has been closed for some years but we are working to refurbish and re-open this space, upgrading theatres for dermatology and plastics and adding agile workspaces for support services.

Amersham Hospital



Physical condition of the estate

Estate profile

Site	2020-2021 Buildings older than 30 years
Wycombe	77%
Stoke Mandeville	56%
Amersham	35%
Communities	74%

Estate backlog maintenance

With some of the oldest infrastructure in the NHS estate, the Trust is limited in being able to deal with increasing demands for capacity and flow. This is not uncommon with an NHS Trust estate dating to the 1800s, but the poor condition of our buildings is a significant challenge. This leads to increased operating costs plus issues of obsolescence, lack of resilience, and environmental failures. The new clinical strategy demands a far better estate than is available at present.

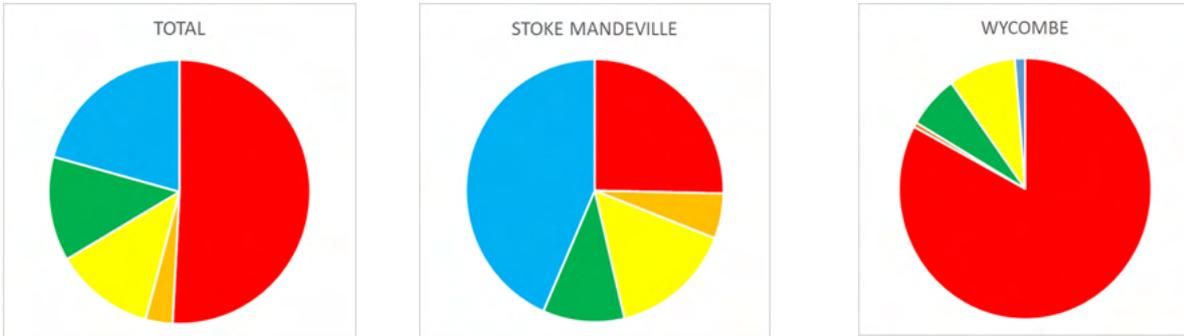
The five-year property appraisal (Seven Facet Survey) was completed in March 2021, which has shown that we have a backlog of £210M. The items on the backlog list are risk assessed (in accordance with the standard risk assessment methodology) see table below.

Site	High	Significant	Moderate	Low	Lifecycle	Totals
Wycombe	£82,365,400	£587,800	£6,549,000	£8,579,300	£1,300,200	£99,381,700
Stoke Mandeville	£23,283,050	£5,105,000	£14,145,750	£9,416,600	£39,935,300	£91,885,700
Amersham	£29,900	£242,200	£2,590,000	£4,511,600	£429,000	£7,802,700
Communities	£1,132,400	£1,088,000	£2,541,000	£4,401,900	£1,840,000	£11,003,300
Total	£106,810,750	£7,023,000	£25,825,750	£26,909,400	£43,504,500	£210,073,400

The risks in the estate are well documented and being actively managed and mitigated. However, importantly the areas most impacted by this are critical areas i.e. emergency department, theatres, intensive care and maternity which are not considered to be fit for purpose in the context of a 21st century hospital that aspires to deliver outstanding care.

- In total, 54% of the backlog in our estate is in the significant and high-risk category.

- Proportionately 83% of the significant and high-risk category is at Wycombe.
- Wycombe Tower is undergoing extensive building condition surveys. It is reaching the end of its structural life and will become unserviceable within the next three to five years.
- Of the £91M backlog in the estate at Stoke Mandeville, 45% of this meets the 7 facet survey classification criteria of significant, high and moderate risk.



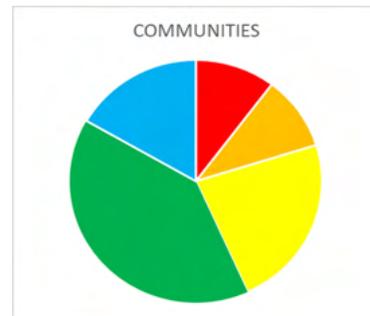
HIGH | requiring investment urgently

SIGNIFICANT | should be planned to be dealt with as a priority

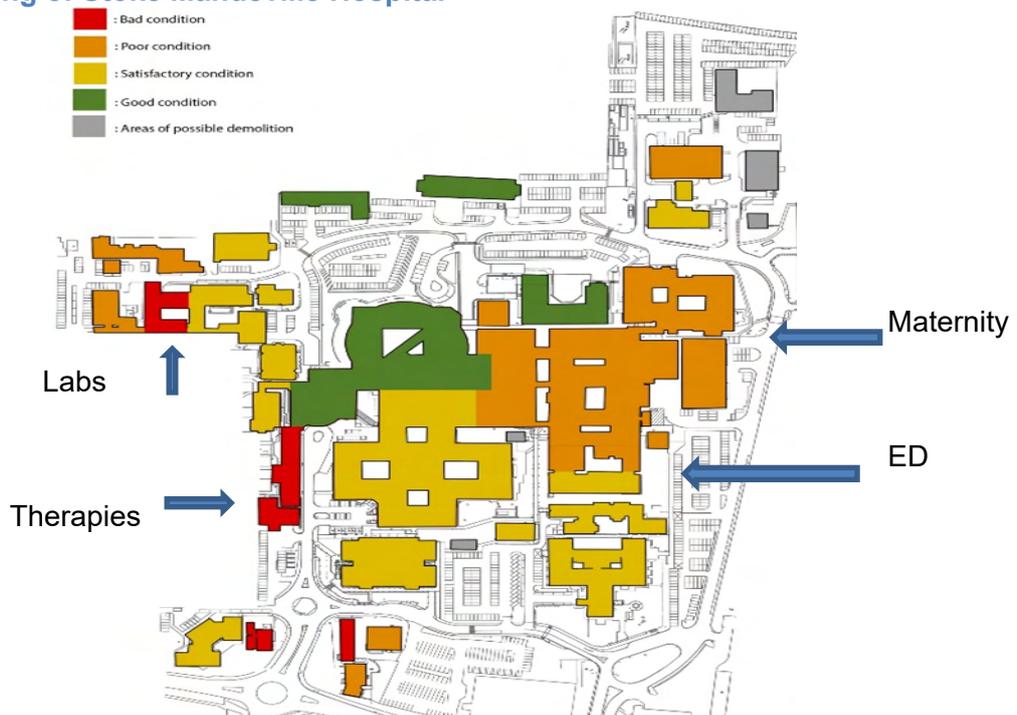
MODERATE | should be dealt with as soon as all greater risks have been removed.

LOW | should be monitored and addressed when funding is available.

LIFECYCLE | should be routinely addressed as part of planned preventative maintenance.



Schematic drawing of Stoke Mandeville Hospital



Schematic drawing of Wycombe Hospital



Statutory Compliance

Six of eleven areas within the estate are fully compliant with statutory legislation. Mitigations are in place to retain a safe estate whilst the other areas are brought into compliance. The non-compliant areas are directly attributable to the poor condition of the estate.

Area	Status	Comment
Asbestos	Compliant	The systematic approach to the Trust’s handling of this hazard is now completed. The Trust has a new asbestos policy and safety plan.
Water	Not Compliant	A new water safety policy and water safety plan are in place. Water testing is also up to date and all records are now cloud based. Systems and processes are now compliant. However, there is an aged water system piping issue in part of the Stoke Mandeville estate. The risks are being mitigated through more frequent water testing and the pipework will be upgraded when emergency capital becomes available.
Medical Gas	Compliant	The systems and processes for this area are compliant. The medical gas committee has an up-to-date policy in place and SOPs are in place for safe operation of the plant and machinery.
Gas utilities (heating boiler plant)	Compliant	The records are now cloud based and all areas have been full tested. The Trust is now compliant in this area.
Control of contractors	Compliant	Contractors used by the Trust must register through the Restart system that ensures that contractors are suitably trained and qualified to carry out works.
Fire	Compliant	The fire alarm systems in both Amersham and Wycombe were replaced in the 2020 -21. This has greatly improved the resilience of the fire detecting system within these hospitals.
Security	Compliant	A security strategy for 2021 – 2024 is in place. The strategy covers a new conflict resolution programme to help address violence and aggression.

Area	Status	Comment
Ventilation	Not Compliant	Ventilation systems have required an over-hall due to the pandemic. The Trust has now appointed an Authorising Engineer (AE) for ventilation who will oversee the upgrades. The risks are being mitigated by portable machinery and testing.
Electrical	Not Compliant	Our main hospital sites are drawing more power than envisaged and cabling is being upgraded. The High Voltage (HV) system is progressing well and the programme will complete in early 2022. The Low Voltage (LV) infrastructure will require a significant programme of updating over the next few years as part of backlog maintenance. Estate PAT testing is up to date and is managed through a specialist company, testing annually. All records are now cloud based.
Disability Discrimination Act (DDA)	Not compliant	DDA is a wide area that enables ease of access for various disabilities. Trust community hospitals, in particular, require updated access facilities. Also, under DDA compliance is signage that requires easy to understand signs that have contrasting colours to enable impaired sighted patients and visitors to find their way. The Trust requires further investment in the estate to achieve compliance.
Pressure systems	Not compliant	This area of compliance is slowly becoming less burdensome due to the sites of Stoke Mandeville and Amersham being served by low pressure hot water systems. Wycombe Hospital is still reliant on a steam plant which is a pressure system and as such requires regulatory compliance and insurance inspection. We are undertaking a Carbon Energy Fund (CEF) programme which will meet regulatory requirements on the site and will improve compliance in this area as well as contributing to decarbonising the site. This will complete in 2022.

Fire Safety

The Trust is required to observe statutory requirements for effective precautions against fire. We have seen some major achievements in 2020-21, new fire alarm systems have been installed across all of Amersham and Wycombe hospitals, such that we are fully compliant with fire safety standards across the Trust. The new systems are an open protocol system which will be easier to maintain and provide the Trust with a modern fit for purpose, cost effective fire alarm system. As and when the estate is upgraded, fire compartmentalisation works will be completed in a number of Trust buildings. A five-year capital programme commenced in November 2019 to address these areas. Detailed fire risk assessments have been completed for all Trust premises and are reviewed annually.

Key Risk Areas (Board Assurance Framework)

Risk Title	Inherent Risk Priority	Residual Risk Priority	Action Required
Failure to consistently provide outstanding quality care that is compassionate, cost effective and safe			
Estates infrastructure not fit for purpose	6	2	Seek routes for capital investment to upgrade or replace estate.
Inadequate infection prevention or control due to issues with estate infrastructure	16	4	Building work in specific parts of the estate to make it compliant – e.g. Dermatology theatres, as identified in the risk register
Inability to lead an organisation with the capacity and capability to deliver our best in everything we do			
Not realising the Trust’s potential as an anchor institution. Adverse contribution to climate change	9	9	Net zero roadmap published in September 2021, Implement net zero plan

We do not recover services adequately, fail to meet public regulator expectations and do not play a leading role in the health, economic and social recovery of Buckinghamshire			
Our workforce not always feeling that the organisation is as safe to work in as it can be	6	4	Implementing the new Computer Aided Facilities Management (CAFM) system will ensure all concerns are logged and appropriately prioritised

Estate performance

Operating Costs

These are now in line with or below the peer median in model hospital. We have reduced our energy costs by £500K per annum through better purchasing and where possible we are upgrading our lighting to LED bulbs.

	2017/2018	2019/2020	Peer Median
Running Costs £	£367m ²	£276m ²	£328 m ²
Energy £	£30.65 m ²	£28 m ²	£28 m ²
Water and sewage £/ m²	No data	£2.88 m ²	£3.17 m ²

Soft Services

Performance of our soft services is outside of the overall peer median. This is due in part to the poor quality of a significant part of our retained estate which impacts cleaning costs, but also our two PFI contracts, notably the Wycombe and Amersham Contract, are outdated. These are being addressed through a retendering process which will complete in early 2022.

	2017/2018	2019/2020	2020/2021	Peer Median
Cleaning Costs £	£43m ²	£49m ²	£44 m ²	£42m ²
Laundry £ per item	No data	£0.41	£0.41	£0.38
Food £/meal	No data	£6.57	£10.94	£4.68
All Waste / Tonnes	No data	No data	582.55	No data

Estate Utilisation

Utilisation of clinical space is a key metric. National best practice is to achieve 70% clinical occupancy and we are well on the way to achieving this, some of this will be accelerated by the new agile working initiative that we have introduced this year.

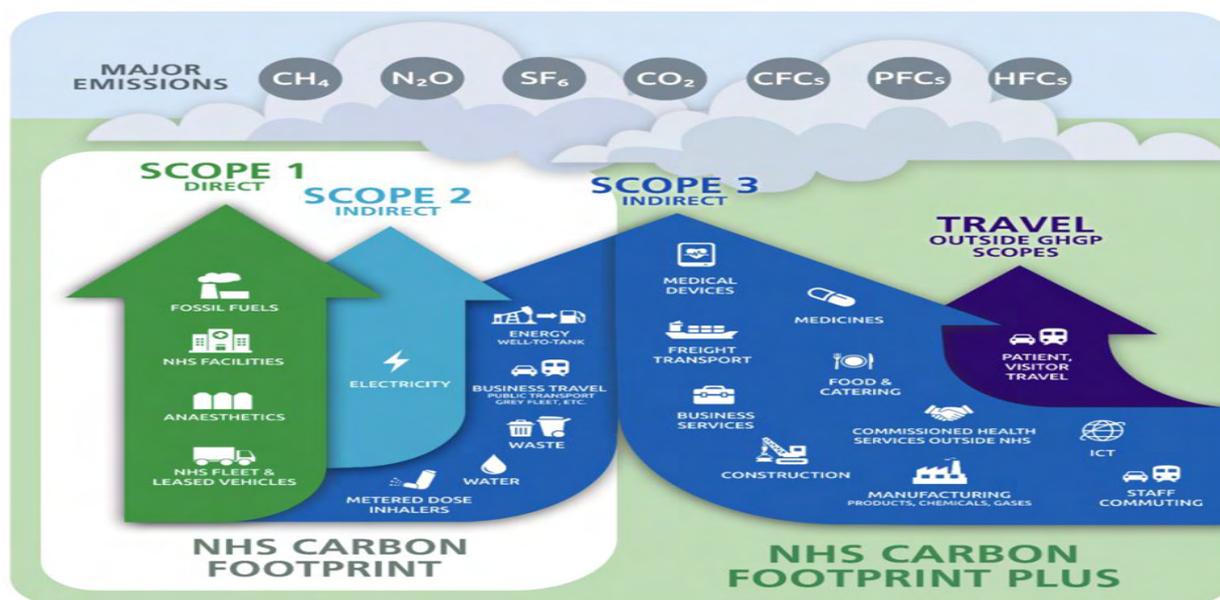
Utilisation of clinical space

	2017-2018	2018-2019	2019-2020	Peer Median
Non-Clinical including Retail	41.30 %	41.16%	36.43%	33.18%
Clinical Areas	58.70 %	58.84%	63.57%	66.82%

Environmental Management and Impact Assessment

The NHS has set out a net zero commitment, based on the scale of the challenge posed by climate change.

- For the emissions we control directly (the NHS Carbon Footprint for the care we deliver), the target is to achieve net zero by 2040, with an ambition to reach an 80% reduction by 2032, from a 1990 baseline.
- For the emissions we can influence (our NHS Carbon Footprint Plus), the target is to achieve net zero by 2045, with an ambition to reach an 80% reduction by 2039, from a 1990 baseline.



Our total carbon output for the whole BHT is 40,986 tonnes of CO₂ per annum, of which 33%, 13,611 tonnes CO₂ is estates. 23% of our total emissions are defined as scope 1 i.e. in our direct control, these relate to medical gas, natural gas and anaesthetics. 14.5% is electricity (scope 2), the remainder is scope 3.

- We are starting to install LED lighting across our estate and have just recently secured a Public Sector Decarbonisation Fund Grant of £6.1M from Salix.
- We have joined the Carbon Energy Fund and have well developed plans to reduce carbon emissions and save around £1M per annum through installing more efficient boilers and energy infrastructure from 2023
- We, and our PFI partners, have signed up to the National initiative to end the use of Single Use Plastics on our sites and we are seeking to de-list plastics from the supply chain where possible.
- We are finalising plans for a waste regeneration plant which will reduce our landfill to zero in the next three years.
- New buildings procured will be energy efficient and made from renewable materials, using modern methods of construction.
- The Trust's Carbon Zero plan has been published in 2021.

Patient experience of the estate

Patient feedback of our buildings and key patient facing areas is generally positive, particularly given the high numbers of people who use our facilities 365 days 7 days a week. Frequent anecdotal comments are that the estate is clean, staff are professional, courteous, kind, helpful and friendly. However, the diverse nature of our buildings new and old, large to small, and highly complex usage all has an impact when providing a consistent experience of the estate. Of 1200 Friends and Family Test comments about the estate, 58% were positive. Of the negative responses the key issues were:

- Buildings** –90% rated as good to satisfactory, 10% as not satisfactory. Disability access was an area for improvement with feedback from several people who used wheelchairs that they found it difficult to access the estate. Our statistics show that where a site/area is identified as an older building, patient feedback normally solicits a higher level of dissatisfaction of the environment and concern of cleaning standards, which is perhaps to be expected. In older parts of our estate, accessibility is an issue, particularly for wheelchair users who experience difficulties accessing parts of the estate.

PLACE scores ¹ for condition and appearance (hospital sites):	Wycombe	Amersham	SMH	Buckingham
2019	91.61%	87.02%	98.27%	89.47%
2018	94.13%	94.96%	90.00%	91.82%
Change between 2018-2019	-2.52%	-7.94%	8.27%	-2.35%

- Cleanliness** – 90% rated as good to satisfactory, 10% as not satisfactory

PLACE scores for Cleanliness (hospital sites):	Wycombe	Amersham	SMH	Buckingham
Cleanliness 2019	99.35%	97.61%	99.73%	98.56%
Cleanliness 2018	97.63%	99.20%	96.92%	98.04%
Change between 2018-2019	1.72%	-1.59%	2.81%	0.52%

- Car parking** - 96% rated as good to satisfactory, 4% as not satisfactory. Availability of spaces, particularly disabled parking, due to building work and contractors using spaces are issues, and many patients found the new payment system confusing. Prior to the pandemic, the high volumes of patient/visitor and staff car parking requirements were a significant issue, particularly at our Wycombe and Stoke Mandeville sites where it is not easily possible to increase capacity.

We have recently changed car park provider, investing in ANPR technology and improved signage. ANPR negates the need to invest in car park barriers which were frequently breaking and caused visitors a degree of frustration, and with this we have upgraded CCTV systems to provide better security deterrents.

- Access / Way finding** - 72% rated as good to satisfactory, 28% as not satisfactory, due to inadequate signage and difficulty in navigating the hospital estate. This is one of the top priority areas that patients/visitors are asking us to improve upon. With investment, wayfinding could be much improved for dementia sufferers and the visually impaired. During the pandemic with more frequent ward/dept moves around sites, the need for a digital solution has become highlighted. However, this will require significant capital investment and it may not be possible to install in older parts of the estate.

¹ PLACE audits were not completed during the pandemic

Summary of key priorities

To deliver the key principles of the new clinical strategy, significant change to the estate will be required. Our priorities are to provide an estate that;

- Can be relied upon to perform day in day in day out without compromising the clinical offer.
- Enables the improvement of care rather than maintaining an estate in need of serious remediation.
- Delivers care appropriate to patients needs in the best location for clinical outcomes and experience.
- Provides a better environment for healing and general staff and patient wellbeing, supporting staff recruitment and retention.
- Enables use of robotics and automation to provide our clinical colleagues with more time to care.
- Allows for the separation of emergency and planned care in a bio-secure way.
- Improves collaborative working alongside Primary Care Networks.
- Delivers its contribution towards net zero
- Contributes to local strategies for key worker and affordable housing.

Redevelopment of our estate will act as an enabler to transforming health and social care for all patients and service users in line with the new clinical strategy. We will:

1. Make the best clinical use of our owned assets

- Reduce our dependence on leased accommodation where possible.
- Improve empty parts of our retained estate such as Hale Acre in Amersham.
- Make better use of our PFI spaces for clinical use to enable the estate to become more efficient.

2. Improve the quality of our building stock

- Replace our existing buildings that are not fit for purpose and provide quality space such as the BHT agile workspace and Innovation Centre which creates great places to work for our staff and encourages MedTech innovation and research.
- Continue to improve the working conditions of our staff and commit to doing things differently, such as agile working and developing collaborative spaces that will reduce the non-clinical size of the estate and relieve the pressure on staff car parking.
- Demolish our older buildings to clear the sites for new clinical buildings that are multi-storey so that the land footprint is optimised.

3. Improve patient, staff and visitor experience

- Invest in wayfinding and where the estate permits address accessibility issues.
- Invest in meet and greet hosts and site monitoring officers to better support high footfall areas.
- Utilise data analytics from ANPR to seek to provide the optimum number of car parking spaces.
- Improve key worker housing availability, range and quality for our workforce.

WHERE WE WANT TO BE (2025)

Summary of the service strategy: Clinical need and organisational objectives

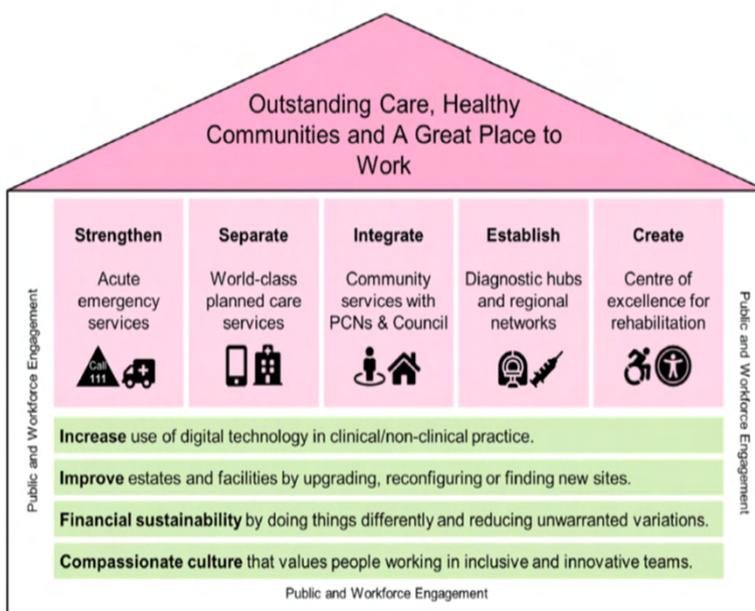
As an integrated organisation, we provide care in the community as well as in our hospitals and we are committed to supporting our populations’ health and wellbeing throughout the course of people’s lives. Enabling families and children to start well, tackling major illnesses like cancer and cardiovascular disease to help people live well and working with our partners in health and social care to support people to age well.

We have recently approved a new vision and clinical strategy that is ambitious and forward looking to 2025. The preceding five-year strategy (approved in 2016) supported the Trust on the journey to achieving a CQC rating of ‘Good’ in 2019 (‘outstanding’ in care) and to be part of the first wave of integrated care systems in England. To meet the changing needs of the population, especially those living in deprived areas, will require significant transformation of how we and our partners provide care. Our new vision is **Outstanding Care, Healthy Communities, and a Great Place to Work.** Delivering this strategy will require radical transformation of our estate.

Key principles of our clinical strategy

Our aspirations are to have a clear focus on people (both our staff and the communities we serve), to reduce health inequalities and deliver outstanding care.

This will drive the continued development of a compassionate culture, one that values diversity and inclusion, involves and enables everyone to be proud of the care we provide.



Our vision will be delivered within the following strategic framework:

Urgent and Emergency Care Transformation: Our vision is to work with our partners to provide highly responsive urgent care services close to home. For more serious or life-threatening emergency care needs we will offer centralised care with the very best expertise, from the best facilities to maximise the chances of survival and a good recovery. Centralising care and expertise on a single site will enable us to deliver better patient care.

Our vision for planned care services is to use technology to deliver outpatient care that is convenient and only ask people to come to hospital when they need to see an expert. We will work with other planned care providers to perform procedures that deliver the best outcomes in a timely way.

Our vision is to achieve better integration of services, simplify the health and social care system and support people to live long, independent and healthy lives at home. When people need support, you will get it from the right person, at the right place and at the right time.

Our vision for diagnostics is to have access to tests that can be performed close to home as well as central capacity for more complex testing. By working in networks and investing in digital technology we will be able to provide rapid test results that improve outcomes by contributing to early diagnosis and treatment

A centre of excellence for rehabilitation: Stoke Mandeville National Spinal Injuries Centre (NSIC) is the birthplace of the Paralympic movement and the largest and most recognised spinal cord injury centre in the UK and beyond. At the heart of Buckinghamshire's Local Industrial Strategy is the contribution we can make to our region's economic growth and development. We will build on our heritage and develop a centre of excellence for rehabilitation with an international reputation for care, research and innovation.

What does this mean for our estate?

To deliver the key principles of the clinical strategy and acknowledging that infection prevention challenges will remain post pandemic, significant change to the estate will be required. The estate must enable:

- Patients to receive care appropriate to their need in the best location for clinical outcomes and patient satisfaction.
- Emergency and Elective flows to be kept separate in the event of a future pandemic or major emergency.
- More care to be delivered closer to home, including integrating care with other providers.
- Our digital strategy which will support us to deliver more care closer to home and aims to reduce face to face outpatient appointments by 40%. This will enable poor quality parts of our estate to be released for redevelopment which will enable more care to be delivered in modern fit for purpose clinical environments.

Hospital Infrastructure Programme

In September 2021 we applied for funding from the National Health Hospitals Infrastructure Programme to redevelop our estate. We have a unique opportunity with our partners to create a flagship integrated health and care campus in Buckinghamshire. One Public Estate partners including the Local Enterprise Partnership (LEP), Buckinghamshire Council, BHT and the CCG have formed a partnership to develop this concept which would include Buckinghamshire's Health and Care Academy, Med-Tech Innovation, social and specialist housing and community leisure facilities. This scheme could be the first in the UK to achieve a truly integrated and flagship health and care campus. We will adopt new technologies, improve access to care and reduce health inequalities. Using modern methods of construction, we aim to deliver financial sustainability in Buckinghamshire.

The proposed scheme would deliver: (subject to appropriate public engagement and involvement).

1. An integrated health and care campus
2. Strengthened Stroke and Cardiac services
3. Biosecurity: Planned care will be separated from emergency care.

4. A centre of excellence for rehabilitation.
5. Social and key worker housing.
6. Best use of the PFI buildings for clinical care.

This will help us meet the needs of our growing population and ensure we can deliver uninterrupted care in the event of future pandemics. It will improve patient care and reduce the operational inefficiencies of delivering care from old estate. Finally, it will deliver annual savings that reduce our underlying deficit and eradicate over £200M backlog maintenance.

Our estate in the context of policy drivers

The Trust operates within a complex and evolving health and care landscape and there are a number of key policy drivers that also shape where we want the estate to be:

Policy Driver	BHT Response
NHS Long Term Plan (January 2019)	<p>Working with the ICS with using digital technology to enable patients to gain easier and faster access to services.</p> <p>Getting the best value for the taxpayer through working within our ICS to combine our purchasing power and reduce spend on duplication and unnecessary administration and space.</p>
Global warming and climate change	<p>We fully support the NHS net zero commitment and have published our net zero roadmap.</p> <ul style="list-style-type: none"> • for the emissions we control directly (the NHS Carbon Footprint), net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032, • for the emissions we can influence (our NHS Carbon Footprint Plus), net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039,
Naylor Review (March 2017)	<p>Sir Robert Naylor’s review <i>NHS Property and Estates: Why the estate matters for patients</i> (published in March 2017) contains ambitious proposals for the future of the entire health estate, including primary care, and recognises the significant investment needed to achieve ICS/STP proposals. It calls for the NHS to develop robust capital plans which:</p> <ul style="list-style-type: none"> ▪ Are aligned with clinical strategies, Maximise value for money, Address backlog maintenance.
The Carter Report (February 2016)	<p>Lord Carter of Coles produced an independent report <i>Operational productivity and performance in English NHS acute hospitals: unwarranted variations</i> for the Department of Health and Social Care [DHSC] with the aim to identify the efficiency opportunity across NHS providers that could save up to £5bn a year by 2019-20.</p> <p>Subsequently the <i>Model Hospital</i> benchmarking tool was set up by NHS England Improvement to support the NHS to identify and realise opportunities to deliver the best patient care in the most efficient way.</p> <p>NHS trusts are able to explore their comparative productivity, quality and responsiveness, to provide a clearer view of improvement opportunities. We will continue to improve performance by participating in and benchmarking ourselves under the <i>Model Hospital</i></p>

Net Zero

Our key areas of focus in our net zero roadmap (published in September 2021) are:

- **Reduction of medical gas emissions & shift to low carbon inhalers**

Medicines account for 11.3% of emissions within the Trust. A small number of medicines account for a large portion of the emissions; anaesthetic gases (1% of emissions), medical gases (7.1% of emissions) and inhalers (0.5% of emissions) – where emissions occur at the ‘point of use’. The remaining emissions are primarily found in manufacturing and freight, which is inherent in the supply chain. Interventions considered include optimising prescribing, substituting high carbon products for low-carbon alternatives, and improvements in production and waste processes.

- **Care pathway redesign**

Implementing more sustainable models of care includes boosting ‘out-of hospital’ care; empowering people to have more control over their health; digitally enabling outpatient care; and increasing the focus on population health. Optimising the location of care ensures that patients interact with the service in the most efficient place, which may be closer to or even in their home.

Digitalisation has a significant opportunity to assist with the drive towards net zero within the Trust. Digitally enabled care models and channels for patients will significantly reduce travel and journeys, whilst the support of front-line digitisation of clinical records, workflow and communications will help to deliver a more efficient healthcare service.

- **Travel for care and business; commuting, patients & visitors**

Approximately 3.5% (9.5 billion miles) of all road travel in England relates to patients, visitors, staff and suppliers to the NHS. Within BHT, travel incorporates ~13% of the Trust's emissions; this includes approximately <1% for business travel and fleet transport, 4% for patient travel, 5.6% for staff commutes and 1% for visitor travel. The action plan for interventions that will enable the transition to net zero carbon includes: switching the fleet to zero-emission vehicles, reducing unnecessary journeys and enabling healthier, active forms of travel such as cycling and walking. The forecasted increase in vehicle use will limit and offset, in part, by rapidly evolving vehicle efficiency standards.

- **Building energy and renewables**

The 3 main hospitals as well as the other community buildings and other supporting facilities services within the BHT estate and its supporting facilities services – comprises 28.8% (34.3% including embodied carbon from Well to Tank) of the total carbon emissions profile. This represents a significant proportion of our emissions and therefore this is a crucial category for us to target. There are a number of opportunities for emissions reductions in the BHT estate, with significant opportunities in the energy efficiency of the buildings, the installation of efficient building services and other medical / non-medical equipment, and utilising new sources of renewable energy.

- **Water, Waste and Food**

Of the 590,000 tonnes of waste produced by the NHS in 2016/17, 15% went directly to landfill, whilst only 23% of waste is recycled. At BHT we fully intend to reach a target of zero landfill and to install and operate our own waste regeneration plant in the next three years.

- **Supply Chain Procurement**

BHT procures products from approximately 2,500 suppliers, each with their own supply chain. Whilst BHT does not control these emissions directly, it can use its considerable purchasing power to influence change. This includes Medicines (2.7%), Business Services (5.4%), Non-medical equipment (4.6%), Medical Devices (10.2%), ICT equipment (5.6%), Commissioned Health Services outside the NHS (12.7%) and Other (3.8%). BHT can reduce emissions from its supply chain in three ways: more efficient use of supplies; low-carbon substitutions and product innovation; and by ensuring our suppliers are decarbonising their own processes.

Estates Performance Strategy

Estate as an enabler

This estates strategy, driven by the clinical strategy, is intended to facilitate the delivery of an estate that supports **Outstanding Care, Healthy Communities, and a Great Place to Work** namely that:

- Clinical services are supported by safe, secure and appropriate environments.
- Capital investment that is made best reflects and supports integrated care business strategies and plans.
- There is a clear and demonstrable evidence that the estate is complying with sustainable development and environmental requirements.
- Risks are controlled and future estates investment is properly targeted to reduce risk.
- There is a clear commitment to identify and manage surplus estates assets over time to reduce costs or adapt them to meet evolving service requirements.

The five clinical workstreams frame the estate aims and drivers. The strategic objectives for the estate are as follows:

The Trust estate must be:

Objective 1: Safe and Secure

It is essential that all of the Trust owned, and operated buildings are compliant with relevant health and safety, statutory and CQC standards and are secure for our patients, staff and visitors insofar as a public access organisation can be.

Objective 2: Flexible

To accommodate changing functions and staff numbers, where possible, buildings need to be future proofed for greater regional system working.

Objective 3: Value for Money

As public spending faces ever tighter constraints, changes to the Trust owned and operated estate must bring about reductions in operating costs and increased value for money. We have already moved out of many leased properties by increasing our use of existing owned assets which has reduced operating costs by £1M per annum.

Objective 4: Sustainable

The Trust's buildings, where practicable, will aim to comply with sustainability goals and relevant environmental legislation. In October 2020, the NHS committed to the plan aiming to be the world's first carbon net zero national health system. This strives to reach an 80% reduction by 2032 and become net zero by 2040. We have published our net zero roadmap in 2021 and now have a clear and measurable implementation plan.

Objective 5: Modern

The Trust estate needs to be safe, modern, efficient and fit to deliver modern day healthcare. This will mean investment in new buildings and redevelopment of the estate where possible.

Objective 6: Functional

All of its owned and operated buildings need to be fit-for-purpose and in the right location to best support the delivery of all clinical services.

Objective 7: Efficient

We require efficient building footprints and more productive floor space (“sweating the asset”), which means removing any surplus space that exists across the entire spectrum of clinical service delivery.

Objective 8: Able to Provide a Platform for the Whole of the Trust’s Operations

We have multiple stakeholder and system relationships and the estate as part of one public estate must also be used as a catalyst to promote wider ICS working and collaboration.

HOW WE WILL GET THERE

As an integrated healthcare system our strategy must be aligned to our regional and local partners. The table below identifies how the five clinical workstreams, that are designed to deliver the new clinical strategy of Outstanding care, Healthy communities and a Great place to work, fit at a strategic level. The table below identifies how changes to the estate will support this.

Workstream	BOB ICS Level	Buckinghamshire ICP Level	BHT Estate
<p>Strengthen acute services- Urgent and Emergency Care Transformation</p>	<p>Continue to develop as one of five major trauma networks in the south of England.</p> <p>Working closely with Oxford University Hospitals NHS FT [OUHFT] as our Major Trauma Centre [MTC]</p>	<p>Transform the current countywide urgent care services with South Central Ambulance Service [SCAS] and PCNs to ensure there is good access to local urgent care 24/7.</p> <p>Promote the range of 24/7 urgent care services accessible via NHS111 which can refer directly to Urgent Treatment Centres [UTC] (at Wycombe), general practice, ED and community services such as pharmacists.</p> <p>Community and primary care services will work together with social care services provided by Buckinghamshire Council to ensure we have an integrated, responsive service that helps people stay well at home for as long as possible.</p> <p>Continue to focus our efforts to reduce the length of time people stay in hospital.</p> <p>Children’s acute care is a strategic priority.</p>	<p>In the short-term we will continue to make adaptations and improvement to our estate to meet the growing needs of our population.</p> <p>We will establish and strengthen our acute paediatric care with a new dedicated Children’s ED unit at Stoke Mandeville, opening in summer 2022.</p> <p>In the longer-term we need to explore reconfiguring services and estate to strengthen our acute emergency services. Feasibility studies and Strategic Outline Cases (SOCs) have independently been prepared for Stoke Mandeville and Wycombe hospitals. Both SOCs have identified options to take forwards into a single outline business case.</p> <p>We have submitted an expression of interest for the National Hospital Improvement Scheme which if successful will provide the seed capital funding required to complete the Outline Business Case for the preferred option, subject to the appropriate staff and public consultation.</p>

<p>Deliver world class planned care services</p>	<p>Work with other hospitals to deliver services that are robust and responsive, improving outcomes and efficiency for the populations we serve.</p> <p>Work with others in the Thames Valley Cancer Alliance to link early diagnosis with timely planned care that improves the outcomes and experiences for people affected by cancer.</p>	<p>Our Improving Outpatients Programme has three goals:</p> <ul style="list-style-type: none"> ▪ Increase ‘Virtual’ Outpatient Consultations by 30% by 2023. ▪ Reduce the Demand for Outpatient Services by offering advice and guidance and Referral Assessment Services [RAS] to make sure more people get to the right place first time for specialist care. ▪ Increase Outpatient Efficiency by improving our internal processes. 	<p>Aligned with the NHS Long Term Plan we want to develop a clear separation of planned care services from emergency care services. This will be supported by service reconfiguration and significant changes to our estate.</p> <p>A programme business case will be completed in 2022 to identify the new clinical pathways which will inform the estate changes that will be required to deliver this strategy.</p>
<p>Integrate Community Services with other healthcare providers</p>	<p>Aligned with the NHS long term plan which is reflected in the Buckingham ICP level plan.</p>	<ul style="list-style-type: none"> ▪ Getting the Best Start in Life through focusing on: <ul style="list-style-type: none"> ○ Keeping children and young people safe. ○ Supporting to overcome their challenges. ○ Improving health and wellbeing. ○ Reducing health inequalities and providing opportunities. ▪ Ageing well through a new service model to support frail people in the community: <ul style="list-style-type: none"> ○ Improve NHS care in Care Homes. ○ Identify and provide proactive support to old people living with frailty in the community. 	<p>The NHS forward view identifies that community hubs would serve populations of 120,000 people and encompass integrated health, social care, and mental health services.</p> <p>A number of our community sites also provide dental services and musculoskeletal services.</p> <p>Our existing sites are generally well located to serve this model, apart from the south part of Buckinghamshire which has no regional hub. Work is ongoing with partners through one public estate to identify and develop a suitable site. This is particularly important from a health inequalities perspective as it is this region where a high prevalence of health deprivation exists per head of population.</p> <p>From an estates perspective we will continue the establishment of community hubs that offer new community services and community links and seek to explore new models such as health on the high street, and utilise one public estate to deliver these</p>

		<ul style="list-style-type: none"> ○ Enhance rapid community response at times of crisis. ▪ Identify people and populations that are most vulnerable and work as a system to reduce the risks of poor health. ▪ We are rooted in our community. Through our size and scale, we can make a positive contribution to local areas in many ways beyond just providing healthcare. 	
Establish Diagnostic Hubs and Regional Networks	<p>Aligned with the emerging planned care strategy, develop diagnostic centres at acute sites as well as diagnostic hubs in the community.</p> <p>Establish collaborative pathology and imaging networks.</p>	<p>The current strategy of diagnostics on acute sites will be reviewed to comply with the ICS community access model.</p>	<p>The clinical strategy determines that simple diagnostics should be more easily accessible and will therefore be built into designated community hubs.</p> <p>More complex diagnostics will remain co-located with our emergency services, we will increase our endoscopy capacity and expand our community diagnostic hub at Amersham.</p>
Create a Centre of Excellence for Rehabilitation		<p>Continue the transformation programme in the rehabilitation pathways which include the NSIC, community neuro rehab and community head injury services and stroke, focussed on improvements in areas like patient flow, discharge pathways, early access, outpatients and outreach and access to state of the art equipment for rehabilitation.</p>	<p>The clinical strategy has designated that we create a Centre of Excellence for Rehabilitation at Stoke Mandeville. Plans are underway to develop new state of the art therapies facilities that will be fundamental to delivering a centre of excellence for rehabilitation, building upon the core foundations of the National Centre for Spinal Injuries and the heritage of the Paralympics and partnering with the centre for sports rehabilitation on our neighbouring site.</p>

Implications of local authority development strategies

Buckinghamshire Council became the single unitary council that replaced Buckinghamshire Council and Aylesbury Vale, Chiltern, South Bucks and Wycombe District Councils in April 2020. Consequently, it is currently forming new strategies and planning. Due to the significant redevelopment of our estate, close partnership working is required and from a planning perspective there is a need to ensure that health features in the Council's planning strategies.

The council is particularly concerned with planning for additional estate to support key worker and affordable housing as well as assistive living housing for people with learning difficulties, dementia and rehabilitation. The Trust is keen to support this work.

Strategic estate changes

Capital investment programme

In financial year 2020/21 the Trust delivered over 70 projects resulting in a total capital investment of £29.6M, against the following categories:

Compliance	Infrastructure	New Builds	Refurbishment	Resource	Moves	COVID-19
£1,214,703	£9,289,253	£13,041,564	£3,714,888	£592,061	£331,081	£1,308,377

Over the next five years we need to make a £148M capital investment in the estate to achieve legal compliance, deliver the clinical strategy, start to implement net zero and support recovery post pandemic. This is in addition to the investments requested as part of the Hospitals Infrastructure Programme.

	total £M	2021/22	2022/23	2023/24	2024/25	2025/26
Legislative Compliance	£30,150	£5,850	£9,150	£7,550	£4,550	£3,050
Clinical Compliance	£11,400	£1,750	£4,900	£3,000	£1,500	£250
Clinical Strategy	£49,000	£5,000	£23,000	£18,500	£1,500	£1,000
Net Zero	£6,000	£300	£2,300	£2,000	£900	£500
Backlog	£22,820	£1,230	£7,655	£5,025	£5,055	£3,855
Recovery	£28,700	£13,000	£15,700	£0	£0	£0
total	£148,070	£27,130	£62,705	£36,075	£13,505	£8,655

Legislative and Clinical Compliance

Investments in compliance are to ensure we meet our statutory obligations, specifically in the areas of ventilation, pressure systems, addressing dead legs in water systems, LV electrical programme and bringing clinical areas to the right standards to meet accreditation criteria such as Joint Advisory Group (JAG) accreditation for endoscopy. The risks in not meeting standards are well understood, documented in the risk register and being mitigated. As and when additional emergency capital becomes available it is these areas that are given priority.

Clinical Strategy

Strengthening our acute services

- We are currently completing a new £15M Paediatric ED build at Stoke Mandeville which will open in 2022.
- We need to increase our Endoscopy Provision and our emergency bed provision.

Delivering world class planned care services

- We will be completing a programme business case for the hospitals redevelopment project which will determine next steps. This will require significant investments and we have submitted an Expression of Interest under the Hospitals Improvement Programme to enable us to reach Outline Business Case stage.
- We will also investigate how the performance of our good quality PFI estate could be optimised to support delivery of this programme.

Creating a centre of excellence for rehabilitation

- Quality facilities that will make an excellent therapy centre as the environment can influence healing and recovery. We will use modern methods of construction and a different approach that is people / patient friendly and modern.



Integrating Community Services with other providers

The formation of Primary Care Networks is creating pressure on all estate, they have significant space requirements and where we have building capacity we will look to support. We currently have GPs and a UTC operating from our Wycombe site and are working with all PCNs to determine their needs, looking to co-locate staff and services where possible. The benefits to patients from co-locating services are to create a “one stop shop” e.g. from Consultation to simple diagnostic tests, making it easier for patients to access.

Net Zero

The three main hospitals, community buildings and other supporting facilities generate 27.6% of the Trusts total carbon emissions. There are opportunities for emissions reductions in the BHT estate, specifically in the energy efficiency of the buildings, the installation of energy efficient buildings services and seeking new sources of materials.

Moves

There are a number of strategic changes informed by the clinical strategy that require investment in moving teams to realign service provision subject to the appropriate engagement with staff and the public.

- Realigning community services delivery including expanding the community diagnostics hub at Amersham.
- Supporting the health on the high street initiative in partnership with the Council to make services more accessible to local communities.
- Building more agile workspace hubs at Amersham, Wycombe and Stoke Mandeville
- Moving our therapy services into a centre of excellence for rehabilitation at Stoke Mandeville

Due to the poor condition of the Wycombe Tower we are planning a phased exit strategy over the coming three years. We also plan to improve the clinical and working environment by moving teams that are working in poor-quality buildings. The new agile workspaces will support this.

Refurbishment / backlog

- As part of our people strategy for recruitment and retention, a rolling investment programme for student and key worker housing is required. We intend to upgrade Aston House during 2021/22 and this accommodation will be for Doctors, on-call rooms, and rest rooms. The David Brown building accommodation will be re-purposed into educational space, moving all rooms to Aston House.
- We are ready to build phase 2 of our Stoke Mandeville agile workspace plus refurbish space in Amersham and Wycombe subject to capital availability. This will enable poor quality buildings to be demolished.

Recovery post pandemic

The estate needs to support the clinical recovery plans to reduce waiting times for surgery and improve flow in our emergency department. Due to the level of backlog in the estate, the immediate need will be to bring in temporary vanguard units that can operate alongside estate redevelopments. We will also upgrade our minor operations theatre in Amersham to be able to deliver an integrated Plastics and Dermatology service.

Summary of plans for disposal and proceeds of sale

At present whilst we work through the programme business case and consider a wider hospitals redevelopment programme, there are no major plans for disposal of estates assets, although we recognise that when the plans for reconfiguration are in place, as part of the clinical strategy, we may in future be able to redevelop some land for key worker and affordable housing.

Forecast effect of strategy on estate performance

Impact on Estate Utilisation

Through agile working and moving accommodation to good quality buildings and closing those that are poor quality on our Stoke Mandeville and Wycombe sites we will achieve targets.

	Target	2021	2022	2023	2024	2025
Non-Clinical	25%	35%	32%	30%	25%	20%
Clinical	75%	65%	68%	70%	75%	80%

Operating costs

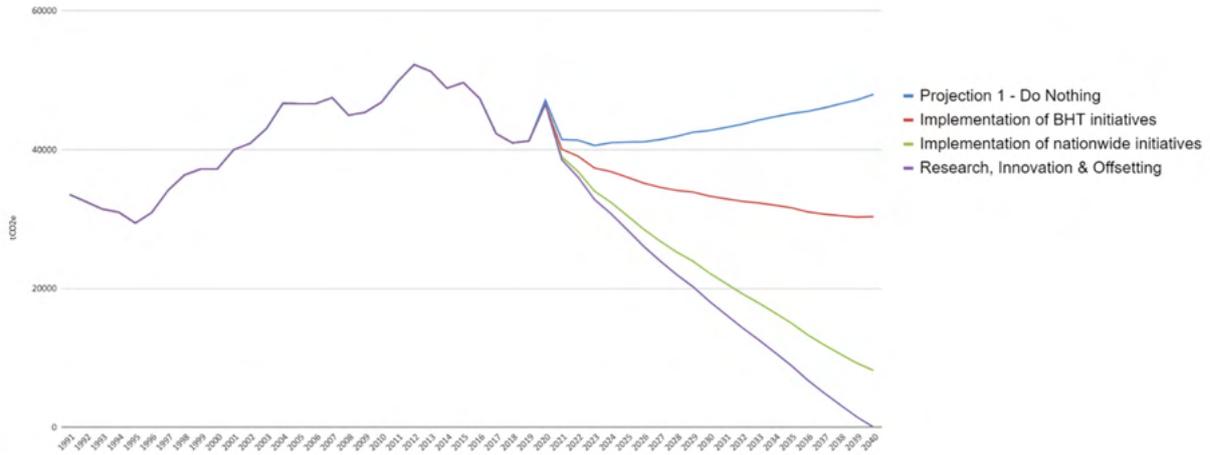
The forecast assumptions for energy and water (table below) are based upon a 2% annual increase. Drivers that enable the forecast to remain relatively stable, despite market fluctuations, are the changes planned to the estate, e.g. conversion to LEDs, reduced and more efficient estate, changes in use of the estate e.g. reducing administrative use and converting more of the estate to clinical use.

The forecast assumptions for cleaning, laundry, and meals include inflation rates linked to the estimated annual RPI uplift in PFI contracts (3%), timing of renegotiating both PFI soft services contracts of which the impact on meal costs can be seen in the first full year of 2022 and building in our new waste plant which will mitigate against increasing waste costs over the next five years.

	2021	2022	2023	2024	2025
Energy kWh	35.4m	34.7m	34m	33.3m	32.7m
Water and Sewage £m2	213k	209k	205k	200k	196k
Cleaning £ m2	£45.47	£46.37	£47.49	£48.77	£50.23
Laundry per piece £	£0.42	£0.37	£0.38	£0.39	£0.40
Meals per patient day £	£11.09	£6.69	£6.85	£7.04	£7.25
Waste tonne	1670	1514	984	637	414

Forecast effect of environmental performance improvements

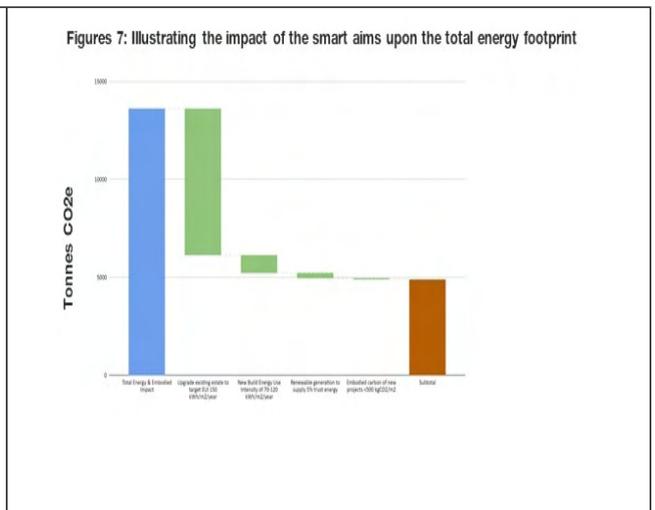
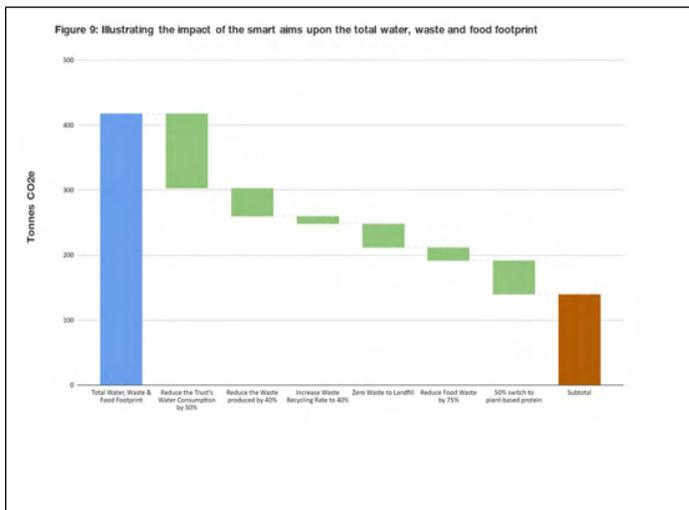
We have initiated a major investment towards our net zero target which will reduce our carbon emissions by approximately 5000 tonnes over the life of the project.



Key targets:

Upgrade existing estate to target EUI 150 kWh/m ² /year	<ul style="list-style-type: none"> Retrofit existing buildings where possible to provide better insulation windows Temporarily replace poor performing building services / fittings etc 	150 kWh/m²/year
New Build Energy Use Intensity of 70-120 kWh/m ² /year	<ul style="list-style-type: none"> Ensure that a 'fabric first' approach is followed to minimise energy demand Ensure building services are highly efficient and designed for performance 	70-120 kWh/m²/year
All heating and hot water provided Heat Pumps	<ul style="list-style-type: none"> Identify areas to locate heat pump plant on roofs / around the buildings Enable heat pumps to be installed for space heating and hot water 	100% Heating/DHW by Heat Pumps
Optimising building usage to reduce consumption by 35%	<ul style="list-style-type: none"> Install smart energy management and building instrumentation Implement training programs across FM team to upskill on energy saving 	35% Reduction in consumption
Lighting efficiency of 4.5 W/m ²	<ul style="list-style-type: none"> Install LED light fittings across all buildings Install presence detection and daylight sensors across all buildings 	Lighting efficiency 4.5 W/m²
Renewable generation to supply 5% trust energy	<ul style="list-style-type: none"> Identify opportunities for Photovoltaic arrays on building roofs and other areas. Install PV with battery storage to maximise the availability of renewable energy 	5% provision of renewable energy
Embodied carbon of new projects <500 kgCO ₂ /m ²	<ul style="list-style-type: none"> Undertake Life Cycle Assessment with a target emissions of reducing embodied carbon. 	<500 kgCO₂/m²

In 2022 we will replace the 1950 steam boilers at Wycombe Hospital with the latest Combined Heat and Power (CHP) technological solution, replacing the energy infrastructure across the site. We were successful in securing Public Sector Decarbonisation Funding (PSDF) from Salix, a treasury funded body aiming to assist public sector bodies achieve the governments carbon neutral targets to help fund this investment. We also have a significant investment plan to replace all lighting with LEDs, starting in our PFI buildings. It will not be possible to achieve this across the entire estate due to the poor condition in some buildings, but we expect that 70% of the estates lighting will be replaced in the next 2 to 3 years.



Water, waste and food

Of the 590,000 tonnes of waste produced by the NHS in 2016/17, 15% went directly to landfill and only 23% of waste is recycled. The carbon footprint of food is also of growing concern. Water, Waste and Food & Catering contribute 0.6%, 0.3% and 0.2% of the Trust's carbon emissions in 2019. We will be building and opening an anaerobic digestion plant at Stoke Mandeville in 2022 which will significantly reduce / eradicate our carbon emissions from waste across the Trust.

Reduce the Trust's Water Consumption by 50%	<ul style="list-style-type: none"> - Install sensors, flow control, valves to reduce water consumption - Training, leadership and initiatives to drive reduced water consumption 	50% reduction in water consumption
Water sub-meters covering 90% of water consuming areas	<ul style="list-style-type: none"> - Install sub-meters across all buildings in the trust - Regular monitoring of water consumption data to ascertain areas of higher consumption 	90% coverage by sub-metering
Reduce the Waste produced by 40%	<ul style="list-style-type: none"> - Waste management strategy for increasing monitoring and tracking. - Reducing single use plastic 	Reduce Waste Produced by 40%
Increase Waste Recycling Rate to 40%	<ul style="list-style-type: none"> - Optimising waste segregation, easing recycling - Raising awareness and training including the recycling of medical waste 	Recycling Rate of 40%
Zero Waste to Landfill	<ul style="list-style-type: none"> - Development of new waste processing plant to handle the trusts waste - Target zero waste to landfill as soon as possible 	Zero waste to Landfill
Reduce Food Waste by 75%	<ul style="list-style-type: none"> - Audit the hospitals to identify areas to target and monitor waste produced - Raising awareness and training of all staff 	75% reduction in food waste
50% switch to plant-based protein	<ul style="list-style-type: none"> - Increased options within hospitals to encourage plant-based options. - Increased awareness of the benefits of a plant-based lifestyle from a holistic perspective 	50% plant-based protein

Success criteria for delivering this strategy

Clinical and Public Engagement

This is an essential and important aspect of delivering this strategy. We will have involved and engaged key stakeholders, including the staff and the public, and agreed the most appropriate way and places to deliver care for the residents of Buckinghamshire.

Capital / planning / success of HIP application

Capital allowances are driven by depreciation on the Trust's balance sheet which we recognise is insufficient to deliver this strategy. With the development of the ICS, capital will be devolved to the region to make best use of it, which creates new opportunities for greater partnership and strategic working to resolve regional and planning issues with our public estate.

Aged Infrastructure creates clinical risks

Whilst we maintain a robust risk register, items will break such as water pipes, boilers etc and whilst much of the estate has controlled asbestos, it means the costs to maintain a safe estate are always significantly increased as a result.

Net zero

Just 23% of the Trust's carbon emissions are under our direct control. Initiatives are underway but some are only affordable and demonstrate value for money with grant funding. Our carbon reduction activities will make a significant reduction in emissions however there will be a remaining level which is outside of the Trust's control. This is where offset schemes will come into use. These are in their infancy and will develop over time and for this reason offset will be used from 2032 to meet Government targets at that time.

Asset sales

At current market rates, the Trust owns £230M in freehold property. The major site redevelopment plans will release some land assets for development, however the land value in Buckinghamshire is not significant compared to, for example, London and therefore it may be better value to optimise their use and income generate from these assets rather than sell.

Resource

The property services team is currently resourced to manage an estate that operates efficiently and has minimal infrastructure risks. To maintain safety, a significant number of specialist contractors e.g. asbestos and water specialists work alongside the team which adds to the overhead costs to running a safe operation. This plan is over and above delivering “business as usual” and will require additional specialist resource; estates planning specialists, move planners, technical architects etc. This resource will need to be funded through the capital budget creating further draw on the already insufficient capital allowances and therefore will need to be balanced against managing the infrastructure risks in the estate, unless the Trust is successful with the HIP application which will provide the required funding.

IMPLEMENTATION PLAN

With the delivery of this strategy the estates approach to implementation will focus on the following;

Safe and Secure

- Prioritising high and significant backlog maintenance and continuing to deliver appropriate health and safety-related investment.

Flexible

- Ensuring that business cases for new builds and refurbishments specifically address flexibility at the building level.
- Making clear to supply chain (e.g. designers, architects and surveyors) that flexible design is important to the Trust.
- Identifying and communicating to all Trust staff the benefits and obligations for them to think flexibly in their use of the Trust owned and operated estate.

Value for money

- Ensuring that all business cases seek to minimise the cost-in-use of our buildings without compromising the Trust business needs.
- Placing more emphasis on commercial and Integrated Care System solutions.
- Encouraging a leaner supply chain for estates and facilities procurement.

Sustainable

- Ensuring that all business cases include a net zero assessment.
- Concentrating efforts to reduce carbon emissions in those areas with the largest carbon footprints.
- Demonstrating visible leadership on reducing carbon.
- Ensuring all new buildings meet BREEAM standards so far as is practicable.

Modern

- Ensuring that all business cases promote modern buildings and ways of working.

- Using modern methods of construction for major new builds from the approved capital programme.

Functional

- Ensuring that all business cases address functionality and location, rigorous space analysis and maximum flexibility in use of the asset.
- Continuing dialogue between Clinical Divisions, other corporate functions, and Integrated Care System partners with Estates and Facilities to ensure that the location of Trust corporate services and clinical functions reflect the core business needs of the Trust.

Efficient

- Ensuring that all business cases seek to minimise the footprint of Trust buildings, while meeting the operational needs of the Trust, including flexibility.
- Identifying value-for-money opportunities to downsize corporate space and relocate clinical functions to more optimal and efficient accommodation.
- Identifying opportunities that can be self-funded from operational cost savings.
- Allocating space to reduce the Trust's overall non-clinical footprint (e.g. open-plan spaces, right-sized cellular offices, flexible meeting spaces).
- Reviewing space standards for all parts of the Trust estate, in a way which takes account of local circumstances and how best to deliver space on a value-for-money basis.

Platform for the whole Trust operationally

- Aiming to accommodate and co-locate partners who significantly complement the Trust's business and business objectives on the Trust estate wherever possible.
- Ensuring that all business cases seek to optimise the attractiveness of our buildings to preferred and prospective partners, particularly those who operate within the Integrated Care System.
- Working with preferred partners to remove barriers to co-location where these exist, including anomalies in the current system for internal charging for space.
- Developing and deepening shared co-location strategies with our key Integrated Care System partners.

PLAN ON A PAGE

*subject to capital	2022	2023	2024	2025
Recovery Priority areas: 1. Theatre upgrades 2. ED flow	Dermatology and Plastics theatre upgrade in Amersham New Paediatric A&E open Endoscopy at Stoke Mandeville	2 Endoscopy units installed * 30-50 additional beds at SMH*	2 Endoscopy units installed * ED front door pathway remodelled*	
Compliance	Water system at SMH htm compliant New VIE installed High voltage electrical programme completed	Heating systems upgraded; pressure systems now compliant*	New signage programme completed to DDA compliance * and accessibility.	LV programme completed, electrical system now fully compliant*
Delivering the clinical strategy	Amersham theatres upgraded Programme Business Case for hospitals redevelopment completed	Community diagnostics hub opens in Amersham* Outline Business Case for hospitals redevelopment completed*	Community diagnostics hub fully operational in Amersham* Full business case for hospitals redevelopment completed*	Centre of excellence for rehabilitation open at Stoke Mandeville site*
Net Zero	CEF programme complete Boiler replacement scheme converting to air source heat pumps underway New waste plant operational -stoke Mandeville Plant based menu options – patient and staff dining	EV charge points installed (all sites)* LED replacement scheme complete in all PFIs All Trust waste processed by new waste plant Single use plastics delisted	Estates vehicle fleet fully transfers to electric LED replacement scheme completed in retained estate*	Wycombe heating system converts to hydrogen* New net zero therapies building completed at SMH*. Boiler replacement scheme converting to air source heat pumps completed*
Performance	Cleaning, laundry and food costs meet national standards	Estate achieves 67% clinical utilisation	Estate achieves 75% clinical utilisation	

CONCLUSION

With 60% of the Trust owned buildings being more than 30 years old, the estate requires significant upgrading to deliver modern day healthcare. Clinical services are currently being impacted by the estate which is not designed to deal with increasing demands for capacity and flow and with a £210m backlog there is a significant underlying pressure to keep the estate safe.

By implementing the new clinical strategy and with a good quality estate and improved digitisation, we estimate that we could reduce operating costs by as much as £30m per annum. The new clinical strategy will require a number of important infrastructure changes such as the new community diagnostics hub, a bio-secure planned care environment, separate to emergency care, and delivery of the new centre of excellence for rehabilitation at Stoke Mandeville subject to the appropriate engagement with staff and the public.

Upgrading our estate will support the Trust to deliver on our vision which is to provide our Buckinghamshire residents with outstanding care, healthy communities and a great place to work. Patients will receive care appropriate to their need in the best location for clinical outcomes, more care will be delivered closer to home, and we will have a bio-secure estate. We will also be able to bring our estates operating metrics in line with other trusts of a similar size, we will achieve a much higher clinical utilisation of the estates and meet net zero targets.

Abbreviations

A&E	Accident and Emergency
ANPR	Automatic Number Plate Recognition
AE	Authorising Engineer
BAU	Business as Usual
BOB ICS	Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System
BHT	Buckinghamshire Healthcare NHS Trust
BMS	Boiler Management System
BREEAM	Building Research Establishment Environmental Assessment Method
CAFM	Computer Aided Facilities Management
CCG	Clinical Commissioning Group
CEF	Carbon Energy Fund
CHP	Combined Heat and Power
CQC	Care Quality Commission
DCP	Development Control Plan
DDA	Disability Discrimination Act
DHSC	Department of Health and Social Care
ED	Emergency Department
ERIC	Estates Returns Information Collection
EV	Electric Vehicle
FM	Facilities Management
HBN	Health Building Note
HCC	Health and Care Centres
HIP	Hospital Infrastructure Programme
HV	High Voltage
ICP	Integrate Care Partnership
ICS	Integrated Care System
JAG	Joint Advisory Group
LED	Light Emitting Diode
LEP	Local Enterprise Partnership
LV	Low Voltage
MTC	Major Trauma Centre
NSIC	National Spinal Injuries Centre
OPE	One Public Estate
OUHFT	Oxford University Hospitals NHS Foundation Trust
PCN	Primary Care Network
PLACE	Patient-led Assessments of the Care Environment
PFI	Private Finance Initiative
PSDF	Public Sector Decarbonisation Funding
RAS	Referral Assessment Services
SCAS	South Central Ambulance Service
SDAT	Sustainable Development Assessment Tool

SDU	Service Development Unit
SMH	Stoke Mandeville Hospital
SOC	Strategic Outline Case
SOP	Standard Operating Procedure
SPV	Special Purpose Vehicle
UHSB	United Healthcare South Buckinghamshire
UTC	Urgent Treatment Centres

Report from Chair of Finance and Business Performance Committee

Date of Committee 14 December 2021

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Meeting Minutes	Minutes from the F&BP meeting 16 November 2021	Minutes approved	None	Refer to Audit Committee for noting	n/a
Trust Improvement Programme (TIP) / Recovery Slides	Update on progress on TIP and recovery of Trust operational position in key areas	Assured – significant work undertaken both by teams within recovery workstreams and in the production of the report recognised as well as key current risks associated with recovery: - Omicron variant and COVID-19 escalation - Winter pressures - Regulator demands	Draft integrated performance report to F&BP prior to Board in January 2022	Ongoing overview at EMC and Board	To take assurance from the update
M08 Finance Report	Update on financial position at M08 including year to date headline position, full year forecast and capital, balance sheet and cash flow analysis	Assured – potential for additional COVID-19 funds noted with the need for careful analysis of application thereof	None	n/a	To take assurance from the M08 report

H2 Financial Plan Update	Overview of planned Trust financial improvement strategy and local ICS plan	Assured – significant amount of work supported by external consultants	Implementation dates for key milestones within the plan Transformational review of costings by division	n/a	n/a
Estates Strategy	Presentation of the Trust's 5-year estates strategy which plans to deliver a fully compliant estate with significantly reduced operating costs and carbon emissions	Assured – noting significant work to date on realising strategy related to use of leased buildings	Further detail on finances	January Public Board	To approve the strategy
SIM Suite – Buckingham University	Proposal for contract with Buckingham University for on-site SIM suite at SMH	Approved – Committee supportive of the innovative approach	Options paper to revert to F&BP once different costings being considered	n/a	n/a

Emerging Risks noted:

- Significant operational pressures related to winter months and Omicron variant including potential surge in admissions, staff absence and critical care capacity.
- Ability to recover services in view of above pressures noting conflict between demands of Regulator and diversion of resources for COVID-19 escalation.
- £4m cost overrun on Paeds development; noting potential for additional capital funding from regulator to support with this

- Significant infrastructure costs.
- Clarity and collective oversight re: significant costs and revenue issues both within and outside of our control.
- Ability to realise estates strategy noting dependence on capital.

Report from Chair of Finance and Business Performance Committee

Date of Committee 18 January 2022

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Meeting Minutes	Minutes from the F&BP meeting 14 December 2021	Minutes approved	None	Refer to Audit Committee for noting	n/a
Monthly Integrated Performance Review (IPR)	Draft of re-formatted monthly IPR defined by NHS System Oversight Framework, Trust Strategic Objectives and Trust Improvement Programme	Assured – noting operational risks to recovery trajectories and further work required	Additional information related to Quality and Community metrics plus refinement of graphical presentation of data	n/a	Take assurance in the development of this report
Cancer Recovery Plan	Update on delivery of Cancer Waiting Times and actions in place to deliver required improvements	Assured	None	n/a	n/a
Monthly Finance Report	Update on financial position at M09 including YTD headline position, full year forecast and capital, balance sheet and cash flow analysis	Assured – noting risks related to pay spend and capital expenditure prior to year end	None	n/a	Take assurance from the M09 report

Data Security and Protection Toolkit (DPST)	Update on progress with achieving 'Standards Met' status with the DPST including standards not met and actions in place	Partially assured – noting non-compliance with 2 major standards and significant financial contribution required to achieve fully compliant status	None	n/a	n/a
Transformation and Efficiency Update	Monthly update on Trust Transformation and Efficiency Plan; performance against plan and key issues and risks	Assured	Need for greater accountability at divisional level	n/a	n/a
NSIC Transformation Deep Dive	Detail of transformation project to address concerns raised by NHSEI Peer Review (June 2019)	Assured	None	n/a	n/a
Mortuary Security, Oversight and Assurance	Update on progress with actions following mortuary security review in November 2021	Assured – noting significant work completed to reduce risk	None	Delegated authority to EMC to continue monitoring of action plan with verbal update to F&BP once signed off	n/a

Finance Strategy	Summary of the development of the Financial Strategy to date	Report noted – expectation of Plan for 22/23 and a financial strategy for subsequent 2 years to be presented to F&BP in March 22	Development work ongoing – to continue	n/a	n/a
Temporary Staffing Update	Summary of temporary staffing at M08	Report noted – including COVID related risks and actions in place to support reduction in pay spend	None	n/a	n/a
Digital Strategy Update	Update on the delivery of the Digital Strategy 2019-2024 including funding, ICS context and progress against milestones	Report noted – including capital spend against plan	Work ongoing for Provider Plan due by June 2022 Alignment of key/enabling Trust strategies	n/a	n/a

Emerging Risks noted:

- Impact on recovery trajectories of Omicron variant and cancellations; both related to clinicians and patients.
- Pay spend – overall and specifically related to increasing demand on temporary staffing due to Omicron and sickness absence.
- Potential impact of Vaccination as Condition Of Deployment (VCOD) on workforce including further reliance on temporary staffing.
- Capital expenditure until financial year end noting move to weekly monitoring of this to mitigate risk.
- Risk of global supply chain issues and potential impact on capital expenditure noting proven Trust record of ordering ahead in line with estates plan.
- Lack of system clarity to support finalised long-term financial strategy noting need to accept ambiguity.
- Non compliance with 2 major standards within DSPT noting planned mitigation actions.

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

- Significant financial considerations associated with Digital Strategy.
- Variance in Transformation and Efficiency Plan noting operational challenges in realising CIPs.



Buckinghamshire Healthcare
NHS Trust

Meeting: Trust Board Meeting in Public

26 January 2022

Agenda item	2021/22 Month 9 Finance Report
Board Lead	Barry Jenkins, Chief Financial Officer
Type name of Author	Aneel Pattni, Deputy Chief Financial Officer
Attachments	Month 9 Finance Committee Report
Purpose	Assurance
Previously considered	EMC & F&BPC 18/01/2022

Executive Summary

- 2021/22 I&E month 9 year to date (YTD) headline position of £1.5m deficit. This is £1.5m favourable to the planned YTD position of £3.0m deficit.** The key drivers for this are lower than planned spend on the H2 Critical Investments and lower run rate spend in the Surgery and Women & Children divisions. Further details on income and pay costs are provided on pages 4 and 5. Run rate analysis and detailed divisional position is shown on page 7. None of the planned balance sheet mitigation has yet been released in to the position.
- Reported position year to date includes £3.4m of Covid-19 related incremental expenditure and £19.1m Covid-19 income.** Covid-19 expenditure was £0.5m in month 9, similar to month 8.
- Month 9 full year forecast of £5.6m deficit is reported in line with plan. However, the YTD position and monthly run rate expenditure in recent months indicate break-even or surplus is achievable.** The forecast assumes £11.7m of additional mitigations will be delivered from divisional forecasts. In line with the plan, c£6m of this mitigation is expected from a Balance Sheet review, leaving £5.7m to be delivered by reducing Divisional forecasts. However, if the lower than plan expenditure run-rates seen in divisions during Q3 (months 7 to 9) continue in to Q4, this will generate financial headroom that more than offsets this £5.7m requirement. This is likely to lead to a favourable year end position compared to plan. In particular, the H2 Critical Investments forecast continues to assume the full £14.9m H2 allocation will be spent, i.e. £12.5m expenditure in Q4 versus £2.5m actual spend in Q3. The trust plan and month 9 forecast also excludes any potential upside from the PFI model review (to be reviewed at the January 2022 Audit Committee meeting). The year-end trust forecast will be reviewed in more detail at month 10 and an update will be provided to F&BPC. Divisional forecast information is included in the report on page 7.
- Capital, Balance Sheet and Cash Flow** analysis are included in the papers. The month end cash balance has increased to £55.5m. The Trust has spent £15.2m YTD capital against a YTD plan of £23.9m. The spend on the Paeds A&E development is behind plan but spend is expected to accelerate in Q4. £30m of spend (£45.1m less £15.2m) needs to occur in the last 3 months of the year. This is 67% of the programme and will require a significant amount of focus in Property Services and Information Technology in order to deliver to plan.

This paper was considered by the Finance and Business Performance Committee on 18 January 2022 and is recommended to Board for assurance noting the risks related to capital expenditure until year end and the increasing pay spend.

Decision The Board is requested to approve the paper.

Relevant Strategic Priority

Outstanding Care **Healthy Communities** **Great Place to Work** **Net Zero**

Implications / Impact

Patient Safety	Any impacts on patient safety are identified and addressed as part of the Trust and divisional integrated performance review process
Risk: link to Board Assurance Framework (BAF)/Risk Register	BAF 4.1a Failure to deliver the annual financial plan
Financial	See Executive Summary in paper
Compliance NHS Regulation Good Governance	Monthly reporting is provided to the committee to provide assurance. The financial position is reported to NHSE/I on a monthly basis as part of the regulatory oversight process
Partnership: consultation / communication	This report is shared with partners across the ICP, ICS and regulators, as required.
Equality	Any material equality impacts of expenditure are identified and addressed as part of the budget setting process
Quality Impact Assessment [QIA] completion required?	Impact assessments of the H2 Critical Investments are undertaken by the Chief Operating Officer and Director of Business Recovery and reported to the EMC Recovery meeting on a weekly basis.

Safe & compassionate care,

every time

Finance Report Month 9 - 31st December, 2021

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Page 9	Cash Position
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Financial performance

Table 1 - Income and expenditure summary

(£m)	In Mth Plan	In Mth Actuals	In Mth Variance	YTD Mth Plan	YTD Actuals	YTD Variance	Annual Plan (Revised H2 Plan)	Forecast
Contract Income	41.8	42.8	1.0	383.6	382.4	(1.2)	509.1	509.1
Other income	3.3	4.6	1.3	26.3	28.2	1.9	36.2	36.2
Total income	45.1	47.3	2.2	409.9	410.6	0.6	545.3	545.3
Pay	(25.3)	(28.3)	(3.0)	(236.8)	(242.3)	(5.5)	(318.1)	(318.1)
Non-pay	(17.7)	(15.6)	2.1	(146.7)	(143.7)	3.1	(194.5)	(194.5)
Total operating expenditure	(43.0)	(43.9)	(0.9)	(383.5)	(386.0)	(2.4)	(512.6)	(512.6)
EBITDA	2.1	3.5	1.4	26.4	24.6	(1.8)	32.7	32.7
Non Operating Expenditure	(2.9)	(2.8)	0.1	(29.5)	(26.1)	3.3	(38.3)	(38.3)
Retained Surplus / (Deficit)	(0.8)	0.6	1.5	(3.1)	(1.5)	1.5	(5.6)	(5.6)
Non Recurrent I&E							(61.4)	(61.4)
Normalised I&E Surplus / (Deficit)							(67.0)	(67.0)

Executive Summary

- The Trust reports a £1.5m deficit year to date (YTD) at month 9. This is £1.5m favourable to the £3.1m YTD deficit plan.

- Individual budget lines have been adjusted this month to reflect the board approved H2 plan which totals a £5.6m year end deficit position. This plan includes non recurrent investments totalling £14.9m and these investments will be monitored in the budgets through a central division to track spend away from business as usual divisional activities. YTD H2 investment expenditure totals £2.5m. The H2 plan includes H2 ERF income and expenditure totalling £4.5m and TIF (Targeted Investment Fund) income and expenditure totalling £2.2m. ERF Plus income is not included in the plan but has been confirmed by the ICS so £2.3m is assumed within the YTD position. No income however is assumed in the YTD position for activity related H2 ERF until activity data is finalised, validated and agreed.

- The revised plan continues to assume a £16m efficiency plan will be delivered for the full year. This plan is phased equally throughout the year. YTD delivery for the efficiency plan is provided in the Transformation & Efficiency Update.

- Covid-19 expenditure totals £0.5m in month 9, £3.4m YTD and is reported within the overall expenditure position for this financial year at divisional level. Income to cover Covid-19 expenditure is assumed to be within the block values received and is reported within contract income in the table opposite.

- YTD pay costs total £242.3m, £5.5m adverse to plan. Key drivers of this adverse position include medical staffing spend and temporary staffing usage in addition to shortfalls in YTD CIP delivery. The YTD position includes the full impact of the 2021-22 Pay award impact. Further details are provided on page 5.

- YTD non-pay costs total £143.7m, £3.1m favourable to plan. Key drivers of this underspend include drugs and clinical supply expenditure being lower than plan. Further details are provided on page 6.

- The non-recurrent I&E adjustment removes the benefit of H1 and H2 Block income top-up, Covid-19, ERF funding receivable from NHSE/I and Bucks CCG and other non-recurrent items. Work is being undertaken with NHSE/I during January 2022 to review and agree the final methodology and confirm the normalised (underlying) position.

Key Highlights: Income

NHS Income and Activity

• YTD Contract Income at month 9 totals £382.4m, £1.2m adverse to plan (Table 2).

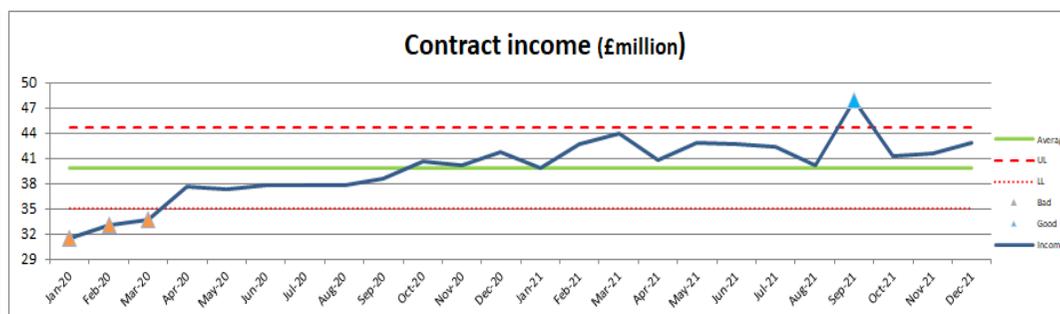
• The contract income plan is based on the H2 board approved plan and has been applied to individual budget lines. The ERF position highlighted in the table below (Table 2) includes H1 ERF, H2 ERF and H2 ERF+.

• The Statistical Process Control Chart (Graph 1) for Contract Income shows income is above the mean average throughout the 2020-21 financial year and months 1 to 9 for the new financial year. The reduction in contract income in January 2020 relates to the provision for bad debts including Spinal delayed discharges. The increase in December 2020 income relates to the one off benefit to the position following the settlement of the 2019/20 contracts position. The February 2021 position includes £2.6m additional monies received from NHSE/I relating to funding support for lost income during the Covid-19 pandemic and the March 2021 position includes further income received to cover income lost during the Covid-19 pandemic totalling £2.8m. The May 2021 position included estimated ERF income totalling £3.4m and for June £2.4m. These estimated figures have now been recalculated and confirmed with the ICS for April through to June 21 and total £7.4m YTD. Additional H1 ERF upside totalling £0.8m is assumed in the YTD position. The increase in contract income in September 2021 relates to the medical and agenda for change pay award income and the additional BOB ICS ERF allocation.

Table 2 - Breakdown of Contract Income

Commissioner (£m)	Annual Budget Total 2021-22	YTD Budget	YTD Actuals	YTD Variance
Bucks CCG	289.5	217.3	217.3	0.0
Other NHS	36.5	27.4	27.4	0.0
Specialist Commissioners	73.4	55.4	55.1	(0.3)
Other Income	1.9	2.8	1.4	(1.4)
Bucks Council	14.0	10.5	10.6	0.2
Top up	37.3	28.5	28.5	0.0
Covid funding	25.7	19.1	19.1	0.0
Growth & SDF	13.1	8.3	7.8	(0.5)
ERF	15.5	13.3	14.1	0.8
TIF	2.2	1.1	1.1	0.0
Total	509.1	383.6	382.4	(1.2)

Graph 1 - Contract Income Statistical Process Control (SPC) Charts



Other Income

Table 3 - Breakdown of other income

Category (£m)	Annual Budget	YTD Budget	YTD Actuals	YTD Variance
Research	1.2	0.9	1.1	0.2
Education And Training	11.0	8.2	11.4	3.1
Non-NHS PPS & Overseas Visitors	3.5	2.6	2.0	(0.7)
Injury cost recovery scheme	1.2	0.9	0.7	(0.2)
Donated Asset Income	1.0	0.7	1.0	0.2
Other Income	18.3	12.9	12.2	(0.7)
Total	36.2	26.3	28.2	1.9

• Other Income (Table 3) is £1.9m favourable to plan YTD.

• Private Patient and Overseas work is £0.7m adverse to plan.

• Donated Asset Income reports a £0.2m favourable variance. This variance however is removed when calculating the bottom line financial position as the full impact of donated asset income and depreciation is removed when calculating the final position.

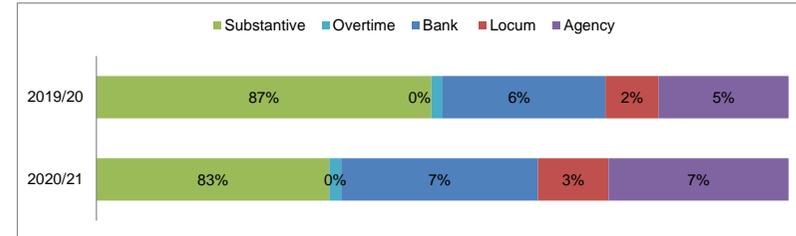
• Education and Training income is £3.1m favourable to plan however additional expenditure has been incurred to match this.

Key Highlights: Expenditure (Pay & Workforce)

Table 4 - YTD pay position

Pay category (£m)	YTD Spend *	% of Total Pay Bill	Last Year YTD Spend	Last Year % of Total Pay Bill
Substantive	202.1	83%	197.1	87%
Overtime	1.0	0%	0.9	0%
Bank	17.2	7%	13.3	6%
Locum	6.2	3%	4.4	2%
Agency	15.8	7%	10.6	5%
Total	242.3	100%	226.3	100%

Graph 2 - YTD pay position



• Pay expenditure totals £242.2m year to date (YTD), £5.5m adverse to plan. The pay position includes £2.7m expenditure associated with managing Covid-19.

• Individual budget lines on the ledger reflect the board approved H2 plan. This plan includes non recurrent pay investments totalling £7.0m and these pay investments will be monitored in the budgets through a central division to track spend away from business as usual divisional activities. The plan assumes these investments will take place equally throughout H2 so £3.5m investment budgets are included within the YTD budget plan as at month 9. Against this plan, H2 pay investment expenditure totals £0.2m YTD. Further work will take place to identify any approved pay expenditure which has been incurred in the divisional positions in H2 YTD and any associated costs will be transferred to this division for month 10 reporting.

• Temporary staffing expenditure (Bank, Agency & locum) totals £39.2m YTD, a large proportion of which is offset by underspends against substantive budgets totalling £30.8m (excludes the £3.5m noted above re: H2 Investments). Agency expenditure totals £15.8m YTD, £1.8m in month with key usage areas including Emergency Medicine, IT, Radiology, Medicine for Older People, Acute Medical wards and managing Covid-19. The vacancy control panel (VCP) has undertaken analysis and support divisions with deep dives to review areas of agency spend.

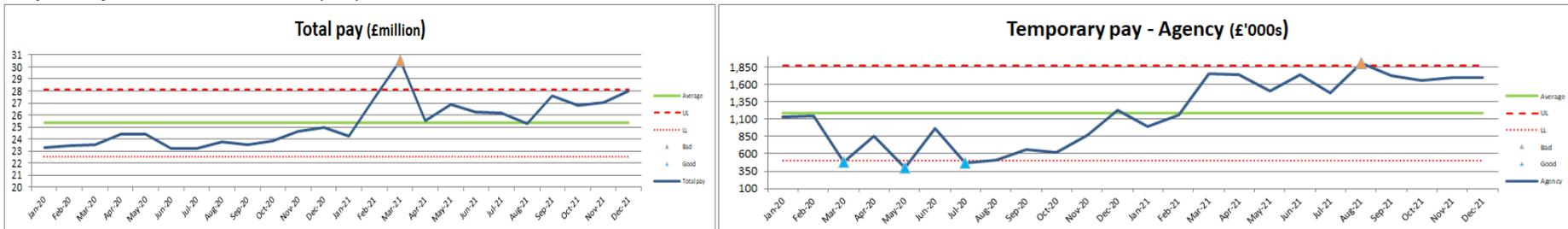
• The pay efficiency target totals £6.7m YTD. This target will be applied to individual budget lines once final plans are identified and processed. Vacancy slippage is now recorded as a non recurrent scheme and this is applied to the budgets monthly in arrears. The value applied to the accounts from month 1 to 8 totals £4.5m.

• 2020-21 year end provisions for the working time directive payments continue to be held in the balance sheet position at month 9 and will be released to match spend as and when this comes through.

• The Pay Statistical Process Control Charts are detailed below (Graph 4). Key highlights include:

- The increase in total pay spend in April 2020 relates to the 2020-21 Agenda for change pay award (£0.7m) and CEA award payments to medical staff (£0.5m).
- The increase in total pay costs in February 2021, relate to provisions for the Flowers legal case, unsocial hours claims and payment of consultant CEA awards.
- The increase in total pay costs in March 2021 includes payment of the bank winter incentive payments and pay related provisions as noted above.
- The increase in total pay costs in May 2021 relates to the provisions for sickness cover and A4C estimated pay aware increases.
- The decrease in total pay costs in August 2021 relates to the release of 5/12th of the annual leave provision carried forward from 2020-21 to cover the impact of leave not taken during the covid-19 pandemic which has now been taken by staff over the summer months.
- The increase in total pay costs in September 2021 relates to payment of the 2021-22 pay awards including arrears for the period April 21 to August 21.
- The reduction in agency costs in July 2020 relate to a number of backdated agency shifts being identified as relating to the Covid-19 pandemic.
- The increase in agency costs from November to December 2020 relates to sickness cover and Christmas holiday cover.
- The increase in agency costs from January 2021 onwards relates to management of the latest wave of the Covid -19 pandemic in addition to high usage in the areas noted above.

Graph 3 - Pay Statistical Process Control (SPC) Charts



Key Highlights: Expenditure (Non Pay)

Table 5 - YTD non-pay position

Non-Pay category (£m)	Annual Budget	YTD Budget	YTD Actuals	YTD Variance
Drugs	46.7	35.4	35.0	0.4
Clinical supplies	34.8	26.5	24.8	1.7
Other non-pay	113.0	84.8	83.8	1.0
Total Expenditure	194.5	146.7	143.7	3.1

- Non-pay expenditure totals £143.7m year to date (YTD), £3.1m favourable to plan.

- Although continuing to increase, activity levels being below normal following the covid-19 pandemic is the key driver in this YTD underspend with expenditure on clinical supplies reporting a £1.7m favourable variance against plan and drugs a £0.4m favourable variance against plan.

- The YTD non pay position includes non pay ERF costs totalling £3.3m and is offset with BOB ICS ERF Allocation income (reported within the contract income position).

Table 6 - YTD drugs position

Drug Categories (£m)	Annual Budget	YTD Budget	YTD Actuals	YTD Variance
PBR Drugs	9.7	7.3	8.8	(1.6)
PBR excluded Drugs	35.3	26.8	25.1	1.8
Other Drug Items	1.8	1.3	1.1	0.2
Total expenditure	46.7	35.4	35.0	0.4

- The non pay efficiency target totals £4.3m YTD, £5.8m for the full year. £3.3m of schemes have been applied to the accounts, a large proportion of which are due to deliver in the second half of the year. The remaining target will be applied to individual budget lines once final plans are identified and processed.

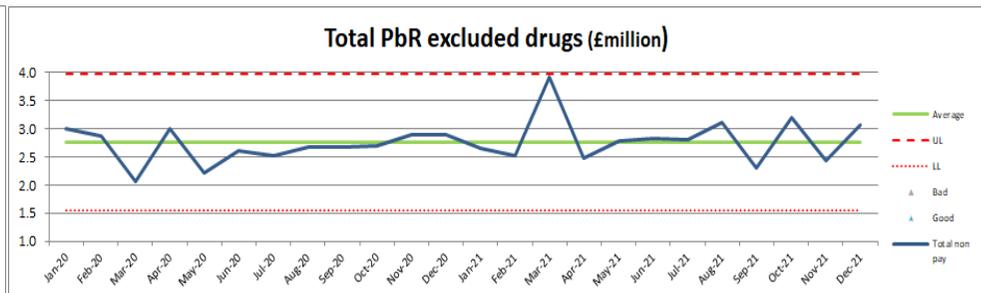
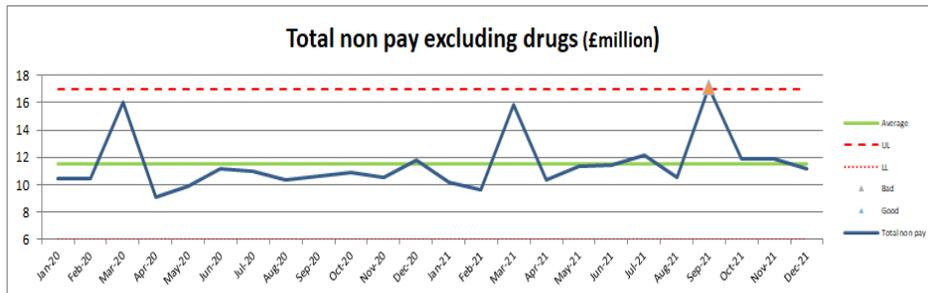
- Drugs expenditure totals £35.0m YTD, a £0.4m favourable variance to plan. PBR drugs report a £1.6m overspend YTD and PBR excluded drugs, a £1.8m favourable position to plan.

- Statistical Process Control charts (SPC) for non pay and PBR Excluded drugs expenditure are detailed below (Graph 4). Key highlights show:

- Total non pay expenditure is below the mean average in April and May 2020 primarily due to reduced elective activity levels during the first wave of the covid-19 pandemic. Non pay spend was back above the mean average from July to December 2020 as activity levels increased however this decreased again below the mean average in January and February 2021 as the second covid-19 wave hit and activity levels reduced again. February 2021 costs have also reduced due to February being a short month which sees a reduction in working days and therefore associated costs including the PFI contracts. March 2021 costs are above the mean average as activity levels begin to increase again. The August 2021 non pay position includes a £1.0m VAT reclaim and the September 2021 cost increase relates to ERF non pay expenditure.

- March 2020 and March 2021 costs includes the impact of non recurrent year end balance sheet adjustments.

Graph 4 - Non Pay Statistical Process Control (SPC) Charts



Divisional Position

Breakdown of financial position by division

Table 7 - Divisional income and expenditure

Division / (£m)	YTD Variance against Plan	Annual Plan	Current Forecast	Forecast variance	Finance YTD Sector Rating	Forecast Signed Off by Divisions	Current Month Run Rate		
							M07	M08	M09
Integrated Medicine	(3.1)	(86.5)	(92.2)	(5.7)	4	Yes	(7.6)	(8.0)	(8.0)
Integrated Elderly Care	(1.1)	(43.0)	(44.9)	(1.9)	4	Yes	(3.7)	(3.6)	(3.8)
Surgery And Critical Care	(5.3)	(98.7)	(106.7)	(8.0)	4	Yes	(9.5)	(9.4)	(8.1)
Women and Children	(1.0)	(45.6)	(47.8)	(2.2)	4	Yes	(4.1)	(4.1)	(3.7)
Specialist Services	0.4	(82.8)	(82.7)	0.0	1	Yes	(7.6)	(6.6)	(6.6)
Total Clinical Divisions	(10.0)	(356.5)	(374.2)	(17.7)			(32.5)	(31.7)	(30.2)
Chief Executive	0.6	(3.8)	(3.8)	0.0	1	Yes	(0.3)	(0.3)	(0.3)
Chief Operating Officer	(1.4)	(3.6)	(5.6)	(2.0)	4	No	(0.4)	(0.5)	(0.5)
Corporate Services	(5.4)	4.2	0.6	(3.7)	N/A	Yes	(0.2)	(0.1)	0.1
Commercial Director Mgmt	0.2	0.1	0.0	(0.1)	2	Yes	(0.0)	(0.1)	0.1
Finance Dept.	0.0	(7.0)	(7.0)	0.0	1	Yes	(0.6)	(0.6)	(0.3)
Information Technology	(0.7)	(10.3)	(11.4)	(1.1)	4	Yes	(0.3)	(0.6)	(0.8)
Performance and Delivery	0.4	(4.3)	(3.7)	0.6	2	Yes	(0.3)	(0.4)	(0.3)
Property Services	(2.7)	(55.4)	(58.9)	(3.5)	4	Yes	(4.4)	(5.0)	(4.2)
Human Resources	(1.1)	3.8	1.9	(1.9)	4	Yes	0.4	0.6	0.0
Medical Director	0.2	(0.5)	(0.3)	0.2	1	Yes	(0.1)	(0.1)	0.0
Nursing Director	(0.1)	(16.5)	(16.8)	(0.3)	3	No	(1.3)	(1.4)	(1.4)
PDC And Depreciation	3.3	(32.7)	(33.7)	(1.0)	N/A	Yes	(2.6)	(1.3)	(2.3)
Covid-19 Division	0.0	0.0	0.0	0.0	N/A		0.0	0.0	0.0
H2 Investments	5.0	(14.9)	(14.9)	(0.0)	N/A		0.0	(0.4)	(2.1)
Strategy And Business Dev.	(0.0)	(0.2)	(0.2)	(0.0)	3	Yes	(0.0)	(0.0)	(0.0)
Total Corporate	(1.8)	(140.9)	(153.7)	(12.7)			(10.2)	(10.0)	(12.0)
Contract Income	(1.2)	509.1	509.7	0.6			41.2	41.5	42.8
Provisions	14.2	(17.2)	0.0	17.2			0.0	0.0	0.0
Mitigations to be developed	0.0	0.0	11.7	11.7			0.0	0.0	0.0
Donated Asset Reporting Adj	0.4	0.0	0.9	0.9			0.2	(0.8)	0.1
Retained Surplus / (Deficit)	1.5	(5.6)	(5.6)	0.0			(1.2)	(1.0)	0.7

Key reasons for YTD divisional variances are as follows:

Integrated Medicine (£3.1m overspend YTD).

- Underspends on the new modular build are being offset with temporary staffing pay pressures in Emergency Medicine, Respiratory, Rheumatology and the Site Team. In addition, the division has incurred expenditure associated with managing the covid-19 pandemic totalling £0.8m YTD. The division reports a £1.1m YTD unallocated CIP target.

Integrated Elderly Care (£1.1m overspend YTD).

- Pay overspends are the key drivers behind the YTD overspend with medical staffing costs reporting a £0.7m overspend due to high cost agency usage. In addition, the division reports a £0.5m unallocated efficiency target.

Surgery and Critical Care (£5.3m overspend YTD).

- The key drivers behind this overspend includes costs incurred to manage covid-19, £1.2m and Anaesthetics and Critical Care pay pressures, £1.1m overspend YTD. In addition the division reports additional pay pressures totalling £2.6m which is primarily driven by nursing and medical temporary staffing usage across the division. Clinical supplies is now in line with plan YTD following significant underspends in H1 with lower than normal activity levels during the Covid-19 pandemic. The division reports a £1.8m unallocated efficiency target YTD.

Specialist Services (£0.4m underspend YTD).

- Radiology pay pressures including the use of additional bank and agency staff report a £1.6m overspend YTD. This is partly offset by reductions in managed service contract expenditure, Stem Cell income being above plan and drugs expenditure being favourable to plan. The division reports a £0.9m YTD unallocated CIP target.

Information Technology (£0.7m overspend YTD).

- Temporary staffing costs and consultancy expenditure are the key reasons for the £0.7m YTD overspend. The division reports a £0.6m YTD unallocated CIP target.

Human Resources (£1.1m overspend YTD).

- This overspend is driven by the Trustwide workforce efficiency target. This target will be applied to individual budget lines once final plans are identified and processed. An update on the YTD delivery is included in the Transformation & Efficiency Update.

Corporate Services (£5.4m overspend YTD).

- Corporate services are where central provisions are held for items including the impact of bad debt and balance sheet adjustments. This overspend is offset with the underspend against provisions, £14.2m underspent YTD.

H2 Investments (£5.0m underspend YTD).

- Individual budget lines have been updated on the ledger to reflect the board approved H2 plan. This plan includes non recurrent investments totalling £14.9m and these investments will be monitored in the budgets through a central division to track spend away from business as usual divisional activities. At month 9 costs associated with these non recurrent investment plans total £2.5m. Further work will take place to review and identify any further approved expenditure which has been incurred in the divisional positions and any associated costs will be transferred to this division for month 10 reporting. The H2 plan includes H2 ERF expenditure schemes totalling £4.5m and TIF (Targeted Investment Fund) expenditure schemes totalling £2.2m.

Covid-19 Expenditure

- All 2021-22 covid-19 expenditure is now fully reported within the divisional positions. YTD covid-19 expenditure totals £3.4m YTD with the full divisional split as follows:
 Integrated Medicine - £0.8m
 Integrated Elderly - £0.2m
 Surgery & Critical Care - £1.2m
 Women & Children - £0.1m
 Corporate - £1.1m

Divisional Forecasts are included in this report and have been prepared on data available as at working day 3.

Balance Sheet

Statement of financial position

Table 8 - Balance Sheet summary

Statement of financial position / (£m)	Planned Position	YTD Position	Variance to Plan	Change from Prior Month
Non-current assets	321.1	314.5	6.6	(0.2)
Cash and cash equivalents	45.1	55.5	(10.4)	1.1
Trade and other current assets	35.5	35.9	(0.3)	2.4
Total Assets	401.7	405.9	(4.1)	3.3
Current Borrowing	(0.8)	(1.1)	0.3	0.2
Other Current liabilities	(72.0)	(82.1)	10.1	(3.0)
Non Current Borrowing	(51.3)	(51.3)	0.0	0.0
Other Non-current liabilities	(1.0)	(1.0)	0.0	0.0
Total Liabilities	(125.1)	(135.5)	10.4	(2.8)
TOTAL NET ASSETS	276.6	270.4	6.3	0.5
PDC and Revaluation reserve	402.1	395.1	7.0	0.0
Income and Expenditure Reserve	(125.5)	(124.7)	(0.7)	0.5
TOTAL EQUITY	276.6	270.4	6.3	0.5

- Non current assets are £6.6m behind plan primarily as the capital programme assumed a spend of £23.9m by month 9 with only £15.2m expended.
- PDC is behind plan as it was assumed that £7m would be spent and accessed by M9.
- Cash/Current Liability balances are substantial as at month 9. This is due to closing the sub-ledgers earlier during the Christmas period to support day 1 reporting, slippage on capital schemes and material amounts of deferred income.
- Remaining changes in the statement of financial position are consistent with the reported £1.9m deficit prior to technical adjustments

Accounts Receivable

Table 9 - Accounts Receivable

Month 9							
(£m)	Current	30-60 days	60-90 days	90-120 days	>120 days		Total
NHS	0.5	0.4	0.9	0.3	2.2		4.3
Non-NHS	2.2	0.7	0.7	0.1	2.2		5.8
% of total	26%	11%	16%	4%	43%		100%

- Debtors have decreased by £1.4m from £11.5m in month 8 to £10.1m in month 9.
- The decrease in debtors is due to Oxford University Hospitals Nhs Ft balance decreased by £1.4m. In addition the amount outstanding from the Shelburne Hospital in month 8 of £0.8m has now been settled.
- Overdue has decreased by £1.9m from £9.4m in month 8 to £7.5m in month 9.

Month 8							
(£m)	Current	30-60 days	60-90 days	90-120 days	>120 days		Total
NHS	0.6	0.8	0.3	0.4	3.7		5.7
Non-NHS	1.6	0.8	0.5	0.1	2.8		5.8
% of total	19%	13%	7%	4%	56%		100%

- Top 5 outstanding debts at month 9 are:
 - 1 - Oxford University Hospitals NHS Ft £1.2m.
 - 2 - Imperial College Healthcare Nhs Trust £0.7m.
 - 3 - Oxford Health Nhs Foundation Trust £0.6m.
 - 4 - Milton Keynes Hospital Nhs Foundation Trust £0.6m.
 - 5 - Wye Valley Surgery £0.5m.

Accounts Payable

Table 10 - Accounts Payable

Creditors							
(£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	0%	0%	0%	0%	-100%		-100%

The first table reflects creditors which have been fully processed on the ledger and are awaiting payment. These are being paid as quickly as possible to maintain cash flow to our suppliers. The creditors table is a debit balance as all invoices approved for payment have been paid leaving only credit notes due to the organisation.

Invoice Register

(£m)	Current	30-60 days	60-90 days	90-120 days	>120 days		Total
NHS	3.7	0.3	0.0	0.1	1.2		5.4
Non-NHS	4.6	0.7	0.3	0.2	1.6		7.4
% of total	65%	8%	3%	3%	22%		100%

The second table reflects the £12.8m of invoices on the invoices register which are £4.4m more than previous month. The invoice register details invoices which cannot be processed as they cannot be matched to an order or receipt. The E-financials upgrade included the purchase of a Purchase Invoice Management System (PIMS) which enables invoices to be more easily pushed out to the requisitioners to assist accounts payable resolve issues with processing the invoice for payment.

Better Payment Practice Code

Table 11 - Better Payment Practice Code

	Count Total	Count Pass	% Pass	Total (£m)	Pass (£m)	% Pass
NHS	3,436	1,412	41%	54	36	66%
Non-NHS	54,150	36,165	67%	225	174	77%
Total	57,586	37,577	65%	279	210	75%

- Top 5 reasons for invoices being held on the register:
 - 1 - Invoice cannot be matched to an order as the order number is not quoted on the invoice £3.5m.
 - 2 - Goods/services not being receipted despite order being in place £2.8m.
 - 3 - Invoice is under query, usually due to price differences £3.1m.
 - 4 - Awaiting credits from the supplier £1.5m.

Adherence to the BPPC (which requires 95% of suppliers to be paid within 30 days of invoice date) remains an area of challenge for the organisation due to the volume of invoices trapped on the register as detailed above.

BPPC performance by both value and count has improved by 1% from month 8. The Committee to note that all processing of Pharmacy invoices which impact the BPPC are processed outside of finance.

Table 12 - Invoice Register at month end

Month	Count on Register	Total value on Register (£m)	Current (£m)	30-60 days (£m)	60-90 days (£m)	>90 days (£m)
1	5,942	20.2	7.7	2.4	0.9	9.3
2	6,074	19.4	5.8	2.4	1.4	9.8
3	5,963	15.5	4.6	2.3	1.4	7.3
4	5,853	14.1	3.7	2.4	1.4	6.6
5	5,435	16.4	6.0	2.0	1.4	7.0
6	4,696	12.8	3.2	1.7	1.3	6.6
7	4,426	11.7	4.5	1.1	0.8	5.2
8	3,879	8.4	2.5	1.5	0.6	3.8
9	4,309	12.8	8.3	1.0	0.4	3.1

Table 12 sets out the total number and value of invoices on the Trust's Invoice Register. Active monitoring of the Register gives us greater visibility on the total number of invoices in the system and how they are being dealt with as opposed to just the ones which have been paid. There has been a marked improvement in reducing the volume and value of invoices over 90 days.

Cash Position

Cash

Table 13 - Cash summary position

£'000	Actual Apr-21	Actual May-21	Actual Jun-21	Actual Jul-21	Actual Aug-21	Actual Sep-21	Actual Oct-21	Actual Nov-21	Actual Dec-21	Forecast Jan-22	Forecast Feb-22	Forecast Mar-22	21/22
INCOME													
Clinical Income	34,090	33,492	34,182	33,587	34,824	34,186	33,486	40,208	40,065	40,553	40,553	40,553	439,779
Clinical Income top up / Covid / Growth	0	12,015	5,944	5,949	11,369	11,947	9,642	4,716	3,182	0	0	0	64,764
Education and Training	3,883	0	0	0	1,933	0	4,743	0	0	2,600	0	0	13,159
Other Income	3,769	704	899	450	699	392	247	167	2,458	500	500	500	11,285
HMRC vat reclaim	1,049	3,795	0	1,937	3,421	844	1,456	1,483	1,984	1,000	1,000	1,000	18,969
PDC capital	0	0	0	0	0	0	0	0	0	0	0	14,907	14,907
Other Receipts	3,700	1,593	1,082	725	537	803	1,174	1,453	1,712	950	950	950	15,629
TOTAL RECEIPTS	46,491	51,599	42,107	42,648	52,783	48,172	50,748	48,027	49,401	45,603	43,003	57,910	578,492
PAYMENTS													
Pay Costs	(24,276)	(26,589)	(29,627)	(26,340)	(22,756)	(33,464)	(28,753)	(29,500)	(28,350)	(29,850)	(28,350)	(28,350)	(336,205)
Creditors	(13,409)	(8,424)	(12,307)	(12,887)	(12,477)	(13,154)	(13,678)	(14,818)	(13,495)	(13,718)	(13,500)	(13,850)	(155,717)
Creditors - Capital Spend	(18,853)	(3,423)	(3,987)	(961)	(594)	(961)	(909)	(784)	(781)	(4,000)	(6,000)	(21,265)	(62,518)
NHSLA	(1,282)	(1,282)	(1,282)	(1,282)	(1,282)	(1,282)	(1,282)	(1,282)	(1,282)	(1,282)	0	0	(12,820)
PDC Dividends	0	0	0	0	0	(2,865)	0	0	0	0	0	(2,865)	(5,730)
PFI CHARGE	(4,435)	(5,594)	(4,077)	(4,369)	(4,148)	(4,358)	(4,271)	(4,150)	(4,352)	(4,458)	(4,458)	(4,458)	(53,129)
TOTAL PAYMENTS	(62,255)	(45,312)	(51,280)	(45,839)	(41,257)	(56,084)	(48,893)	(50,534)	(48,260)	(53,308)	(52,308)	(70,788)	(626,119)
NET CASH FLOW IN PERIOD	(15,764)	6,287	(9,173)	(3,191)	11,526	(7,912)	1,855	(2,507)	1,141	(7,705)	(9,305)	(12,878)	(47,627)
OPENING CASH BALANCE	73,239	57,475	63,762	54,589	51,398	62,924	55,012	56,867	54,360	55,501	47,796	38,490	73,239
CLOSING CASH BALANCE	57,475	63,762	54,589	51,398	62,924	55,012	56,867	54,360	55,501	47,796	38,490	25,612	25,612

- Clinical Income Top Up, Covid and Growth funding is set in line with the Income and Expenditure plan. Top up payments from January have been forecast within Clinical Income.
- Pay forecast is increased slightly in month 10 to account for enhanced payments over the festive season.
- Capital payments is forecast to settle the amount owing at the 31st March 2021 of £22m together with the majority of the in year programme. It is expected that capital PDC will be drawn down in month 12 which is consistent with prior years.
- Creditors outflow is forecast to increase in future months as the backlog of invoices are paid.
- Closing cash has been recalculated to £25m on the basis of the H2 operating plan.

Capital Position

Table 14: Capital Overview: M9 2021-22

Capital Expenditure	£m	Annual Plan	FY Fcast	Variance	YTD Plan	YTD Actual	Variance	Prior Month YTD Actual
Medical Equipment		2.6	2.6	0.0	1.5	1.1	0.4	1.0
Property Services		28.7	29.0	(0.4)	17.3	10.4	6.9	9.7
Information Technology		10.3	10.0	0.3	4.3	2.7	1.6	2.4
General		3.5	3.5	0.0	0.8	0.9	(0.1)	0.7
Total Capital Expenditure		45.1	45.1	(0.1)	23.9	15.2	8.7	13.8
Funded By Trust		19.2	19.2	0.0	11.8	7.1	4.7	5.8
Funded By PDC		14.3	14.3	0.0	7.7	3.7	4.0	3.7
NHSx		0.6	0.6	0.0	0.0	0.0	0.0	0.0
ERF		3.3	3.3	0.0	3.3	3.3	0.0	3.3
Funded by Donations / Grants		7.7	7.7	0.0	1.1	1.0	0.1	1.0
Total Capital		45.1	45.1	0.0	23.9	15.2	8.7	13.8

Table 15: Capital Detail: M9 2021-22

	£'000	Capital Resource	Adjust	Revised Capital Resource
BOB/ICS Allocation		16,500	182	16,682
PFI Lifecycle		2,500		2,500
PDC A&E		7,000		7,000
ERF			3,318	3,318
Donated			1,379	1,379
Pathlake Grant			800	800
CDH			2,573	2,573
Cyber Programme			250	250
TIF			4,363	4,363
Salix			5,485	5,485
NHSx -Maternity			571	571
ICS-Video Conferencing			150	150
Total 2021/22		26,000	19,071	45,071

Table 16: Capital Expenditure Plan

	£'000	BOB/ICS	Adjust	Lifecycle	PDC Plan	ERF	Donated	NHSx	Salix	Grant Pathlake	2021/22 Total	YTD Expend	Forecast M10-12	FY Forecast Expend	FY Variance
Medical Equipment		1,625			506	-	500				2,631	1,140	1,491	2,631	0
Property Services		6,661	2,505		11,149	1,986	879		5,485		28,665	10,355	18,672	29,027	(362)
Information Technology		4,209	683		2,681	1,332		571		800	10,276	2,730	7,250	9,980	296
General		4,223	(3,224)	2,500		-					3,499	934	2,565	3,499	0
Total		16,718	(36)	2,500	14,336	3,318	1,379	571	5,485	800	45,071	15,159	29,978	45,137	(66)

Month 9 capital spend is £15.2m against a plan of £23.9m. (£8.7m behind initial plan). A large part of the YTD underspend is within the A&E Paediatric scheme. As the units have now been delivered and the building is beginning to take shape it is expected that spend will accelerate from month 10

Full year forecast overspend is £0.1m as at M09. Trust is working towards mitigating the overspend inline with CRL (£45.1m).

£30m of spend (£45.1m less £15.2m) needs to occur in the last 3 months of the year. This is 67% of the programme and will require a significant amount of acceleration in order to deliver to plan.

£4.4m of Target Investment funding and £5.5m of Salix funding had been added in month 8. NHSx Maternity £0.6m and £150k for ICS Video Conferencing in M09 taking the full year plan to £45.1m

Next Steps: The project leads need to work with finance to produce fully developed forecasts with milestones in place that can be easily monitored. With such a significant amount to spend before the end of the financial year the absence of this detail creates a substantial risk to the delivery of the programme. In the event that there is any unforeseen slippage, we need to have a forward look on projects/schemes which can take their place.

Glossary and Definitions

A&E	Accident and Emergency
BHT	Buckinghamshire Healthcare NHS Trust
BOB	Buckinghamshire, Oxfordshire, Berkshire West
BPPC	Better Payment Practice Code
CCG	Clinical Commissioning Group
CEA	Clinical Excellence Awards
CRL	Capital Resource Limit
DH	Department of Health
EIS	Elective Incentive Scheme
ERF	Elective Recovery Fund
HEE	Health Education England
HMRC	Her Majesty's Revenue and Customs
HSLI	Health System Led Investment
ICS	Integrated Care System
NHS	National Health Service
NHSE	NHS England
NHSE/I	NHS England & Improvement
NHSI	NHS Improvement
NHSLA	NHS Litigation Authority
OUH	Oxford University Hospital
PBR	Payment by results
PBR excluded	Items not covered under the PBR tariff
PDC	Public Dividend Capital
PFI	Private Finance Initiative
PP	Private Patients
WTE	Whole Time Equivalent
YTD	Year to Date

Report from Chair of Quality and Clinical Governance Committee (Q&CG)

Date of Committee 14 December 2021

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Meeting Minutes	Minutes from the Q&CG meeting on 15 November 2021	Minutes approved	None	Refer to Audit Committee for noting	n/a
Integrated Medicine Assurance Report	Provision of further assurance against three actions identified at Q&CG in June: - Update on use of QI methodology - Complaints awaiting response - Divisional risk register and plans for review and challenge	Assured – noting significant improvements made	Revisit at Q&CG in 3 months	n/a	To note
SI Report	Verbal update on Never Events and timeline for report submission	Update noted by the Committee	None	n/a	For full discussion at December Private Board

Surgery and Critical Care Quality Metrics Update	Overview of refreshed quality KPIs related to theatre productivity recovery workstream	Assured now that metrics are defined	Return to Q&CG in April 2022 with baseline metrics and improvements made (noting EMC progress report)	n/a	To note
Infection and Prevention Control (IPC) Report	Monthly update on staffing, outbreaks, national COVID-19 guidance, IPC key performance indicators and hand hygiene, PPE and cleaning and mandatory training compliance	Assured – noting benchmarking data available and good performance against this. Risks noted as follows: - Omicron variant - General IPC compliance and increasing risk of frequently changing guidance related to COVID-19 - Specific environmental factors e.g. Ward 2a - Weekend IPC team cover - Impact of mandatory vaccination guidance -Hand Hygiene compliance	Further narrative regarding outbreaks to be provided Medical Team to devise plan for improving Hand Hygiene compliance within the medical team	Update from SWC on impact of mandatory vaccination guidance on quality	To note

Safeguarding Reports (Q1-2)	Update on the progress against safeguarding, learning disabilities, dementia and looked after children agendas including challenges	Assured – risks noted as follows: - Increasing referral numbers related to current societal issues - Inability to provide full face-to-face training - Potential need for increased resource in view of above points - National CAMHS picture	Clear identification of those areas for action and reporting back to Committee	Consider patient story to Board (mental health, paediatrics)	To note
Non-COVID Harms Update	Overview of proposed process to measure and mitigate risk of harm for patients on elective waiting lists incorporating Graphnet data	Assured – process noted as more proactive than retrospective look at Datix reports although further work to be done	Improved transparency of waits for Community Services Consideration of 'waiting well', use of new models of care and triangulation to safeguard pathways and adopt a system approach	Escalate to Recovery Group re: funding for system approach	To note
Hospital Onset Hospital Associated (HOHA) COVID-19 Report	Summary of processes in place for the retrospective review of HOHA COVID-19 patient deaths	Assured	Cost of harm and use of this information to support the prioritisation of service developments	n/a	To note

VTE Annual Report	First annual report summarising compliance with NICE guidance, performance in national thrombosis survey, update on QI work and focus for next 12 months	Partial assurance	Clarification of average wait for USS Triangulate with maternity data in view of results within report	n/a	To note
Quality and Patient Safety Chairs Report	Report from Chair of Committee	Assured	None	n/a	Output from external clinical governance review – December Board

Emerging Risks noted:

- Omicron variant and the ability to effectively continue with recovery and business as usual alongside COVID-19 escalation
- Potential impact of mandatory vaccination guidance
- General compliance to IPC procedures and increasing risk of frequently changing guidance related to COVID-19
- Weekend IPC cover
- Possible need for increased safeguarding resource to support increase in referral numbers and robust training programme
- National picture with CAMHS services
- Absence of system approach to non-COVID harms

Report from Chair of Quality and Clinical Governance Committee (Q&CG)

Date of Committee 19 January 2022

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Meeting Minutes	Minutes from the Q&CG meeting on 14 December	Minutes approved	Validation of action log including December action items and timelines	Refer to Audit Committee for noting	n/a
Recovery Risks	Verbal update from CMO and CN on key clinical risks related to the Trust Improvement Programme (TIP)	Assured – noting data being shared at multiple Committees and Board for oversight	Improved triangulation of data and reference to benchmarking	n/a	n/a
Infection and Prevention Control (IPC) Monthly Report	Monthly update on staffing, outbreaks, national COVID-19 guidance, IPC key performance indicators and hand hygiene, PPE and cleaning and mandatory training compliance	Assured – noting improvements in hand hygiene performance and c-diff rates and risks including: - IPC staff resilience - Number of current outbreaks - Ventilation systems and Trust estate	Completion of outstanding actions from December meeting	n/a	To note

Quality and Safety Report	A new report summarising key aspects of Quality including incident reporting, patient experience and mortality indicators	Assured – noting the positive reporting culture within the organisation	None	n/a	n/a
CQC Improvement/ Action Plan	Overview of the Trust Preparedness for CQC inspection including open 'Must Do' actions and activities underway to support future preparedness and compliance	Assured – noting building of strong relationships with CQC and regular feedback meetings and ongoing work to support Clinical Accreditation programme	None	n/a	n/a
Maternity – Wycombe Birth Centre (WBC)	Update on the continued suspension of intrapartum care at the WBC	Assured – noted continued provision of other services from WBC and maintenance of choice for place of birth and regular review of safe staffing levels. Continuity of carer model plan to be created	None	n/a	n/a
SI Report	SI update and update on Never Events and timeline for report submission	Assured	Update on VTE management in Maternity update at February meeting	n/a	To take assurance from the report

Safe (Safest) Staffing Report	Oversight of compliance with workforce KPIs including vacancy and turnover rates, temporary staffing usage and training compliance as well as safety and effectiveness	Assured – noted minimum need for ‘Safest’ staffing but SOP and Committee oversight in place and the importance of ethical and supportive international recruitment; update on national measures to increase uptake of nursing careers	None	n/a	To note
Clinical Update including National Audit Results	Update on progress with the Trust Clinical Audit Programme including examples of improvements made to patient care	Assured	None	n/a	n/a
Cancer Report	Update on the Cancer Waiting Times and actions being taken to deliver required improvements	Assured	None	n/a	n/a
Patient Story	Overview of ‘Ben’s Story’ (patient story) and associated learning related to this	Assured	None	n/a	For discussion at Board

Compliance with Legislation	Report following annual Compliance with Legislation exercise	Assured – noting no areas of non-compliance and actions in place to support areas of partial compliance	Ensure timelines in place for all action points	n/a	To note
Corporate Risk Register	Overview of corporate risks for the Trust including new risks and risks for removal	Assured – noting ongoing work to triangulate risk between COO/CN/CMO	None	n/a	To take assurance from this report
Quality Accounts Timetable	Outlined timetable for development and sign-off of the Trust Quality Accounts	Noted – including potential for National delay in deadline	None	n/a	n/a

Emerging Risks noted:

- Balance of treating multiple groups of patients in a timely manner and managing/preventing clinical harm (including the following groups – 104 week waiters, cancer, P2, surveillance)
- Impact of Trust estate on recovery pathways.
- Conversion risk related to patients on non-admitted pathways and impact on overall 104+ week position.
- Workforce resilience noting wellbeing support in place.
- Competition for local workforce noting oversight of system learning through NHSEI.
- Risks associated with recovery and impact on these on Trust ability to realise key strategies appreciating need for resilience within strategies.
- IPC team resilience related to pre-existing staff challenges and number of current outbreaks.
- Trust ventilation system and Trust estate and impact on IPC outbreaks.
- Need to revert to ‘Safest’ staffing on minimal number of occasions noting robust SOP in place and recognition of this as a national risk due to pandemic.
- Sustainability of model for fracture liaison service.
- Endoscopy capacity limitations impacting rate of recovery activities, including cancers
- Maternity VTE management

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK



Buckinghamshire Healthcare
NHS Trust

Report from Chair of Strategic Workforce Committee (SWC)

Date of Committee 10 January 2022

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Minutes of the previous meeting	Minutes from the Strategic Workforce Committee meeting on 8 November 2021	Approved	None	Refer to Audit Committee for review and assurance	n/a
Chief People Officer Report	Update on key people developments since the previous Committee meeting (November 2021)	Assured	None	n/a	n/a
Recruitment Update	Overview and update of key recruitment programmes	Update noted	None – for ongoing monitoring of recruitment trajectories through SWC	n/a	n/a
Annual NHS Staff Survey Update	Overview of early draft of staff survey results including areas of improvement and deterioration and identified next steps	Assured – noting the growth in response rate and specific improvements against comparators	Further analysis of results planned centrally Work to further increase engagement with staff survey in future years	n/a	n/a – presentation to Board deferred to March 2022

Thrive@BHT Update	Regular update on key initiatives; - Developing leadership and management capability - Supporting teams - Improving inclusion and advancing ED&I agenda - Reducing bullying and harassment	Assured – noting specific recent developments/new actions	Related to safe nursing staffing; ongoing work to best understand staff thoughts and feelings	n/a	n/a
Freedom to Speak Up Guardian (FTSUG) quarterly update	Summary of activity for the FTSUG service for Q3 and overview of work ongoing to develop BHT positive speaking up culture	Assured – noting the proactive approach of all teams within the directorate	Nil new identified – for ongoing monitoring through SWC	n/a	Continue with bi-annual reporting to Board
Guardian of Safe Working Hours	Identification of concerns raised with associated actions taken and summary of overall progress in improving the Trust reporting culture amongst junior medical staffing	Partially assured – noting ongoing actions re: medical staffing within ED	Nil new identified – for ongoing monitoring through SWC	n/a	n/a

Occupational Health & Wellbeing Update	Update on Occupational Health and Wellbeing interventions including winter sickness absence modelling, exception reporting for December and vaccination update (flu & COVID-19 booster)	Partially assured – noting risk related to Vaccination as a Condition Of Deployment (VCOD)	Targeted interventions to support staff vaccination	n/a	Note significant risk of VCOD
Quarterly Education Report	Highlights of key educational activities across the Trust and key financial transactions in Q3	Update noted	Nil new identified – for ongoing monitoring through SWC	n/a	n/a
Gender Pay Gap	Annual report detailing gender pay gap data, drivers of the gap and work to close	Approved	None	n/a	Approve
Rostering Programme Update	Update on progress with the roll out of e-rostering for all staff groups	Update noted	None	n/a	n/a
Accommodation Strategy	Overview of workforce accommodation including current problem and options appraisal	Noted	Revision of reporting format – further review at SWC	n/a	n/a

Divisional Risk Register	Divisional risk register for Risk and Compliance Monitoring Group	Noted	None	n/a	n/a
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Emerging Risks Identified:

- Current operational pressures specially related to ED and acute services, impact on morale and resilience, low response to staff survey in specific areas and bespoke support required.
- Areas of deterioration noted within staff survey
- Maintenance of safe staffing during the pandemic particularly in view of the need to move staff and the importance of how the workforce feel vs what the data articulates. Noted mitigations in place in terms of daily staffing reporting and senior nurse huddles.
- Junior doctor staffing within ED noting ongoing actions to improve.
- Limited progression against the bullying and harassment agenda noting work underway to address.
- Significant risk of VCOD guidance noting potential for 5% of workforce to be unvaccinated by 1 April 2022.
- Implications of current pandemic related workload on IPC and OH team establishments.

Meeting: Trust Board Meeting in Public

26 January 2022

Agenda item	Vaccination as a condition of deployment (VCOD) – the 2022 Regulations
Board Lead	Bridget O’Kelly, Chief People Officer
Name of Author	Bridget O’Kelly, Chief People Officer
Attachments	N/A
Purpose	Assurance
Previously considered	N/A

Executive Summary

On 6 January 2022, the 2022 Regulations were made, which inserted a new provision into the Health and Social Care Act 2008 (Regulated Activities) Regulation. These set out that those aged over 18 employed or engaged by a registered person to provide a regulated activity, who have direct face-to-face contact with patients or service users will need to have received a complete course of an approved COVID-19 vaccine, unless they are exempt. The new rules will come into force on 1 April 2022 and sit alongside the care home regulations which came into force on 11 November 2021.

The paper summarises steps the Trust has taken to increase vaccination uptake - as of 16 January, 94% of all colleagues have had a first vaccination.

The paper also sets out the Trust’s responsibilities under the Regulations, and progress against national guidance issued on 6 December 2021 (Phase 1) and 14 January 2022 (Phase 2).

As of 16 January, 96% of our workforce has been identified as falling in scope of the regulations; of these there are 5% that we are not able to confirm if they have had a first vaccine. This equates to c300 people. We expect this number to change as we finalise the scoping work, we can confirm vaccination status as we gain access to national databases and as colleagues take up the offer of vaccination.

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

Relevant Strategic Priority

Outstanding Care <input checked="" type="checkbox"/>	Health Communities <input type="checkbox"/>	Great Place to Work <input checked="" type="checkbox"/>	Net Zero <input type="checkbox"/>
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Implications / Impact

Patient Safety	The regulations seek to ensure that vaccination coverage protects vulnerable people and individuals working in health and social care.
Risk: link to Board Assurance Framework (BAF)/Risk Register	1.1 Inadequate staff resources to deliver outstanding quality care (insufficient levels of qualified, experienced staff and training opportunities) 2.7 Gaps in workforce supply
Financial	Cost of payment to employees in lieu of notice
Compliance Select an item. Select CQC standard from list.	Legislative and CQC Compliance

Partnership: consultation / communication	Trade unions and Trust Staff Networks
Equality	We are mindful of the disproportionate impact that this legislation may have on some staff groups, including colleagues from some minority ethnic backgrounds, where vaccine uptake is currently lower than the Trust uptake overall. Supportive actions are in place to mitigate this, including linking with key employee network groups. An initial EQIA has been previously completed, which will be reviewed in light of Phase 2 guidance.
Quality Impact Assessment [QIA] completion required?	N/A

1. Background

- 1.1 On 9 November 2021, following a public consultation, the Department of Health and Social Care (DHSC) announced that those aged over 18 employed or engaged by a registered person to provide a regulated activity, who have direct face-to-face contact with patients or service users will need to have received a complete course of an approved COVID-19 vaccine, unless they are exempt. The new rules will sit alongside the care home regulations which came into force on 11 November 2021.
- 1.2 As a result of the consultation, the Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) (No. 2) Regulations 2022 (the 2022 Regulations) were approved by Parliament and the House of Lords on 14 December 2021. The 2022 Regulations were made on 6 January 2022 and will come into force on 1 April 2022. The 2022 Regulations insert a new provision into the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- 1.3 Central guidance (Phase1) was published on 6 December 2021 (developed by NHS England & Improvement, DHSC, NHS Employers, Social Partnership Forum and wider stakeholders) to support providers during “Phase One: Planning and Preparation”.
- 1.4 Phase 2 of the central guidance published on 14 January 2022 focuses on the safe transition of services and covers the steps that should be considered when implementing the 2022 Regulations (including advice regarding formal steps for staff who remain unvaccinated on 1 April 2022).

2. The Trust’s responsibilities

- 2.1 As a CQC registered health and social care provider, it is our responsibility to ensure compliance with the new statutory requirements. Compliance will be monitored, and enforced in appropriate cases, by the CQC.
- 2.2 We can only meet our legal obligations under the 2022 Regulations if all those working or volunteering in roles that are in scope of the 2022 Regulations have been fully vaccinated against COVID-19 (unless a medical exemption applies) before 1 April 2022.

Vaccination timeline	
12-week grace period to receive the vaccine commences	6 January 2022
First Covid-19 vaccine dose to be administered by	3 February 2022
Second Covid-19 vaccine dose to be administered by	31 March 2022

Any member of staff (who is not exempt) working in a role that is subject to the 2022 Regulations who is unvaccinated by 31 March 2022 may be dismissed if their patient facing duties cannot be reallocated or they cannot be redeployed.

- 2.3 We are also required to take action with providers/sub-contractors/agencies regarding third-party workers, to review commercial contracts. We will need to ensure that clear governance and systems are in place to confirm in scope roles and that we are provided with evidence that no third-party workers are provided in breach of the regulations.

3. Actions taken to promote vaccination uptake

- 3.1 Since January 2021, the Trust has actively encouraged the uptake of the vaccine.
 - From January 21 we have had an onsite vaccination hospital hub for all colleagues (and have administered over 8,500 doses of the vaccine to Trust employees and many more to those working in social care and the general public).
 - We have in place a dedicated referral service to specialist allergy clinic at Oxford
 - We have established a dedicated Covid-19 support team in our Occupational Health (OH) team.
 - We have run a series of webinars (including general webinars and those focused on fertility, pregnancy etc).
 - We have engaged with our staff networks

4. Actions taken to implement the legislation

- 4.1 We are following the nationally published guidance (Phase 1 and Phase 2). We have liaised closely with staff side throughout and continue to do so. We are also sharing best practice with our colleagues in Trusts, through national and regional webinars alongside our ongoing collaborative approach with

colleagues in the BOB (Buckinghamshire Oxfordshire & Berkshire West) Integrated Care system. Key actions include:

4.2 Communication & engagement

- The OH Team has written to all employees for whom we do not have a record of compliant vaccination status, asking them to provide evidence or how to seek support via Occupational Health with questions about the vaccine. For those that did not reply to letter we followed up with a phone call from Occupational Health.
- A webinar for all employees re VCOD was held on 6 January 2022 – over 300 colleagues dialled in. Another one is planned for 25 January following the publication of the national Phase 2 guidance.
- VCOD will be the topic for the CEO's weekly leadership brief w/c 17 January.
- The HR Best Practice Team is hosting virtual drop-in sessions from w/c 24 January.
- All the Trust wellbeing and support services are widely advertised to colleagues

4.3 Policy & guidance implementation

- The HR Best Practice Team continues to work with senior managers to identify posts which are in and out of scope of the legislation as per Phase 1 guidance.
- We are preparing a policy, along with accompanying advice and guidance for managers and colleagues across the Trust as described in the Phase 2 guidance. These documents set out the steps to supporting and managing colleagues who are not yet vaccinated – with the aim of maximising take up of the vaccine, alongside supporting and managing individuals through processes which may result in dismissal.
- We also have regular meetings with all our contractors/ Agency and Bank suppliers to ensure they are preparing to meet the requirements of the legislation.

4.4 Operational impact

- Operational managers are starting work to identify any operational impact of the regulations and mitigating actions.

5. **Current COVID-19 vaccination uptake**

5.1 Vaccination uptake for all Trust employees as of 16 January is set out in the table below:

Vaccination description	% uptake
% COVID-19 First doses	93.9%
% Covid-19 Second doses	92.3%
% Booster doses	77.1%

5.2 As of 16 January, 96% of our workforce has been identified as falling in scope of the regulations; of these there are 5% that we are not able to confirm if they have had a first vaccine. This equates to c300 people.

5.3 We expect this number to change as we finalise the scoping work, we can confirm vaccination status as we gain access to national databases and as colleagues take up the offer of vaccination.

6. **Next steps**

6.1 We will continue to engage closely with unions, staff networks and colleagues across the Organisation to encourage uptake of the vaccination and implement the Regulations as per the timescales set out in the Regulations and accompanying guidance.

Meeting: Trust Board Meeting in Public

26 January 2022

Agenda item	Gender Pay Gap Report
Board Lead	Bridget O'Kelly, Chief People Officer
Author	Amir Khaki, Deputy HR Director
Attachments	None
Purpose	Approval
Previously considered	EMC – 21.12.2022 SWC – 10.01.2022

Executive Summary

- This is the fifth time that we will publish a Gender Pay Gap Report, and we continue to report a Gender Pay Gap in favour of males within the Trust, although there has been a reduction in both the mean and median pay gap.
- The Trust's workforce split by gender remains broadly the same as in previous years, with a disproportionate number of men represented in higher banded roles when compared to the workforce population.
- The pay gap is most prominent within the Administrative & Clerical and the Medical and Dental staffing groups.
- Our Bonus Pay Gap continues to be solely driven by the structure of Clinical Excellence Awards, which are only payable to Medical Consultants.
- There has been continued improvement (a reduction) in the Bonus Pay Gap when comparing against 19/20.

This report was considered at the Executive Management Committee on and the Strategic Workforce Committee on 10 January 2022. Both Committees recommend this report to Board for approval.

Decision	The Board is asked to approve: The report for publication on the Trust's external website. The upload of data onto the Government's Gender Pay Gap Reporting Service.
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Relevant Strategic Priority

Outstanding Care <input checked="" type="checkbox"/>	Healthy Communities <input type="checkbox"/>	Great Place to Work <input checked="" type="checkbox"/>	Net Zero <input type="checkbox"/>
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Implications / Impact

Patient Safety	Evidence shows a direct link between engaged staff and patient safety
Risk: link to Board Assurance Framework (BAF)/Risk Register	Making BHT a great place to work
Financial	Staffing costs comprise c70% of Trust expenditure; the Gender Pay Gap is a measure of labour market or workplace disadvantage, expressed in terms of a comparison between men's and women's average hourly rates of pay.
Compliance <small>Select an item.</small> Staffing	CQC Well Led Framework, Regulation 18 Statutory Reporting; there is a statutory requirement for organisations (with 250 or more employees) to report an annual gender

	pay gap. The deadline for reporting is 30 March 2022.
Partnership: consultation / communication	EMC, SWC and ED&I Steering Group; the report will also be discussed at JMSC and JCNC.
Equality	This report has also increased awareness of the issue within the Trust and is actively discussed at Women's network and ED&I steering group to look at ways of improving this gap.
Quality Impact Assessment [QIA] completion required?	No

Gender Pay Gap Reporting

Introduction

The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 apply to all public sector employers with 250 employees or more, which means that BHT must report its Gender Pay Gap data annually, by 30 March each year. Understanding the Gender Pay Gap and the drivers behind it, is an important tool, which helps us determine how we can close our Gender Pay Gap. This is crucial to increasing inclusivity within the Trust through achieving parity between men and women.

This is the fifth year that the Trust has produced its Gender Pay Gap report and we continue to report a Gender Pay Gap in favour of males within the Trust, although there has been a reduction in both the mean and median pay gap for hourly fixed pay, and an improvement in the mean gap for bonuses (and no change in the median pay gap).

A summary report which meets the Trust's reporting requirements can be viewed in Appendix 1; this is intended for publication on the Trust's website.

Gender pay gap data

	Difference between men and women			
	Mean		Median	
	2020	2021	2020	2021
Hourly fixed pay	29.9%	27.8%	17.4%	15.5%
Bonus Pay Gap	26.9%	21.4%	33.3%	33.3%

The median compares typical values and is less affected by extreme values, such as a relatively small number of high earners, whereas the mean may be skewed by very high earners. As the mean and median are significantly different, with the mean being higher than the median, it can be inferred that the dataset is skewed, by presence of very high earners.

As can be seen there are improvements in the mean bonus pay gaps, and in the mean and median hourly fixed pay between men and women. However, the data presented above clearly demonstrates that there is a Gender Pay Gap within BHT, favouring men.

Drivers of the pay gap

Detailed analysis of our data highlights that the BHT gender pay gap is driven by the factors set out below:

- **Roles in the highest pay quartile** - A relatively higher proportion of males in roles which fall into the top quartile of pay when compared to the average workforce (32% of males in quartile 4 posts compared to 20% males in the BHT workforce overall).
- **Administrative & clerical roles** - A higher proportion of males in quartile 4 administrative & clerical posts, when compared to the average workforce (44% compared to 20% males in workforce overall)
- **Medical & Dental roles** - A higher proportion of males than females in Medical and Dental consultant roles (56% males, 44% females) than the overall workforce. There is also a higher proportion of male consultants in the older age ranges; as medical and dental pay scales reward seniority in post, this is driving our gender pay gap.
- **Clinical Excellence Awards** – All eligible consultants received a CEA for this financial year. However, there is a higher number of male consultants than female consultants. Furthermore, as there are fewer men in the workforce overall, than women, these two factors mean that 5% of men and 1% of women overall receive these awards. The difference in the value of the bonus pay is driven by historical awards, in line with individuals' contracts and a historical high proportion of male consultants. Further detailed analysis of this is set out in Appendix 2.

Closing the Gap

Hourly fixed pay: The Trust will continue to consider how we can encourage more female applicants to apply to senior roles (both medical and general) consultant roles and into more senior management positions. We will continue to seek to address this through the Trust's talent management approach, and through the implementation and monitoring of inclusive recruitment process.

Bonus pay gap: The only people who receive bonuses at the Trust are medical consultants and we are required to follow national guidance in awarding these. For f/y 20-21 all eligible consultants (based only that they had to have been employed since 1 April 2019) received awards. As such, the Trust could not take any direct action in how they were awarded. Instead, the indirect action is as in the paragraph above, to encourage more female applicants to apply to consultant roles.

Our Action Plan, which forms part of our wider EDI plan is included at Appendix 3.

Next Steps

The Board is asked to;

1. Approve the attached report for publication on the Trust's external website,
2. Approve the upload of data onto the Government's Gender Pay Gap Reporting Service

Appendix 1 (Report for publication)

Gender Pay Report – 2021

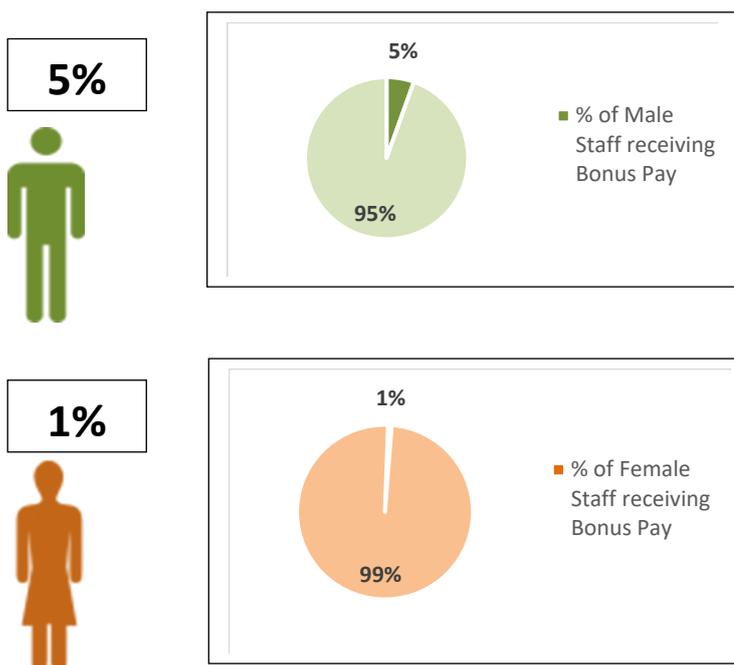
Pay and Bonus Gap - BHT

	Difference between men and women	
	Mean	Median
Hourly fixed pay	27.8%	15.5%
Bonus Pay Gap (Clinical Excellence Awards)	21.4%	33.3%

The above table shows our overall mean and median gender pay gap based on hourly rates of pay as at the snapshot date (31 March 2021). It also captures the mean and median difference between bonuses paid to men and women in Buckinghamshire Healthcare NHS Trust in the year up to 31 March 2021 (i.e. 1 April 20 – 31 March 21).

This is the fifth year that the Trust has produced its Gender Pay Gap report and we continue to report a Gender Pay Gap in favour of males within the Trust. However, there has been a reduction in both the mean and median pay gap for hourly fixed pay, and an improvement in the mean gap for bonuses and no change in the median pay gap.

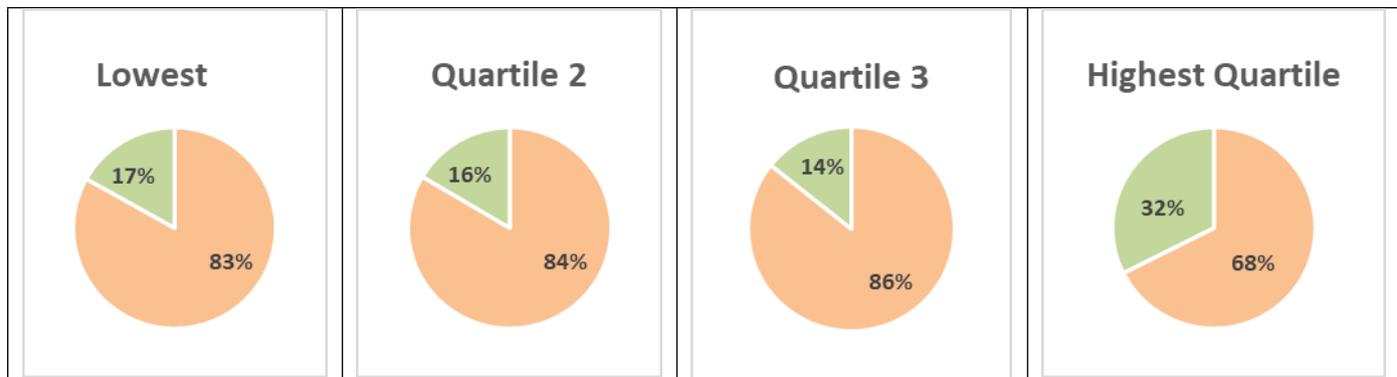
Proportion of employees receiving a bonus



There is a 4% difference in the proportion of men and women who received a bonus for their performance in 2020/21. This is because only certain medical staff within our Trust receive pay that is classified as bonus pay – and as a result, bonus pay applies to fewer than 2% per cent of all our staff employed. There is a higher number of male consultants than female consultants at the Trust. Furthermore, as there are fewer men than women in the workforce overall, these two factors mean that 5% of men and 1% of women overall in the Trust receive these awards.

For financial year 2020-21, these bonuses were awarded (in line with national guidance) to all eligible medical consultants (based only on a service requirement of being employed since 1st April 2019). The difference in the value of the bonus pay is driven by historical awards, made in line with individuals’ contracts and a historical high proportion of male consultants.

Pay Quartiles



**Percentage
Female**



**Percentage
Male**

The above images illustrate the gender distribution across Buckinghamshire Healthcare NHS Trust in four equally sized quartiles. In order to create the quartile information all staff are sorted by their hourly rate of pay, this list is then split into 4 equal parts (where possible).

This shows that in quartiles 1, 2 and 3 the split between male and female employees is fairly consistent, however in the highest quartile there are more male employees than the lower quartiles.

The variance in the highest quartile is mainly due to significantly different gender splits within the medical & dental and administrative & clerical staffing groups.

We are confident that men and women are paid equally doing equivalent jobs across the Trust. Our ambition is to reduce and remove the gender pay gap throughout the organisation.

I confirm the data reported is accurate.

Bridget O'Kelly
Chief People Officer

Appendix 2 – Detailed Analysis of Gender Pay Gap Drivers

Background

Gender pay gap calculations are expressed as a percentage in relation to the male salary. All values recorded as negative (-) indicate that the gender pay gap is in favour of the female workforce. As the data for BHT is expressed as a positive (+) figure, the data tells us that there is a gender pay gap in the favour of the male workforce. To give a theoretical example, if an organisation’s mean Gender Pay Gap was 20%, this would mean that females on average earn 20% less in hourly or bonus pay than the male average in that particular organisation. Conversely, if there is a mean gender pay gap of minus 20%, then this would mean that females on average earn 20% more in hourly or bonus pay than males.

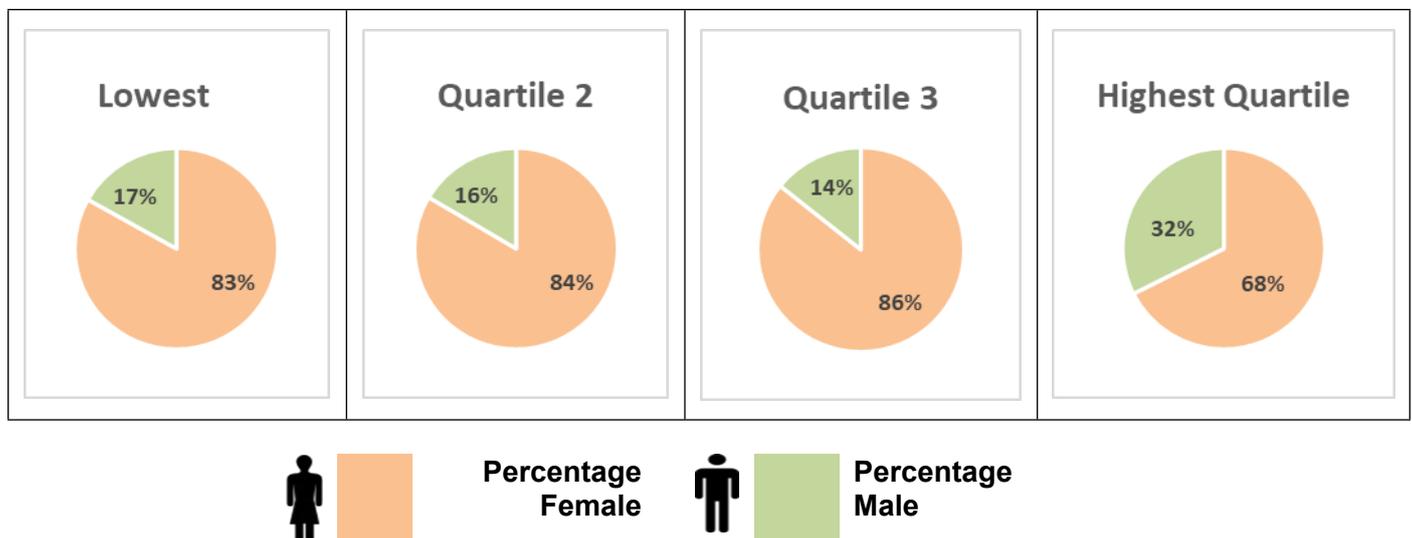
It is worth noting that the gender pay gap and equal pay gap are not the same, but are often confused to be one of the same:

- The right to equal pay is an individual contractual right which arises only when there is an unjustifiable difference in the individual earnings of a woman and a man doing equal work.
- The gender pay gap is a measure of labour market or workplace disadvantage, expressed in terms of a comparison between men’s and women’s average hourly rates of pay.

Detail

Additional analysis (see below) has been carried out to understand the drivers of the pay gap. Overall, the gender pay split across the Trust is in favour of men.

In terms of pay quartiles, the data tells us that in quartiles 1, 2 and 3 the split between male and female employees is fairly consistent, however in the highest paid quartile there are more male employees than the previous quartiles, and it has decreased from 33% in 2020 to 32% in 2021.



The numbers of colleagues in each quartile are set out in the table below:

Quartile	Female	Male
1	1253	253
2	1259	248
3	1295	213
4	1019	489

The variance in the highest quartile is mainly due to significantly different gender splits within the Medical and Dental group, and Administrative and Clerical group when compared to the other quartiles; this is

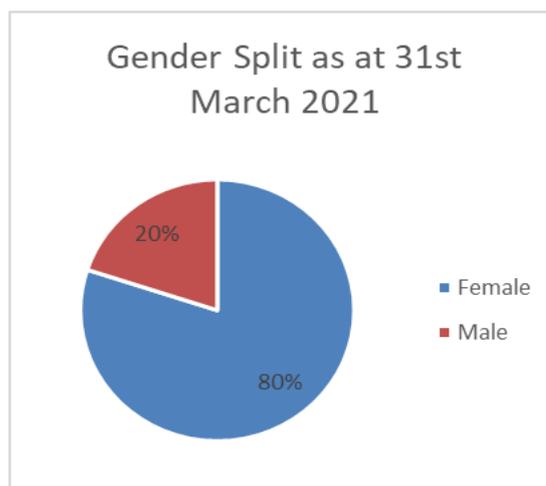
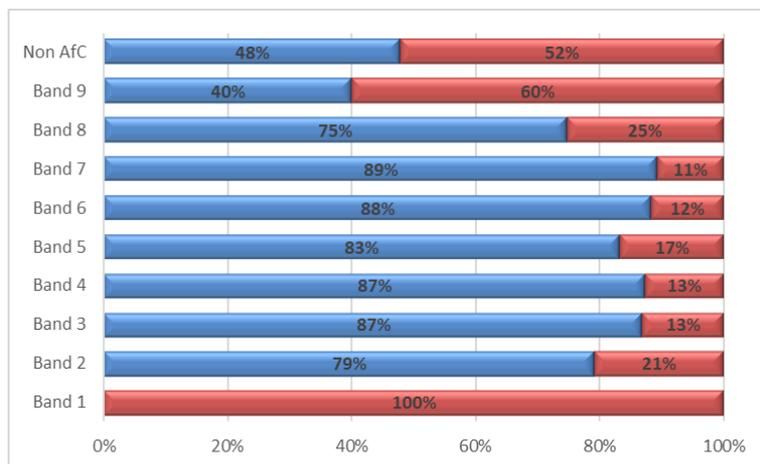
countered by a greater proportion of female staff in the Allied Health Professional, and Nursing staff groups, as shown below:

	Quartile 1 (Lower)		Quartile 2		Quartile 3		Quartile 4	
	Female	Male	Female	Male	Female	Male	Female	Male
Allied Health Professional	<10	0	68	16	219	23	149	13
Medical	0	0	27	17	52	32	265	335
Nursing & Midwifery	<10	0	432	46	838	73	414	23
Administrative and Clerical	508	80	314	70	86	47	98	77

The charts below show the gender split by staff on AfC contracts and those not on AfC contracts (Medical & Dental staff and Executive Directors). Whilst overall, 80% of our workforce is female, in the highest AfC bands (Band 8 and 9) and non AfC roles, there are significantly lower proportions of women. The relative proportion of men and women in bands 3 – band 7 is the same.

Gender Split Across BHT

80%  Gender  20%



The tables below show the mean and median gender pay gap for ordinary pay by banding as at 31 March 2021, by Pay Band and by Staff Group.

- Data highlighted in red indicates gender pay gap in favour of men
- Data highlighted in green indicates a gender pay gap in favour of women

Gender Pay Gap by Agenda for Change Pay Band:

Band	Mean Hourly Rate			Median Hourly Rate			Headcount	
	Female	Male	Mean Gap	Female	Male	Median Gap	Female	Male
Band 1			100%			100%	0	<10
Band 2	£10.52	£10.83	3%	£10.58	£11.36	7%	752	197
Band 3	£11.01	£11.20	2%	£11.03	£11.45	4%	485	73
Band 4	£12.23	£12.07	-1%	£12.35	£12.32	0%	564	82
Band 5	£15.61	£15.40	-1%	£15.71	£15.82	1%	847	170
Band 6	£18.95	£18.93	0%	£19.38	£18.74	-3%	952	125
Band 7	£22.31	£21.73	-3%	£22.76	£21.61	-5%	607	73
Band 8a	£25.40	£25.58	1%	£26.42	£26.53	0%	171	45

Band 8b	£29.69	£30.71	3%	£29.84	£31.71	6%	49	19
Band 8c	£34.42	£35.70	4%	£33.57	£37.67	11%	28	18
Band 8d	£42.39	£43.67	3%	£44.88	£44.88	0%	<10	<10
Band 9	£51.24	£53.77	5%	£52.17	£53.66	3%	<10	<10

Both Agenda for Change Bands 6 and 7 show a median pay gap in favour of women. The median pay gap for Agenda for Change Band 6 is currently -3%. At Band 7 the median pay gap stands at -5%. The other pay bands show in favour of men, except for Bands 4, 8a and 8d, where there is no significant difference. The largest median pay gaps are shown in Band 8c (11%) and Band 2 (7%).

Pay rates are set nationally for AfC bandings and changes implemented to AfC bandings in 2018 have reduced the number of increment points within each banding. The observed differences in pay between males and females on AfC bandings are therefore impacted by the relative proportion of men and women on different pay points. However, most pay bands now have only 2 or 3 pay points. As a result, the pay gap within bands will reduce over time.

The table below shows the mean and median pay gap for ordinary pay by staff group, from the highest Gender Pay Gap to the lowest as at 31 March 2021:

Staff Group	Mean Hourly Rate			Median Hourly Rate			Headcount	
	Female	Male	Mean Gap	Female	Male	Median Gap	Female	Male
Admin and Clerical	£13.77	£19.14	28%	£11.71	£15.66	25%	1006	274
Medical and Dental	£36.12	£40.49	11%	£33.35	£41.22	19%	344	384
Add Prof Scientific and Technical	£21.13	£22.69	7%	£20.20	£20.39	1%	146	56
Healthcare Scientists	£19.89	£21.06	6%	£19.89	£19.38	-3%	99	43
Healthcare Assistants	£11.35	£11.64	2%	£11.01	£11.56	5%	511	129
Support Staff	£11.43	£11.05	-3%	£11.20	£10.81	-4%	596	125
Nursing and Midwifery Registered	£19.23	£18.38	-5%	£19.38	£17.61	-10%	1687	142
Allied Health Professionals	£20.05	£18.96	-6%	£19.78	£18.30	-8%	437	52

The data shows the two staff groups with the largest pay gaps, Admin & Clerical and Medical & Dental. These two groups had the largest gender pay gap in 2020.

Admin & Clerical

This year, the mean pay gap for Admin & Clerical staff has decreased from 30% to 28% and the median has decreased from 30% to 25%. The pay gap for this staff group is primarily driven by a higher proportion of females occupying Admin & Clerical roles in quartiles 1 and 2 alongside a higher proportion of males occupying roles in quartiles 3 and 4.

Medical & Dental Staff

For Medical & Dental, the mean pay gap has decreased from 12% to 11%, yet the median has increased from 18% to 19%. The gender profile for Medical Consultants remains predominantly male, with 60% of this group being Male, and 40% Female. This is a 2% increase in relation to the female profile of 2020.

The gender balance of the overall medical Consultant community split by age is set out below. Currently there is a higher proportion of male consultants in the older age ranges; as medical and dental pay scales reward seniority in post; this is driving our gender pay gap.

All Consultants split by Gender & Age (Headcount)				
Age Range	Female	Male	Total	% Female
30-39	15	21	36	42%
40-49	52	67	119	44%
50-59	40	60	100	40%
60+	<10	23	28	18%
Total	112	171	283	40%

We are assured that medical staff are remunerated correctly as they are appointed to a pay scale depending upon their grade (i.e. Consultant, Specialty Doctor, Doctor in Training).

Bonus pay

In terms of bonus pay, there is a 4% difference in the number of men (5%) and women (1%) who received a bonus for their performance in 2020/21.

This group has a significantly different gender split when compared to the Trust as a whole. Bonus Pay applies to fewer than 2% of all our staff employed. In previous years, the Trust issued Long Service Awards, which was a contributing factor in exacerbating the bonus pay gap in previous years. Within the Trust there is now only one type of payment which are considered bonus pay – Clinical Excellence Awards (both National and Local)¹.

Clinical Excellence Awards (CEAs) are only available to the Consultant workforce, within the Medical & Dental Staff group. This group has a significantly different gender split when compared to the Trust as a whole (see above). CEAs earned historically are retained by recipients until the point they retire. Local CEAs awarded under the most recent arrangements are in place for the duration of this 3-year agreement and were awarded to all consultants who met the criteria (based on being in service since 1 April 2019, for the CEAs applicable for f/y 2020/21). The outcome was that for f/y 20/21, local CEAs were awarded to 93 (86.91 FTE) Female Consultants and 145 (135.34 FTE) Male consultants.

Band	Mean Bonus pay		Mean Gap	Median Bonus Pay		Median Gap
	Female	Male		Female	Male	
Medical CEAs	£8,373	£10,655	21.4%	£6,032	£9,048	33.3%

Difference between 19/20 and previous years.

There have been some changes in the data during 20/21 when comparing against 19/20. The median hourly fixed pay for men has decreased from 17.4% in 19/20 to 15.5% in 20/21, and the mean value decreased from 29.9% to 27.8%. Bonus pay for men also highlighted a difference, with the median value remaining at 33.3% however, the mean value decreased from 26.9% to 21.4%. The gender split between pay quartiles remained broadly the same in 20/21 compared to 19/20

The table below summarises Gender Pay Gap Data over the past four years of reporting:

	Hourly Fixed Pay		Bonus Pay	
	Mean	Median	Mean	Median
2020-2021	27.8%	15.5%	21.4%	33.3%
2019-2020	29.9%	17.4%	26.9%	33.3%
2018-2019	29.1%	13.1%	28%	33.3%
2017-2018	29.3%	15.0%	87%	33.3%

¹ Clinical Excellence Awards include one cash bonus and one Discretionary point payment that has been included in the Bonus Pay figures.

Appendix 3

Gender Pay Gap Action Plan 2020 - 2023

Action	Who	When	Progress
Ensure that our recruitment and selection processes are inclusive for all	Head of Recruitment/Head of Leadership & OD	30 Apr 21	The Recruitment Team have run a number of successful Inclusive Recruitment Trials this year, where we have used unbiased processes in shortlisting and fully involved stakeholders from our Staff Networks. We aim to replicate this going forward, along with a full review of the process
Continue with the roll out of inclusive recruitment and selection training.	Head of Recruitment/Head of Leadership & OD	31 Dec 20	The first training session was held in October 2021. A quarterly training solution (training videos) will be implemented in Quarters 3 and 4 of 2021-22
Representatives from the Trust Staff Networks will be involved in all senior appointment selection processes	Head of Recruitment	31 Dec 20	Staff Network Members continue to be involved in Stakeholder Events for senior appointments
Use social media recruitment case studies to promote the lived experience of women in more senior and specialist roles.	Head of Recruitment	31 Dec 20	We have published articles on our Internal Comms Bulletins & Nationally (for example in conjunction with International Women's Day and Black History Month), this should continue into 2022.
Introduce positive action statements for all AfC B8b+ roles to be included in job adverts alongside statement on flexible working options for senior leadership roles	Head of Recruitment	31 Mar 21	Positive action statements have been approved and have been implemented.
Ensure all AfC B8b+ roles are advertised through all BHT staff networks and within relevant national networks to increase diversity of candidates	Head of Recruitment/EDI Manager	31 Mar 21	Recruitment team to alert staff networks & ED&I Manager when an 8b+ role is live. Network chairs will be requested to advertise with members.
Use Staff Networks to promote diversity and support development			
Encourage women to take on senior roles in our Staff Networks	ED&I Manager	31 Jul 20	Five of our eight Colleague Networks have Women as Chairs or Co-Chairs.
Launch Women's Network at BHT to provide ongoing support to aspiring female professionals	ED&I Manager	30 Apr 21	This Network was launched in July 2021, the first meeting was attended by around 40 colleagues from across the Trust
Introduce a series of positive action development modules aimed at internal aspiring female leaders	ED&I Manager	1 Jun 21	Six 'Women in Leadership Modules have been delivered by an external consultant and began in July 2021
Increase the number of senior female leaders attending	Head of Inclusivity, Talent and Leadership	31 Dec 22	Most female healthcare leadership programmes (eg King's Fund) are on hold due to COVID-19, due to

national leadership programmes for women			recommence shortly. In 2022, we aim to support a minimum of 5 aspiring female employees at B8b+ to attend national programmes through accessing HEE funding.
Promote flexible working throughout the organisation to support career development of females with caring responsibilities			
Enable a focussed approach to flexibility within our working practices to ensure that all employees can achieve their potential	Deputy Director of Workforce	31 Dec 22	There is a recently renewed Flexible Working Group currently addressing how to improve Flexible Working within the Trust The Trust's agile working policy was rolled out in 2021.
Review the positive impacts of COVID-19 to identify learning, for example Home Working and how we can roll this out in future, by harnessing insights about Agile Working	ED&I Manager	31 Dec 22	The impact of COVID-19 on women have been discussed in network meetings for example Women's Network and Carer's Network. We continue to will work with the Networks to harness the positive impacts of Agile and Flexible Working.
Showcase female senior leaders at BHT who work flexibly	ED&I Manager	30 Jun 21	Completed and ongoing
Carry out a 'Deep Dive' to understand our data more fully and inform future action planning			
Analyse Workforce Data for lower banded colleagues Establish gender split, age profile, progression between bands to highlight potential issues with progression and development	ED&I Manager	31 Oct 21 31 Oct 21	This data has been produced as part of our Annual Equalities Report and our 2021 Gender Pay Gap Report. Further analysis is ongoing.
Carry out targeted interviews to provide a qualitative perspective	ED&I Manager	31 Dec 22	Targeted interviews will be taken forward in conjunction with the Staff Networks

Report from Chair of Audit Committee

Date of Committee 13 January 2022

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Minutes of the previous meeting	Minutes from the Audit Committee meeting on 4 November 2021	Approved	None	n/a	n/a
Internal Audit; Progress Report	Update on progress including publication of three new reports: - Maternity; Ockenden Progress - Pharmacy - Business Cases	Partially assured – noting concerns related to Business Case process	None	n/a	Business case process noted, lack of assurance in compliance in process to be escalated to Board
Internal Audit; Recommendations Follow Up Report	Update on actions and recommendations followed up since last meeting including	Partially assured – noting lack of progress on some management actions	None	Referral to SWC for support with workforce actions	n/a

Internal Audit; Potential Areas for Internal Audit Coverage	Overview of suggested areas for internal audit focus 2022/23, mapped to Strategic Priorities and Objectives	Assured	Triangulation of emerging risks, risks within BAF and CRR and CQC key lines of enquiry to inform internal audit deep dives	Final proposal to March 2022 Audit Committee for approval	n/a
Board Assurance Framework	Overview of current position of the risks to the Trust strategic objectives including emerging risks from Board and Committee meetings	Assured	Utilise BAF/CRR to support Board and Committee workplans for 2022/23	Improved overview by Board Committees	To take assurance from the reports
Corporate Risk Register	Outline of the Trust corporate risks including risks added and removed since the previous report	Assured	Review of risks with a 'green' residual risk to provide assurance on mitigations in place Work noted to be ongoing to triangulate BAF and CRR reporting		
Local Counter Fraud Specialist	Update on counter fraud work November 2021-January 2022 including referral numbers, emerging risks and actions to mitigate these and Trust progress against NHSCA requirements	Assured	None	n/a	n/a

Clinical Audit	Summary of clinical audit activity during 2021/22 including local audits registered, completed and cancelled and progress with national audits	Assured – noting nil overdue	None	n/a	n/a
External Audit Progress Report	Sector update and update on progress by External Audit team including completion of and deliverables related: - 2020/21 Audit, Value for Money report and Auditors Annual Report - 2020/21 Charitable Funds audit - Planning for 2021/22 Audit	Assured	None	n/a	n/a
Single Tender Waivers (STW)	Overview of STW between October-December 2021 including those considered to be avoidable and retrospective	Assured	None	n/a	n/a

Losses and Special Payments	Update on all losses both YTD and since the previous meeting with specific reference to those related to Pharmacy, Salary Overpayments, Patient Property and Private Patients	Noted	None	n/a	n/a
Counter Fraud and Bribery Policy	BHT Pol 041 – Counter Fraud and Bribery Policy; proposed for approval by Committee	Noted	For comments by Committee members offline noting review undertaken by LCFS	Referral to EMC for approval	n/a
PFI Accounting Model	Overview of KPMG accounting model for estimation of financial liability related to the PFI estate	Noted	None	n/a	n/a
Minutes of Finance & Business Performance Committee	Minutes from F&BP Committee Meeting 14 December 2021	Noted	None	n/a	n/a

Commented [JJ(HNT1)]: Rajiv – I am not sure I captured the further work to do on this?

Minutes of Quality & Clinical Governance Committee	Minutes from Q&CG Committee Meeting 14 December 2021	Noted	None	n/a	n/a
Minutes of Strategic Workforce Committee	Minutes from Q&CG Committee Meeting 21 November 2021	Noted	None	n/a	n/a

Emerging Risks Identified:

- Lack of progress on management actions with need to prioritise/reset and update March 2022.
- Full articulation of estates risks and mitigations within the BAF.
- Board oversight of Health & Safety in a holistic manner.
- PFI liabilities.
- Lack of assurance regarding business case process noting need for escalation.

Meeting: Trust Board Meeting in Public

26 January 2022

Agenda item	Corporate Risk Register (CRR)	
Board Lead	Karen Bonner Chief Nurse	
Name of author	Sandie Knight, Governance Manager	Reema D'Souza, Associate Chief Nurse for Governance, Clinical Accreditation and Regulatory Compliance.
Attachments	Corporate Risk Register	
Purpose	Assurance	
Previously considered	Executive Management Committee (EMC) 21/12/2021, Audit Committee 13/01/2022, Quality Committee 19/01/2022	

Executive Summary

This report outlines the corporate risks for the Trust the risk management process is complied with in the management and mitigation of the risks on the Corporate Risk Register (CRR).

There are two new risks escalated for EMC approval for inclusion on the CRR:

- **CRR151** – Critical Bleep Failure: the bleep systems in place at Amersham and Wycombe are antiquated and no longer fully supported.

EMC queried the requirement for bleeps at the Amersham site and Estates have confirmed a large piece of work has been undertaken with IT, Property Services and the Clinical and Site teams. The scoping has nearly been completed to formulate a business plan for completing the piece. In the meantime, the contract has been engaged for the next 12 months with ANT and this has been increased to 24/7 support. There is a 12 month notice on the contract, so effectively IT needs to issue notice now. The EPRR team have been supporting us to revise the BCP, this is nearing completion. For now, Amersham is stable, and the BCP to Mobile phones will remain for now as there is currently no other option with the provision we have.

- **CRR152** – Delay in permanently sealing piped airflow outlet in PFI building which presents a risk to completion of Never Event action plan.

The following risk has been added to the CRR since the EMC meeting in December:

- **CRR153** – Vaccination as a condition of Deployment (VCOD): Impact of Vaccinations as a Condition of Deployment (VCOD) coming into effect on 1st April 2022. There is a risk that a significant number of individuals do not take up the vaccine and are therefore no longer able to work at the Trust, impacting on patient care. The risk is currently scored at 16 with a target achievement date of 01/04/2022.

There are two risks for approval to remove from the CRR:

- **CRR145/Rad49** – MRI scanner installation.
EMC noted a discrepancy with this risk and queried the request for removal from the CRR. The text has now been revised to clarify that the Cannon MRI has been installed and is operational however there has been a 6-week delay in installing the second siemens MRI

due to asbestos in the ceiling. Radiology have reduced the risk score to a 12 hence the request for removal from the CRR.

- **CRR149** - Inadequate Physical Emergency Department environment: New Triage rooms and assessment rooms have been built to address the reduced space to assess patients. EMC noted this risk may be mitigated and could be removed. This has since been confirmed with the COO.

All the risks on the Corporate Risk Register have been reviewed, and the Committee is asked to note the updates.

The EMC on 2 November 2021 noted further work required to capture the top organisational risks by the COO with input from the CMO/CNO for triangulation. The Audit Committee endorsed these actions. Due to operational pressures, scheduled meetings had been cancelled however the meeting has now taken place with the COO and further work is ongoing to include relevant risks. Work is also in progress to link the CRR to the Trust strategic priorities and BAF (Appendix 2).

The Audit Committee also raised a question regarding CRR143/S246 - Ophthalmology - Glaucoma Service as being mitigated due to the allocation of funding. The team has confirmed the risk is still live and the details have been updated to reflect more up-to-date figures of the number of patients waiting. H2 Recovery funding was approved for the renewing of the licence with an in-sourcing provider, however the numbers on the follow up waiting list continue to increase. Funding has been approved at EMC pending a service specification to be written to utilise space at the Amersham site to create an improved ophthalmic service with increased workflow and capacity.

Decision	The Committee is requested to review and approve the risks for addition and removal from the Corporate Risk Register and note the updated actions.			
Relevant strategic priority				
Outstanding Care <input checked="" type="checkbox"/>		Healthy Communities <input type="checkbox"/>		Great Place to Work <input type="checkbox"/>
Net Zero <input type="checkbox"/>				
Implications / Impact				
Patient Safety		Identifies any potential patient safety concerns		
Risk: link to Board Assurance Framework (BAF)/Risk Register		1. Provide Outstanding, cost-effective care 2. Taking a leading role in our community 3. Ensure our people are listened to, safe & supported.		
Financial		There can be a legal and financial impact if the Trust is non-compliant with appropriate and effective management of risks. The Trust may also suffer reputational damage from uncontrolled risk management.		
Compliance <small>Select an item.</small> Good Governance		Regulatory and legislative requirements.		
Partnership: consultation / communication		Consultation and Communication identified in updated actions		
Equality		The Trust is committed to the fair treatment of all patients and service users,		

	regardless of age, colour, disability, ethnicity, gender, gender reassignment, nationality, race, religion or belief, responsibility for dependents, sexual orientation, or any other personal characteristics.
Quality Impact Assessment [QIA] completion required?	Not Applicable

1. Purpose

This report updates the Committee on risks for addition and removal from the Corporate Risk Register. It provides oversight of the risk management process within the organisation and notifies mitigation actions for the risks within the Corporate Risk Register (CRR) (Appendix 2).

2. Background

The Divisional Director or their representative will identify all new and current risks scored at 15 or above on the Divisional and Corporate Service risk registers and bring these to the Associate Chief Nurse for Governance and the Risk and Compliance Monitoring Group (RCMG) attention every month. The RCMG will review the risks scored 15 and above on the Divisional and Corporate Service risk registers and guide the Executive Management Committee (EMC) to moderate these risks for the inclusion or exclusion from the CRR.

There is a regular review of CRR with the responsible Director during which the level of risks, mitigating actions, target dates and outcomes are discussed.

3. Updates:

The following Risks have been updated:

- **CRR10/HR4/14** – Shortage of qualified nursing staff: The risk has been updated to include the mandatory vaccination requirement for NHS Staff as a gap in controls with concerns around the possibility of registered professionals leaving the Trust. National guidance has been received, and a working group and full action plan are in place. The score and target date remain unchanged.
- **CRR27b/PS153** - LV/HV cabling: The continued delay in the supply of building materials has halted progress resulting in an extension to the planned project completion from 31/12/2021 to 31/03/2022.
- **CRR85** – Shortage of Speciality Junior Doctors: A business case to increase medical staffing was approved by the Trust Board in November 2021, and the Trust is currently undertaking recruitment to vacancies for a mixture of roles (ACP, PA, FY3, SpR). Further auditing of safe staffing data from medical e-rostering systems continues. The E-Rostering Deployment Board is actively reviewing workforce solutions, including the possible addition of business intelligence software to enhance the visibility of staffing concerns & issues. The score and target date remain unchanged.
- **CRR88/PA27** – Patient Tracking: The status of this risk was queried by the Audit Committee on 4 November. This risk remains live and, due to the impact of ongoing

system pressures, the number of patients affected is increasing weekly. The teams are monitoring the elements of the patient cohort, e.g. where patients are on hold as a result of the Trust cancelling clinics, but there is concern regarding the broader oversight of the cohort in relation to assessing for potential clinical harm. This means it is difficult to accurately quantify the true extent of the risk. It is also notable that Specialist Services, manages Outpatients and therefore is responsible for escalating and monitoring the risk, this team does not directly manage the majority of the clinical services where the risk exists. It is recommended that the risk remains on the CRR and its heightening be discussed by the Executive Team in the light of ongoing TIP and other activity within the Trust.

- **CRR115/PS118** - Medical Gas: Further disruption in supplies and the relocation of the VIE installation site required by the supplier has extended project completion from 31/12/2021 to 31/01/2022.
- **CRR116** – Failing Datix system: Progress is underway with the development of modules for BHT in the new version 14. A weekly steering group, chaired by Deputy Chief Nurse, reviews the action and risk logs at each meeting. Plans are underway regarding the go-live date, the training plan and the communication strategy. Currently in a phase of specialities' staff providing feedback on the forms being built. The risk score and target date remain unchanged.
- **CRR126/Covid-19 Ref 11** - Increased impact on staff physical and psychological health and wellbeing from working during COVID-19 pandemic: There are increasing concerns around staff resilience as a result of the impact of the third wave of Covid. Further counselling support has been successfully recruited into the Wellbeing service from Jan 2022. Funding has been received for further Trauma Risk Management (TRiM) practitioner training in January, and TRiM awareness sessions were undertaken during November and December.

The risk score has been reduced from 5x4 to 4x4 as part of a moderating exercise undertaken with the Governance team. The impact of managing sustained pressure on staff wellbeing is not diminishing but increasing. This remains a top risk due to service pressures, although the score has been reduced from 20 to 16.

- **CRR130/PS177** – Tower Block at Wycombe Hospital: The structural integrity of the tower block is under investigation with ongoing tests. The Head of Estate Development is keeping EMC informed of the latest progress and findings. The risk score and target date remain unchanged.
- **CRR139/S44** – Clinical harm on extended waits for elective surgery: The actions have been updated to include dates. A PWC action plan (launched October 2021) is in place to further address the backlog and improve theatre productivity. The target date remains at 31/03/2022, but the predicted residual score has been reduced to 4x2 from 4x4.
- **CRR141/Paeds32** - Insufficient capacity Paediatric Decision Unit footprint: The Paediatrics escalation ward is now open, but the increase in attendance has impacted targets. The risk is due to be reviewed fully with the Interim Governance Lead, but the target date has been extended from 31/12/2021 to 30/06/2022.

- **CRR143/S246** – Ophthalmology Service: The risk has been updated to note the business case now in place and the inclusion of this in the H2 funding. The Audit Committee queried whether this now mitigates the risk. The risk is under review, and the outcome will be reported at the next EMC. The COO has indicated the risk score could now be reduced and has requested agreement from the Surgery Team.

In response to the query raised at the Audit Committee on 13th January, regarding CRR143/S246 as being mitigated due to the allocation of funding. The team has confirmed the risk is still live and the details have been updated to reflect more up-to-date figures of the number of patients waiting. H2 Recovery funding was approved for the renewing of the licence with an in-sourcing provider, however the numbers on the follow up waiting list continue to increase. Funding has been approved at EMC pending a service specification to be written to utilise space at the Amersham site to create an improved ophthalmic service with increased workflow and capacity.

- **CRR146/Card01** - Ward 2a Environment: The team have provided an updated action plan but are awaiting a decision regarding the relocation of the service. The target date has been extended from December 31st to March 31st, 2022 to allow for this and current mitigations are ongoing.
- **CRR147/IT309** – Cyber incident disruption:
 - A sourcing plan has been completed for the Trust and a 12-month FTC role has been approved at vacancy control panel for the role of the CISO subject to job matching.
 - The DSP Toolkit was submitted with an improvement plan agreed and the final submission to NHSD is due by 31/12/2021.
 - The Datacentre Review project will be delivering two new datacentre platforms for the Trust & CCGs which will comply with NSCS's 14 Cloud Security Principles, and Cyber Essentials guidelines. Implementation of the new platforms is anticipated to be delivered in Q2 2022.
 - Windows 10 project completed - ongoing work to remove remaining small amount of Windows 7 from the estate.

The target date and risk score remain unchanged.

- **CRR150** - Clinically inappropriate length of stay in Emergency Department (ED): This risk remains unchanged due to the increased number of ED attendances and reduced flow from the inpatient wards (a significant number of medically fit patients occupying inpatient hospital beds). Temporary measures to support the winter surge have been added to the actions.

4. Expired Risks which require urgent review

There are currently no expired risks.

5. New Risks for approval from EMC to add to the CRR

The following risks are noted for EMC to approve for inclusion on the CRR

- **CRR151** – Critical Bleep Failure: the bleeps systems in place at Amersham and Wycombe are antiquated and no longer fully supported. With main equipment located in areas subject to water ingress and a backup system that is not fit for purpose, the partial or total loss of the

system would result in delays in Cardiac Arrest calls going out or being missed. The risk is scored at 20 with a target completion of 28/04/2022.

EMC queried the requirement for bleeps at the Amersham site and Estates have confirmed a large piece of work has been undertaken with IT, Property Services and the Clinical and Site teams. The scoping has nearly been completed to formulate a business plan for completing the piece. In the meantime, the contract has been engaged for the next 12 months with ANT and this has been increased to 24/7 support. There is a 12 month notice on the contract, so effectively IT needs to issue notice now. The EPRR team have been supporting us to revise the BCP, this is nearing completion. For now, Amersham is stable, and the BCP to Mobile phones will remain for now as there is currently no other option with the provision we have.

- **CRR152** - Delay in permanently sealing piped airflow outlet in PFI building which presents a risk to completion of Never Event action plan as well as patient safety risk. The changed contractual process for works to be completed in the PFI building has caused a significant delay in permanently sealing the piped airflow outlets on PFI wards. This has impacted on achieving the completion of the Never Event action plan. The risk is scored at 15 with a target completion of 31/01/2022. The actions are completed except for some capping in the PFI buildings. An update has been requested from the Estates team.

The following risk has been added since the Executive Management Team meeting on 21/12/2021:

- **CRR153** – Vaccination as a condition of Deployment (VCOD): Impact of Vaccinations as a Condition of Deployment (VCOD) coming into effect on 1st April 2022. There is a risk that a significant number of individuals do not take up the vaccine and are therefore no longer able to work at the Trust, impacting on patient care. The risk is currently scored at 16 with a target achievement date of 01/04/2022.

6. Risks for removal

The following risks are noted for removal from the CRR:

- **CRR145/Rad49** – MRI scanner installation: The Cannon MRI has been installed and is operational however there has been a 6-week delay in installing the second Siemens MRI due to asbestos in the ceiling. Radiology have reduced the score to 12 hence the request for removal from the CRR. The risk will remain on the divisional register for monitoring.
- **CRR149** - Inadequate Physical Emergency Department environment: New Triage rooms and assessment rooms have been built to address the reduced space to assess patients. These rooms are now open, and the risk has been downgraded and removed by the Chief Operating Officer during a risk review and moderating meeting with the Governance team on 05/01/2022.

7. Planned improvement activities on Risk Management and Risk Register

- Upgrade to Datix system: Work has commenced around the build of the risk management module in the new Datix version with plans for sign off in Jan/Feb 2022 and a go-live date of 1 April (please note this may change due to current emerging level 4 response). The Governance team continues to work with the divisions to improve their risk registers in preparation for the new Datix platform.
- Review of Risk Management Policy: The policy is currently being reviewed with a planned approval date in February 2021.

- Trust-wide risk management training programme: The implementation of the training programme is planned to commence in February 2022.
- Review of divisional governance meetings: Scoping activity is currently being undertaken to review the structure of Divisional Governance meetings to standardise and strengthen the discussion in these meetings. Along with other governance elements, the Governance meeting agendas will incorporate the moderation of the divisional risk register.
- Monthly meetings to review service level risk registers to support the service unit governance leads.
- Restructure of aligned CRR and BAF reporting based on best practice: Work in progress to link the CRR to the Trust strategic priorities and BAF (Appendix 2).

8. Recommendation

The Committee is requested to note the report and approve the requests for inclusion and removals for the Corporate Risk Register.

9. Appendices

Appendix 1: Risk Grading:

	Consequence Score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of patients, staff or public (physical / psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate <u>injury requiring professional intervention</u> Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident <u>leading to death</u> Multiple permanent injuries or irreversible health effects An event which impacts on a <u>large number of patients</u>
Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	This will probably never happen/recur <0.1 %	Do not expect it to happen/recur but it is possible it may do so <0.1 – 1%	Might happen or recur occasionally 1 – 10%	Will probably happen/recur but it is not a persisting issue 10 – 50%	Will undoubtedly happen/recur <u>possibly frequently</u> >50%

Appendix 2: CRR



Corporate Risk Register - January 202

Appendix 3: Heat Map



Corporate Risk Register Heat Map De

Corporate Risk Register	Divisional Risk Register	Division	Date added to CRR	Strategic Priority	Trust Objective	Description of risk	Unmitigated risk	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	Ensure our people are listened to, safe and supported	We will deliver our 5 people priorities	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 - People Committee. 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. <ul style="list-style-type: none"> Daily safe staffing huddles. Weekly safe staffing meeting to identify and review hot spots to assure that safe staffing levels are maintained at all times; the supply of bank/temporary workers called on if required. <ul style="list-style-type: none"> Monthly vacancy heat map by cost centre. Detailed recruitment plan under three strands - grow your own, UK candidate, International Continuation of approach to retention from Phase 4 NHSI retention strategy that focuses on three strands (recruit well / mid-career / 50+ programme). <ul style="list-style-type: none"> Monitored through Strategic Workforce Committee. 	5	3	15	<ul style="list-style-type: none"> National shortage of registered nurses and midwives. The position was exacerbated by COVID-19. Possible increase in individuals leaving the profession. Reviewing the nurse establishment in response to Covid-19. Late confirmation from student nurses to offers of employment with the Trust. The mandatory vaccination requirement for all NHS staff (vaccination as a condition of deployment - VCOD) who are patient facing may result in some registered professionals leaving the Trust. 	<ul style="list-style-type: none"> Trust-wide recruitment and retention plans are in place monitored through fortnightly workstreams. These focus on local, national and international recruitment of nurses. Longer term plans: Bucks Health and Social Care Academy - 73 individuals have started undergraduate nurse degree programmes at our partner universities (62 adult nursing, 11 children nursing) in September 2021; 35 individuals have started midwifery courses. Use of apprenticeships: 31 individuals were recruited onto nursing associate apprenticeship and nurse degree programmes for 2020-21. <ul style="list-style-type: none"> Local plans for hotspot areas and recruitment to a wider range of roles. Recruitment of international nurses - target to recruit and relocate 222 nurses over 12 to 18 months. Of the 202 nurses that have arrived: 110 have completed OSCE, received their NMC registration and are now working as registered nurses. This has begun to make a significant positive impact on our nursing vacancy rate, in line with our forecast. Contact with EU universities maintained - AHP staff, 5 due to join in Oct/Nov and further activities to take place. Meetings held with Portuguese partners during February 2021 - attended online jobs fair on 10 May 2021, 10 - 15 nurses expressed an interest. Awaiting NHS Employers guidance regarding abatement clause; workforce team mapping impact. Vaccination as condition of deployment (VCOD) working group and full action plan in place. National guidance for phase one received on 6.12.21. 	30/03/2022	Chief People Officer	5	2	10
CRR 27B	PS153	Property Services	20/10/2017	Ensure our people are listened to, safe and supported	Our buildings and facilities will be great places to work and contribute to health and wellbeing of staff	The SMH main HV/LV electrical supply is insufficient for the current needs of the Estate and is not resilient. In addition, due to the discovery of corrosion on the existing equipment, the installation of a new joint box and replacement switch gear and cables is also required. If external supplies fail the internal back up support generators will only support the power needs of the site for 4 hours. This will affect all clinical and non clinical services.	25 (5x5)	<p>We have a generator supply system which will provide emergency power to all of the site.</p> <p>This project will re-structure the power supply systems to provide secure services.</p> <p>Initial 4 hour back up will require extra fuel deliveries to allow continuation of generator support and Clinical services. Contract in place.</p> <p>Individual medical equipment has limited battery back up for approximately 30 minutes.</p>	5	4	20	<p>Insufficient power supply</p> <p>Only one electrical supply cable, 2nd needed for resilience</p>	<p>HV/LV upgrade project now 65% complete. Expected completion date has now been extended by 3 months from 31/03/2021 to 30/06/2021 due to the discovery of corroded cables and switchgear which now needs to be replaced.</p> <p>New cabling and switch gear now on order to be installed.</p> <p>Transformers and distribution panel to be installed.</p> <p>Further delays caused by a reduction in the supply of steel and copper due to Brexit and priority for these items being given to local HS2 construction</p> <p>Further disruptions in supplies have halted progress and the target completion date has now extended from 31/12/2021 to 31/03/2022</p> <p>Risk owner: Head Of Estates Development</p>	31/03/2022	Commercial Director	5	1	5
CRR 85		Trust	20/10/2017	Ensure our people are listened to, safe and supported	We will deliver our 5 people priorities	We have a shortage of junior doctors in the organisation. The specialities most affected are the medical specialities, paediatrics and T&O doctors. This has the potential to have a negative impact on patient care.	20 (4x5)	<ul style="list-style-type: none"> 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. E-rostering for medical staff - in place Annual Leave policy - in place 	5	3	15	<p>National shortage of doctors from key groups.</p> <p>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</p> <p>Covid-19 is also impacting on rotas due to the guidance on household contacts which is making the situation worse</p>	<ul style="list-style-type: none"> Active recruitment continues in the challenged environment of a national shortage of doctors in speciality areas. E-rostering has supported good rostering practice, however it has also highlighted the gaps in rotas across the Trust. A report has been submitted to EMC in August 'Safe Medical Staffing' which has highlighted the challenges of meeting the royal college of physicians guidance and is subject to a business case currently with EMC/Board for consideration. Medicine is keen to actively recruit a mix of trust grade FY2s, PAs and ACPs, and is currently awaiting the outcome of this business case. Paediatrics already have Advanced Nurse Practitioners (x2) in post. Business Case for increases to medical staffing was approved by Board in November 2021, and currently undertaking recruitment to vacancies of a mixture of roles (ACP, PA, FY3, SpR). <ul style="list-style-type: none"> Further auditing of safe staffing data from medical e-rostering systems continues. The E-Rostering Deployment Board is actively reviewing workforce solutions, including the possibility of addition of business intelligence software to enhance visibility of staffing concerns & issues. 	31/03/2022	Medical Director	5	1	5

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								C	L	C x L					C	L	C x L
CRR 88	PA 27	Trust	19/02/2018	Provide outstanding, cost effective care	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.	4	4	16	<ul style="list-style-type: none"> '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. 	<ul style="list-style-type: none"> Additional resource agreed to commence on hold project: validation 'on hold' entries by reason, review of patients in progress, COVID-19 cancellations. Start 26/4/21. <ul style="list-style-type: none"> Establishing a single follow up PTL COVID-19 recovery plans and non face to face contacts to include appropriate 'on hold' patients. <ul style="list-style-type: none"> Follow up dashboard to facilitate recovery plans by SDU Cashing up of clinics to be completed within 7 days Secretaries review all 'On Hold' entries when typing up patient letters <p>On hold project started - single PTL for follow ups in development, sampling analysis has been undertaken. Divisions focusing on closing down legacy stray pathways. Capacity piece commissioned to determine gap.</p>	15/11/2022	Chief Operating Officer	5	2	10
CRR115	PS118	Property Services	12/11/2019	Ensure our people are listened to, safe and supported Our buildings and facilities will be great places to work and contribute to health and wellbeing of staff	The existing medical gas pipe work is not sufficient for current clinical needs. In the event of an increased medical demand for oxygen such as a surge in Covid, there is insufficient infrastructure in place to deliver required supply.	20 (5x4)	Additional Vacuum Insulated Evaporator (VIE for bulk storage of Oxygen) installed Pipework upgraded from the oxygen tanks to the main site at SMH Upgraded deliveries from BOC to ensure tank levels are greater than 50% Evaporators placed to support tank oxygen delivery (to assist with oxygen flow) Oxygen concentrators (60) obtained to provide ward supplies to individual patients Manifold provided with 20 cylinders to augment supply at front door (ED) Improvement of information flows using vitals and development of a live dashboard	5	3	15	<p>The current infrastructure is not designed to support the oxygen demand during a Covid surge</p> <p>Global shortage of building materials causing delays in construction.</p>	<p>Due to Covid experience, additional / upgraded pipework is being requested by the Trust to the PFI to improve O2 flow rates (project dates to be agreed).</p> <p>Clinical requirements for WH are currently being reviewed in terms of number of patients/ delivery methods that could be supported. S/B Manifold installed at Wycombe.</p> <p>The medical gas pipework has now been laid at SMH and a concrete plinth installed in readiness for the Oxygen tank. The VIE is now in place and commissioning is due by the end of January.</p>	31/01/2022	Commercial Director	5	1	5
CRR116		Trust	12/11/2019	Provide outstanding, cost effective care We will consistently meet or exceed quality (safety, experience, outcome) and performance standards	The Datix system fails to function appropriately due to its age and unsupported infrastructure. It is not compatible with Windows 10.	20 (4x5)	Monitoring and vigilance and Workarounds Regular meetings and checks within the Patient Safety Team	4	4	16	<ul style="list-style-type: none"> System performance discourages staff from reporting and managing incidents in a timely manner. The Trust reporting and ability to learn from incidents is affected due to the difficulty in obtaining information in a clear and timely manner. Datix cannot provide standard Technical back room support, and workarounds on the system to support functions are required and may introduce some unintended or unknown risk into the system. Risk of Business Continuity impact as the system may fail unexpectedly because the current version of Datix cannot be sustained or supported in the long term by the suppliers. There is an increasing 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. 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. 	<p>The patient safety team monitor the system on a regular basis supported by IT. Facere Melius will support the Trust with the upgrade to version 14 of the Datix software. The current version of RLDatix (version 10) is out dated and is going to be replaced by a new improved RL Datix Web v14.</p> <p>All of the options have been considered and RLDatix is the most commonly utilised risk management system within the NHS, with 74% of NHS organisations stating that they used RLDatix, with 98% of those using RLDatixWeb v14.</p> <p>The programme will support the delivery of high quality, safe patient care and the upgrade will facilitate timely reporting and management of learning and incidents, complaints, concerns, claims, patient safety alerts and clinical and organisational risk. Dashboards will help you manage all these locally.</p> <p>Progress is underway with development of modules for BHT in the new version 14. A weekly steering group, chaired by Deputy Chief Nurse, reviews the action and risk logs at each meeting. Plans are underway regarding the go live date, the training plan and the Comms strategy. Currently in phase of specialties' staff providing feedback on the forms being built.</p>	01/04/2022	Chief Nurse	2	1	2

Corporate Risk Register	Divisional Risk Register	Division	Date added to CRR	Strategic Priority	Trust Objective	Description of risk	Unmitigated risk	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
CRR126	ref 11	Trust	01/04/2020	Ensure our people are listened to, safe and supported	We will deliver our 5 people priorities	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	25	<ul style="list-style-type: none"> Comprehensive staff occupational health & wellbeing offer - psychological and physical - in house and access to national programmes now supported with colleagues actively participating in social prescribing support via Lindengate and Horsehead. Weekly debriefs with CEO and regular communications Staff networks Strengthened collaboration with Clinical Psychology, Chaplaincy and OD Teams. Additional mental health specialist support in place. Employee Assistance Programme (Vivup) in place for nearly a year offering 24/7 support. Good levels of awareness and use. Strong wellbeing Comms plan in place providing information and links to a range of external support together with psycho-educational material. Additional wellbeing team outreach support being recruited for - new Psych Lead (starting 5th jan) and additional counsellor (recruiting now). Additional TRIM practitioners being trained. Continued promotion of the 'Just Ask' campaign which reinforces the message that staff wellbeing is a priority and self care is essential. Building strong partnership with BOB Mental Health Hub for additional in reach wellbeing support ie not just referring to them. 	4	4	16	<ul style="list-style-type: none"> Impact of sustained pressure of managing COVID-19 is evolving and stress referrals have been steadily increasing year on year and in the past 3 months. Referrals have levelled off (Nov 21) but remain high. Starting to feel the impact of 3rd wave; and concerned about further impact on resilience levels. Specific impact on some staff groups in particular those from a BAME background. Lower uptake of COVID-19 vaccination from colleagues from some BAME backgrounds. 	<ul style="list-style-type: none"> Increased 'ward drop in support' offered in areas with high incidences of stress. 1:1 counselling resource prioritised to ensure waiting lists do not develop. In line with the social distancing rule development of COVID19 Schwartz rounds; After Event Reflections, TRIM and other team support interventions (where the enhanced on line offering needs further interactions). <ul style="list-style-type: none"> Using all existing services (training, 1:1's, team support) to share what's available for colleagues. Disseminating information through Wellbeing Champions, Trust Networks and Junior Doctors Forum. Vaccination uptake - improved in response to actions in place to increase uptake including specific communications, an advice line and face to face appointments to discuss concerns. BAME uptake has also improved. Plans in place for Covid 19 booster vaccination. Wellbeing support for ICU colleagues in place. Small team/group recovery sessions are being offered to priority teams. Launch of high engagement, anti-bullying campaign mid June (running for 6 months); the programme is a high engagement campaign to create and embed a culture of respect and kindness across the Trust. Re-launch of Managing Violent, Aggression and Unacceptable Behaviour Policy Dec 21/Jan 22 supported with training. Funding received for further TRIM practitioner training in January and TRIM awareness sessions were run in November and December. Successful recruitment of further counselling support into the Wellbeing Service from January 2022 	31/03/2022	Chief People Officer	4	3	12
CRR130	PS177	Property Services	20/10/2020	Ensure our people are listened to, safe and supported	Our buildings and facilities will be great places to work and contribute to health and wellbeing of staff	<p>Wycombe Hospital. The concrete panels installed on the exterior of the tower block are at risk of falling away from the main building to the ground due to deterioration of the cast iron clips installed when the tower was constructed.</p> <p>The structural integrity of the tower block is under investigation as the last survey has identified potential failures.</p>	20	Scaffolding is currently erected with boarding to protect persons from smaller spalling concrete. Larger concrete panels which have been identified as concerns have been removed.	5	3	15	<p>Further scaffolding and boarding needed to protect from larger pieces of falling concrete.</p>	<p>More robust scaffolding and boarding to be erected to protect the pedestrian routes around the base of the tower block. Scaffolding to be in place by Mid December 2020</p> <p>Additional scaffolding and stronger boarding has been installed and following advice from structural engineers we are now extending the scaffolding around the whole building.</p> <p>Full condition survey to be completed by structural engineers.</p> <p>Decision on repair work to be agreed following recommendations made in survey.</p> <p>Remedial works to be implemented.</p> <p>Further investigation and testing of the structure and concrete chemistry is required to determine the continued safe use of the building.</p> <p>Ward 2A concerns regarding uneven floor and IPC non-compliance remain unresolved and alternatives are being explored to relocate this service.</p> <p>Continue to update the EMC and Trust Board on the Services and condition and patient experience.</p>	30/09/2022	Commercial Director	5	1	5

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								C	L	C x L					C	L	C x L
CRR139	S244 (Previously CRR86/ S228)	Trust	18/02/2021	Provide outstanding, cost effective care We will consistently meet or exceed quality (safety, experience, outcome) and performance standards	There is a risk of potential clinical harm attributed to patients waiting for elective surgery. This is as a result of the COVID -19 pandemic where elective surgery was reduced. This has also affected the delivery and sustainability of the national standard for Referral to Treatment Time (RTT) There is an increased likelihood of 52-week breaches occurring in all surgical specialities and treating patients classified as P2 within the mandated four weeks.	20	<ul style="list-style-type: none"> RTT performance is monitored through: Weekly Patient Tracking List (PTL) meetings. Weekly Access Performance Management Group (APMG) meetings. Monthly Divisional Performance Meetings •Training programme established for IFR funding process and adherence to CCG criteria <ul style="list-style-type: none"> •Evidence Based Intervention monitoring •Recover capacity post COVID •Additional Waiting List Initiatives •Continuation of Vanguard facilities •Performance trajectories in line with National targets •Retaining elective activity in safe facilities •Full demand and capacity review of all specialities to be repeated by October 2021. •All appropriate appointments moved to virtual •Referrals of all surgical specialities to be vetted Priority post COVID-19 elective recovery planning in place <ul style="list-style-type: none"> •Maximise use of the Independent Sector •Outsource work via the ICS as appropriate •Business planning commenced to increase capacity in 21/22 <ul style="list-style-type: none"> •Patient communication: •20,000 letters to patients waiting first appointment •Refresh of prioritisation letters to patients on elective waiting list 	4	5	20	<p>Outpatient Clinic capacity is lower than 19/20.</p> <p>Elective capacity is lower than 19/20</p> <p>Capacity restrictions due to IPC Capacity does not meet backlog demand.</p> <p>Inability to recruit to nursing and medical vacancies across the Trust.</p> <p>Patient choice to defer treatment</p> <p>NHSE expectation to reduce elective operating in times of pressure in the system.</p>	<p>Increasing the amount of day case and elective surgery in line with IPC recommendations (Reviewed weekly)</p> <p>Maximise use of IS facilities (Ongoing)</p> <p>Implement partial booking and Patient Initiated follow up which will support the teams to proactively plan the ambulatory pathways</p> <p>Harm assessment completed for each patient on the waiting list (In Progress due for completion 30th November 2021)</p> <p>Individual clinical harm reviews for any 52-week breaching patient.(Ongoing for completion December 2021)</p> <p>Management plan for all patients over 104 weeks (Reviewed 3 times Weekly)</p> <p>Prioritise capacity for highest clinical harm risk (Assessed Daily)</p> <p>Trust wide RTT training programme completed.</p> <p>Recovery trajectory monitored through APMG and oversight provided at the elective care recovery group in line with NHSE Phase 3 requirements</p> <p>PWC Action plan to further address backlog and improve theatre productivity - launched October 2021</p>	31/03/2022	Chief Operating Officer	4	2	8
CRR141	Paeds 32 Women, Children and Sexual Health Services	Trust	18/02/2021	Provide outstanding, cost effective care We will consistently meet or exceed quality (safety, experience, outcome) and performance standards	Insufficient capacity within the Paediatric Decisions Unit footprint for ongoing treatment of children and young children leading to periods of overcrowding. Triage Process through Paediatric Decisions Unit inability to rapidly assess children who may be unwell	20	<ol style="list-style-type: none"> Weekly review of datix documenting the escalation into the outpatient area 5a and 5b. Review of complaints related to the PDU environment and waiting times. Daily review of patient attendance within PDU. BHT Guideline 279.1 Paediatric Decisions Unit (PDU) Triage Guideline. Contains overcrowding tool for escalation. Specific training for all nursing staff involved in triage as part of mandatory training. G.P. streaming of minor illnesses to support urgent care pathway. Use of outpatient area 5a and 5b to support early assessment of children and young people. Identification of those children and young people who can remain in waiting area awaiting review by medical staff Additional staffing for PDU overnight to support activity Paediatric Senior Nurse support out of normal working hours Emergency Department to support paediatric minor injuries flow to reduce triage times for children and young people who are acutely unwell. Additional temporary staffing for PDU overnight to support increase in overall activity enabling the ability to increase the number of triaging staff. Appointment of additional Matron to support the development of paediatric urgent care pathways 	5	4	20	<ol style="list-style-type: none"> Continued review of triage pathways including minor illness and minor injuries exploring alternative pathways for triage of these patients. Escalate to divisional board to support the physical expansion of PDU. provision of appropriate space 	<p>Creation of new bespoke Paediatric Emergency Department supported with funding provided by NHS Improvement, programme is underway and scheduled for completion 31/12/2021</p> <p>Escalation plan agreed for autumn/winter 2021/2 – substantive recruitment to band 6 nurse posts to support escalation plus planned allocation of ward 9 to CYP until new observation area is constructed.</p>	30/06/2022	Chief Operating Officer	5	2	10

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									C	L	C x L					C	L	C x L
CRR143	S246 (Previously S245)	Surgery	20/05/2021	Provide outstanding, cost effective care	We will consistently meet or exceed quality (safety, experience, outcome) and performance standards	As a result of the Covid-19 pandemic the ophthalmology service has a significant backlog of new and follow up glaucoma appointments (there are over 1300 new referrals and 5000 follow ups unable to be reviewed due to lack of capacity). This has decreased to 128 new referrals outstanding in January 22. This has been achieved through the use of an Insourcing provider. However the number of FU patients has increased to 7346 (1196 from the Insourcing provider and 6150 Trust activity FU's).	20	Clear patient guidance for appointment schedule Engaged with Getting It Right First Time team for NHS Improvement to implement the high impact interventions for ophthalmology. Ophthalmology specific electronic patient record system now live across all subspecialties and key to tracking Glaucoma patients. Glaucoma failsafe Officer in place and a pivotal part of the team.	4	4	16	Space for booking teams to be housed in one central location Availability of physical space in the Mandeville Wing to accommodate the required levels of activity Lack of nursing support for all the additional activity required within the department. Challenge to recruit high quality Fellows.	Reconfiguration of Amersham space (replicating the efficient clinic set – up currently used for AMD) to create an enhanced ophthalmic service with increased workflow and capacity. This would future proof the service for the next ten years. Full business case pending having been approved at EMC for service specification to be written. Continue virtual glaucoma outpatient clinics at WH and SMH utilising AHPs and nursing staff to support. This will increase the number of patients reviewed (c60 patients per week on each site). Working with NHSE national GIRFT South East of England programme - high volume glaucoma new clinics Business case for additional establishment now in place and included in the H2 funding	31/03/2022	Chief Operating Officer	4	2	8
CRR146	Card01	Integrated Medicine	28/07/2021	Ensure our people are listened to, safe and supported	Our buildings and facilities will be great places to work and contribute to health and wellbeing of staff	Ward 2a environment is a gap in compliance with Regulation 15 - Premises and Equipment - making sure that the premises where care and treatment are delivered are clean, suitable for the intended purpose and maintained. This has been highlighted by the CQC and is documented in their reports following their last two inspections. The situation remains a gap in compliance with national standards and presents a significant risk to patients if unresolved. Adverse publicity and loss of public and staff confidence may also result with the continued deterioration of the ward environment despite temporary fixes.	20	Discharge planning on admission which has reduced length of stay. Clear and consistent cohorting of patients. Culture of safety via Quality improvement huddles, embedded Safety Huddles and DFMs. Strong Consultant and junior doctor presence. Consistent daily Ward round and twice daily Board rounds. Enhanced cleaning regime through COVID19. PPE champions in place. Enhanced IPC support and visibility 2a and HW site generally. Regular infection control inspections – monitored through Perfect Ward. Estates patchwork. Kitchen refurbishment – units, paintwork and flooring. Executive Team have visited and a proposal to move the Unit to an alternative location is being considered.	5	4	20	As the building fabric is beyond feasible repair the only option to resolve the risk is relocation of the service – there is no interim option available. Short term remedial work is undertaken as required but these are not long term solutions.	Development of further care at home services e.g. Endocarditis antibiotic therapy CD Cupboard replacement to meet existing regulations (hampered by asbestos) Options to convert the staff room provision to enable a discrete Clinic Room (e.g. for drug/IV preparation) are being considered. Awaiting Executive decision to approve and support ward relocation. Risk owners: SDU Lead Divisional Director GM for CV Medicine Head of Nursing	31/03/2022	Chief Operating Officer	0	0	0
CRR147	TO06 - 19 [IT300]	IT	29/07/2021	Taking a lead role in our community		Risk of disruption to Trust technology systems and services caused by cyber incidents.		Cyber security accountabilities in place. Hardware & software patching up to date. Education and awareness of cyber risk. Regular auditing and monitoring of controls Data Centre business case approved 04/12/2020. DSP Toolkit submitted on 30th June 2021 (with 8 areas on non-compliance, not all related to cyber). This is ongoing and being monitored by the Caldicott Committee.	5	4	20	• Cyber Security strategy being defined, but not progressing due to vacancy / temporary funding has now been approved (please see action plan re CISO). • Software moving out of mainstream vendor support	IG Mandatory training compliance to be escalated and reviewed by end Feb 2021 and 95% compliance will be achieved by 30/11/2021. Analysis of data to be undertaken by DPO by 30/11/2021. Annual checks will continue to take place. IG & Comms team published the NHSD Keep IT Confidential Cyber Awareness programme for staff in October. CISO (Cyber Information Security Officer) – currently using West Midlands Ambulance Service expertise for ad hoc requirements in the interim & sourcing plan for Trust has been completed and a 12 month FTC role has been approved at vacancy control panel for the role of the CISO subject to job matching. DSP Toolkit Submission for June 2021 did not meet all statutory requirements. Toolkit submitted with an improvement plan agreed. Final submission to NHSD by 31/12/2021. The Datacentre Review project will be delivering two new datacentre platforms for the Trust & CCGs which will comply with NSCS's 14 Cloud Security Principles, and Cyber Essentials guidelines. Implementation of the new platforms is anticipated to be delivered in Q2 2022. Windows 10 project completed - ongoing work to remove remaining small amount of Windows 7 from the estate. Action Owner: Technology Director	31/03/2023	Director of Strategy	5	2	10

Corporate Risk Register	Divisional Risk Register	Division	Date added to CRR	Strategic Priority	Trust Objective	Description of risk	Unmitigated risk	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
CRR150		Integrated Medicine	28/10/2021	Provide outstanding, cost effective care	We will consistently meet or exceed quality (safety, experience, outcome) and performance standards	Clinically inappropriate length of stay in ED including time to Triage, treat and discharge or admit.		Triage protocol incorporates (including Streaming Nr) Front Door Team. Treatment Nr to support Triage when Wait time increases. DTA times reported to site team and recorded on Medway. ED Consultant DTA. EOU admission packs are premade. Site team to prioritise DTA patients from EOU as part of the EOU SOP. Departmental and hospital escalation policy in use. Crowding tool used. Operational policy for medically expected patients. Acute care coordinator escalating to operational team when more than 5 patients are waiting to be seen by the medics. Use of EOU for appropriate ED patients to create capacity in the main department.	3	5	15	DTA times rely on Snr Speciality Decision Maker Streaming Nr Vacancies Treatment Nr Vacancy and Triage capability of Treatment Nr	Triage training to be undertaken for Nr team including Treatment Nr Temporary actions for the next three months: 1 - Opening of additional winter surge bed capacity 2 - Engaged Prism Improvement to support improvement programme around UEC - focus on A&E processes, standardising ward processes and discharge 3 - Mobilising UTC concept from January 12th to reduce congestion in A&E by increasing the flow of patients who would benefit from going through a non-admitted pathway 4 - Opened additional cubical capacity within ED for triage and assessment. The winter capacity measures will be in place until at least Easter subject to review in April 2022	30/04/2022	Chief Operating Officer	3	2	6
CRR151		Trust	03/11/2021	Take a leading role in our community		Failure of Critical Bleeps systems at Wycombe & Amersham Hospitals. Old equipment, with custom parts, 20+ years old. Recent & more regular failures have occurred to system. System is maintained on a "Best Endeavours" basis by supplier. Partial or total loss of system would mean delay in Cardiac Arrest calls going out or being missed totally. Equipment requires full replacement. System not capable of supporting smart devices. BCP is not fit for purpose. System is also located in a room with water ingress which could write off the entire system and has come close recently. System needs to be moved from current location but this too has risk.		Daily test calls placed on each system. Support contract for systems in place with supplier BCP plan documented and with Medirest Helpdesk Backup radios for BCP WH Mobile phones BCP AH Mobile phones BCP AH Estates team are doing all they can to stop water ingress interim BCP "Hired" two-way radio system (WK2 Dec 2021) - in place	4	5	20	Unable to define time from failure to fix due to custom nature of system and parts available to fix - best endeavours Current BCP (two-way radios) not sufficient in the event of bleeps system failure WH No two-way radios at AH for BCP BCP mobile phones at AH have patchy coverage and each person has to be called Current bleeps system unlikely to integrate with new Trust 8x8 IP phone system Uncontrolled use of radio systems on site possible to interfere with critical bleeps	Installation of permanent two-way radio BCP system (WK4 Feb 2022) Purchase new bleeps system replacement using latest supported technology (WK4 Apr 2022) Ensure new systems all integrate across sites (if Multitone used at WH & AH) (WK4 Apr 2022) to provide additional resilience (new system at SMH supplied by Multitone) Ensure all two-way and other radio systems on sites are controlled and logged to avoid dangers to critical bleeps systems (WK4 Jan 2022) Action Owner: Bleeps Project Technical Lead	28/04/2022	Director of Strategy	2	2	4
CRR152		Property Services	16/11/2021	Provide outstanding, cost effective care	We will consistently meet or exceed quality (safety, experience, outcome) and performance standards	Delay in permanently sealing piped airflow outlet in PFI building which presents a risk to completion of Never Event action plan as well as the patient safety risk. The changed contractual process for works to be completed in the PFI building has caused a significant delay in permanently sealing the piped airflow outlets on PFI wards. This has impacted on achieving the completion of the Never Event action plan.		Action 1 - Purchase sufficient powered nebuliser devices for use across the organisation; to remove the need for medical air to drive nebulisers via a flowmeter - COMPLETE Action 2 - Remove the need for air flowmeter use in the delivery of humidified air, by purchasing sufficient devices that use ambient air - COMPLETE Action 4 - On completion of actions 1,2 and 3, remove and discard all medical air flowmeters except those tethered to equipment for niche use. 'Complete at SMH and partially complete at WH to be completed by 16th November' COMPLETE Action 6 - Ensure policies and procedures relating to the prescribing and administration of nebulised medication are updated to reflect this change in practice and that they align with British Thoracic Society (BTS) guidance. COMPLETE	3	5	15	The internal deadline has not been met for the following actions: Action 3 - Review any niche uses of air flowmeters and replace with suitable alternatives. If in exceptional circumstances, an air flowmeter cannot be replaced by an alternative device, ensure the flowmeter is tethered to the equipment. Action 5 - Reversibly cap off all medical air outlets that are no longer routinely required; secured caps are most appropriate for this.	Action 3: Some areas of the PFI have not been completed to date Action 5: Awaiting progress update. Action Owner: Head of Estates Development	31/01/2022	Commercial Director	1	1	1

New Risk

Corporate Risk Register	Divisional Risk Register	Division	Date added to CRR	Strategic Priority	Trust Objective	Description of risk	Unmitigated risk	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
CRR153		HR	20/12/2021	People are safe, supported and listened to	We will deliver our 5 people priorities	Impact of Vaccinations as a Condition of Deployment (VCOD) coming into effect on 1st April 2022. There is a risk that a significant number of individuals do not take up the vaccine and are therefore no longer able to work at the Trust, impacting on patient care.	16	Trust VCOD Group - action plan developed (in line with national guidance) with oversight through EMC. Includes working across BHT, temporary staffing suppliers and contractors. Currently stage 1 of the programme: reinforced vaccination programme. Close reporting/ monitoring of vaccination uptake across staff groups/services. Collaborative working with BOB/CS. Close links to regional and national advice	4	4	16	<p>The Trust is not able (due to IG requirements) to access the national databases to establish individuals' vaccination status. From the information available, we believe c500 people not to have had both vaccinations. The guidance is unclear who is in scope - the risk is that different organisations take a different approach, thus destabilising the workforce. Key themes from colleagues not wishing to take up the vaccine are: fertility and an adverse reaction to the first vaccine. Medical staff are currently showing a low % uptake.</p> <p>VCOD steering group has been initiated with at least weekly meetings to address necessary actions.</p> <p>Occupational Health Team is conducting supportive conversations with all colleagues for whom their vaccination status is unknown. OH liaising with colleagues to put in place resources to address the concerns being raised (e.g. fertility, adverse reactions)</p> <p>HR and OH are reviewing the resources they require to respond to phase 2 - in particular, establishing the roles in scope and subsequently following up any individuals who are not double vaccinated. Meeting with contractors and staffing agencies taking place to ensure that their plans to tackle VCOD are sufficiently robust and are in line with our requirements.</p> <p>First full set of national guidance received 6th December 2021; all actions updated accordingly.</p> <p>National information indicates that a new system will be made available to Trusts in December, enabling them to establish who has not taken up the vaccine.</p>	01/04/2022	Chief People Officer	4	3	12	

Risk Profile – Corporate Risk Register – January 2022

Consequence	1	2	3	4	5
Likelihood	Key: ↑ = risk score has risen; ↓ = risk score has dropped; ⇔ = no change. The CRR changes on a monthly basis and the arrows indicate the change since the previous version (up to 4 changes)				
5		CRR100 – Brexit impact on workforce (new 09/2018) ↓⇔⇔		CRR139 - Potential clinical harm to patients on elective wait list (new 02/2021) ⇔⇔⇔ CRR140 – Outpatient services environment (new 02/2021) ⇔⇔⇔	
4				CRR88 – Patient tracking and appointments (new 02/2018)⇔⇔⇔ CRR116 – Out of date Datix system functionality issues (new 11/2019)⇔⇔⇔ CRR143 – Ophthalmology Backlog (new 05/2021) ⇔⇔⇔ CRR126 – impact on staff physical and psychological health and well-being during covid-19 (new 04/2020)↑⇔↓ CRR153 – Vaccination as a condition of deployment (new 12/2021)	CRR10 – Shortage of qualified nursing staff (new 11/2014)⇔⇔⇔ CRR27b – HV/LV insufficient supply (new 10/2017)⇔⇔⇔ CRR141 – Insufficient capacity within PDU (new 02/2021) ⇔⇔⇔ CRR146 – Ward 2a environment (new 07/2021) ⇔⇔⇔ CRR149 – Inadequate physical ED environment (new 10/2021)⇔ CRR151 – Critical Bleeps (new 11/2021)
3				CRR138 – Increased risk of infection due to poor ventilation (new 02/2021) ⇔↓⇔ CRR127 – Increased risk of adverse impact on BAME staff due to Covid-19 (new 04/2020) ⇔↓⇔	CRR85 – Shortage of Junior doctors (new 10/2017)⇔⇔⇔ CRR115 – Medical gas pipework insufficient for current clinical need (new 11/2019)⇔⇔⇔ CRR130 – Concrete building panel failure at WGH (new 10/2020)⇔⇔⇔ CRR135 – Trust non-delivery of Operating Plan (new 11/2020) ⇔⇔⇔ CRR147 – Disruption to Trust technology due to cyber incidents (new 07/2021) ⇔⇔⇔ CRR150 - Clinically inappropriate length of stay in ED (new 10/2021)⇔ CRR152 - Air flow pipe risk (new 11/2021)
2			CRR131 – Risk of delayed diagnostics and Cancers (new 10/2020) ↓⇔⇔		
1					

To be removed from the Corporate Risk Register:

CRR145 – MRI scanner installation (new 07/2021)

Meeting: Trust Board Meeting in Public

26 January 2022

Agenda item	Board Assurance Framework (BAF)
Board Lead	Neil Macdonald, CEO
Type name of Author	Joanna James, Trust Board Business Manager
Attachments	BAF Report December
Purpose	Assurance
Previously considered	EMC 21.12.2021 Audit Committee 13.01.2022

Executive Summary

The Board Assurance Framework (BAF) brings together in one place all the relevant information on the risks to the Trust's strategic objectives.

This report outlines the current position in terms of the identified risks to the Trust's strategic objectives as of 19 January 2022.

This includes:

- Sub-risk heatmap
- Risks by residual risk rating
- Direction of travel
- Action update
- Detail on all risk considered as 'very high' i.e. a residual risk rating of 15+.

The purpose of this paper is to inform the Board of the top organisational risks and the current management of these. The provision of this detail provides the Board with an opportunity to discuss the range of risks confronting the organisation, perceived gaps in control or assurance and the level of risk that this creates and support further strategic decision making.

The paper should be considered with that reporting on the Corporate Risk Register (CRR) and appendix II presents the risks from the BAF and the CRR alongside the Strategic Priorities and Objectives. Further work is planned in this area to structure Committee workplans and agendas and to provide a stronger link between corporate and strategic risks.

The Executive Management Committee reviewed this paper on 21 December 2021 and welcomed the organisation of risks by the Strategic Priorities/Objectives and the overview by Board Committees. Further updates on actions overdue and those due in December/January have been made since presentation of this report.

The paper was reviewed by the Audit Committee on 13 January 2022. The Committee made the following suggestions for further work:

- Triangulation of risks within the BAF to steer the focus of Internal Audit work for 2022/23.
- RAG rating of actions to highlight those overdue/for escalation.

Comments made by Audit Committee members related to specific risks will be picked up through risk meetings with individual Executive Directors noting these are now combined to cover CRR and BAF collectively.

Decision

The Committee is requested to:

- a) Review the range of risks and use the information to inform strategic decision making.
- b) Consider the assurances in place, identify gaps in controls and/or assurances and challenge these accordingly identifying further action required as appropriate.
- c) Review the emerging risks noted at Board and Board Committee meetings and consider reflection of these within the current framework paying particular attention to those risks which do not currently feature within the BAF or CRR.
- d) Consider amendments made to this report and make suggestions for further developments to improve efficacy including the joint presentation of the CRR and BAF.

Relevant Strategic Priority

Outstanding Care

Health Communities

Great Place to Work

Net Zero

Implications / Impact

Patient Safety

Patient safety is fundamental across all four risks within the BAF, particularly related to Risk 1; Failure to consistently provide outstanding quality care that is compassionate, cost effective and safe.

Risk: link to Board Assurance Framework (BAF)

This report relates to all risks and sub-risks within the BAF.

Financial

Financial considerations are evident throughout the BAF, particularly related to Risk 2; Inability to generate surpluses for capital development or investment in services.

Compliance CQC Standards Good Governance

An effective, comprehensive process is required to be in place to identify, understand, monitor and address current and future risks to the organisation and this is supported by effective use of the BAF.

Partnership: consultation / communication

Internal collaboration to identify top four risks. Opportunities for collaborative system working identified within the details of the BAF.

Equality

Specific attention given to issues related to equality in sub-risks 1.7 and 3.6.

Quality Impact Assessment [QIA] completion required?

Not applicable

See separate documents; BAF Report January 2022 and the PDF Full BAF Download.

Board Assurance Framework (BAF) Quarterly Report January 2022

1. Introduction

The Board Assurance Framework (BAF) brings together in one place all the relevant information on the risks to the Trust's strategic objectives.

This is an update to the previous report of the BAF with an additional appendix (appendix II) which gives an overview of the risks within the Corporate Risk Register (CRR) and the BAF in line with the Trust strategic priorities and objectives. As per the previous report, this appendix provides suggested Board Committee ownership of risks to facilitate a restructuring of Committee agendas in the New Year. As risks are presented and discussed at the Committee, this overview report will be updated. Further work is planned to this section of the report to provide a RAG rating for actions.

2. Purpose

The report outlines the current position in terms of the identified risks to the Trust's strategic objectives as of 19 January 2022. The Board is presented with the profile of all documented risk with detail on those considered as 'very high' i.e. a residual risk rating of 15+.

The purpose of this paper is to inform the Board of the top organisational risks and the current management of these. The provision of this detail provides the Board with an opportunity to discuss the range of risks confronting the organisation, perceived gaps in control or assurance and the level of risk that this creates and support further strategic decision making.

3. Heatmap

As demonstrated by the below, the top scoring sub-risks (very high - score 16) are:

- 1.2** Digital immaturity
- 1.4** Inability to control out of hospital demand and capacity in primary and social care
- 2.6** Inability to generate Trust level capital investment

Appendix I provides more detail of these including a summary of the controls and assurances in place, planned actions with implementation dates, the sub-risk owner and the direction of travel of the residual risk rating since the last report.

Further information regarding all other risks (scored as high, medium and very low) can be found in the separate document; 'Full BAF Download 19.01.2022'.

Catastrophic (5)					
Major (4)		4.5 4.6	2.5 3.7 1.1 2.7 4.1 1.6 3.1 4.3 1.7 3.2 4.7 2.3 3.3 4.8	1.2 1.4 2.6	
Moderate (3)			3.5 3.6 3.9 4.2	1.5 3.4 2.1 4.9 2.2 2.4	
Minor (2)		1.8 4.4	4.10		
Negligible (1)	3.8	1.3			
	Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost Certain (5)

The heatmap indicates that the majority of identified sub-risks are rated as having **high residual risk** (score 8-12).

The below chart demonstrates the residual risk weighting for each of the four risks (R) within the BAF:

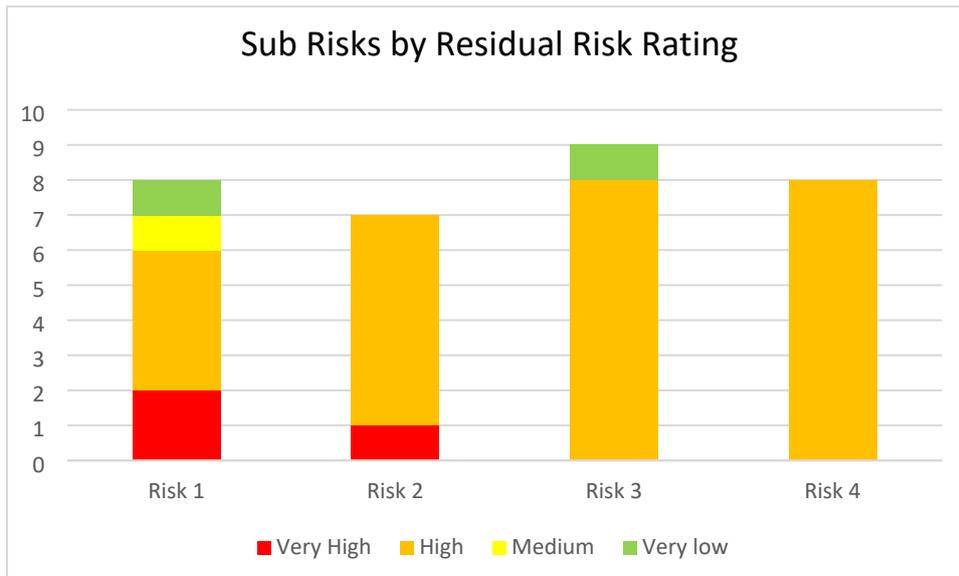
R 1 - Failure to consistently provide outstanding quality care that is compassionate, cost effective and safe.

R 2 - Inability to generate surpluses for capital development or investment in services.

R 3 - Inability to lead an organisation with the capacity and capability to deliver our best in everything we do.

R4 - We do not recover our services adequately, fail to meet public regulator expectations and do not play a leading role in the health, economic and social recovery of Buckinghamshire.

Work is ongoing to better reflect the Trust strategic objectives and priorities within the electronic 4Risk platform.



4. Direction of Travel

Below is a summary of those sub-risks for which the residual risk priority has either increased or decreased since the previous report.

Increasing Residual Risk

Ref	Sub-Risk	Nov 21	Jan 22
1.2	Digital Immaturity Risk score increased in view of non-compliance highest standards for data protection and security.	16	20
1.4	Inability to control out of hospital demand and capacity in primary and social care Risk score increased in view of current demand on services related to winter pressures and COVID-19 (omicron variant) despite multiple mitigations in place.	16	20

Decreasing Residual Risk

There are no sub-risks for which the residual risk priority has been decreased.

All sub-risks have maintained the same residual risk score.

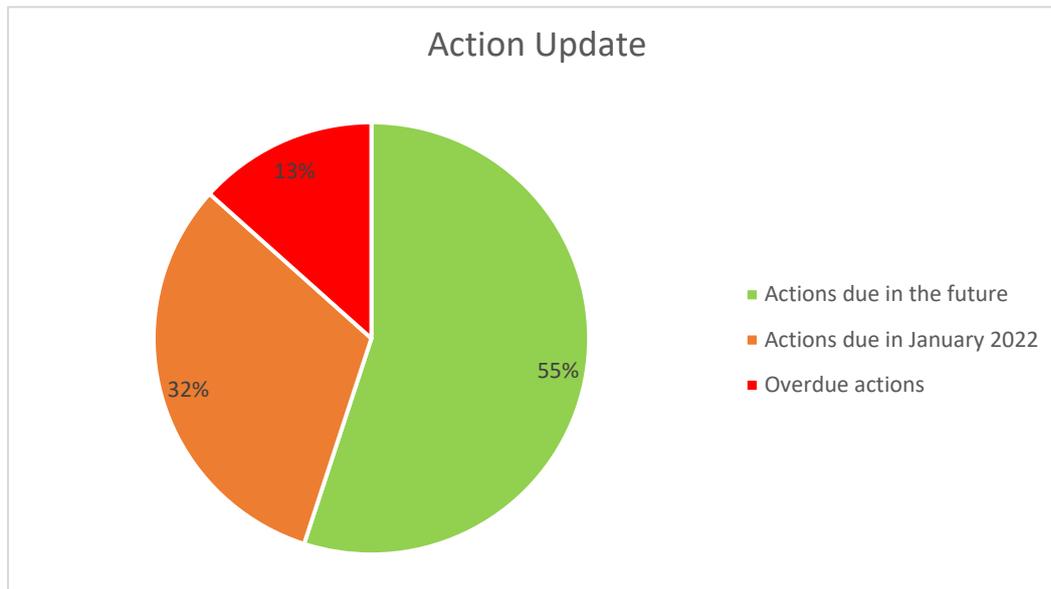
5. Addition/Removal of Risks from the BAF

There have been no sub-risks added to nor any removed from the BAF since the previous report.

6. Action Update

At the time of writing this report, there were 60 open actions within the BAF. The below chart demonstrates the proportion of actions that are overdue, due imminently and due at a future date (between February 2022 – October 2022).

Since the previous report, the percentage of open actions that are outstanding has reduced from 28% to 13%. Further work is ongoing to provide timely updates to those actions that are due.



7. Emerging Risks noted from Board/Board Committee Meetings

The below table details those risks noted from each of the Board and Board Sub-Committee Meetings in November and December 2021 for reference. Work is ongoing to jointly report the Corporate Risk Register (CRR) and the BAF.

Those risks highlighted do not currently feature within the BAF or CRR.

Month	Meeting	Risks Noted	BAF Reference
Nov 2021	Audit	<ul style="list-style-type: none"> - Lack of assurance to Committee from multiple implementation dates being deferred. - Pace (and escalation where appropriate) required against key risks. - Management of workforce and associated finance to include; payroll, expenses, use of manual processes, temporary staffing and rostering. - Community Paediatrics - adequate coverage. - Board assurance regarding Ockenden reporting. - Overview of rostering across all staff groups within the organisation to include the factoring in of sickness/other leave. - Partial assurance received against waste management audit. - Link between CRR and BAF, the integrated recovery and improvement programme and the wider organisation risk management processes. - Resource implications against progression with actions. - Ability to progress digital strategy in view of financial implications. - No clear strategy to manage estates infrastructure assurance gap. 	<p>4.6 4.6</p> <p>1.1</p> <p>4.5</p> <p>2.1 2.1, 2.4, 2.6</p>
	F&BP	<ul style="list-style-type: none"> - M07 position with particular attention to CIP improvements, divisional outturn and pay spend. - Predicted financial deficit for Trust and ICS in H2. - Potential capital overspend, specifically that related to Paeds ED work. - Lack of controls in place for temporary staffing. - Lack of assurance taken on the IPR and level of integration between IPR and recovery papers, noting that a plan for improvement is in place. - Achievement of cancer targets. - High cancellation rates and impact on ability to recover elective services. - Depth of coding for elective care when benchmarked against other Trusts and potential financial impact of this. - Cost impact of work required to Wycombe estate. 	<p>2.1 2.2 2.1, 4.6</p> <p>4.9</p> <p>4.7 4.7 1.2, 4.7 2.4</p>
	Q&CG	<ul style="list-style-type: none"> - Ability to recruit to all posts to support the Medically Optimised for Discharge (MOfD) improvement action plans. - Demand of winter months - Fragility of domiciliary care market - Ambulance service delays; impact on hospital admissions. - Compliance with 62-day cancer target. - National midwifery staffing levels and associated impact on quality. - Local community staffing levels and associated impact on quality. 	<p>1.1 1.4 1.4 4.7 4.7 1.1 1.1</p>

	SWC	<ul style="list-style-type: none"> - Ongoing impact of COVID-19 on sickness absence both through positive results, requirement to isolate and sickness absence related to stress. - Ongoing impact of operational pressures on ability to provide training and programmes and support (both practical and pastoral) through Opel 4 status and need to open additional ward areas and need to cancel non-essential meetings and trainings. - Implication of mandatory COVID-19 vaccination for healthcare workers pending further announcement. - Junior medical staffing within the emergency department. - Outstanding actions required to improve learning environment for medical staff within specific SDUs. 	<p>4.1</p> <p>1.4, 4.1</p> <p>1.1</p> <p>1.1</p> <p>4.5</p>
	Public Board	<ul style="list-style-type: none"> - Mandatory COVID-19 vaccinations for healthcare workers (noting further national guidance awaited). - Recovery of our services post pandemic - specific attention to community as well as acute and emergency and elective work. - Finance; divisional outturns, CIP and efficiency plans, pay overspend and predicted deficit for the year. - Individual risks from CRR - Need for external funding to realise full digital agenda - Statutory training with particular reference to safeguarding - Number of cancellations and impact on patient experience and ability to recover services 	<p>1.1</p> <p>4.7</p> <p>1.2, 2.2</p> <p>As per CRR</p> <p>2.6</p> <p>1.1, 1.4</p> <p>4.7</p>
	Private Board	<ul style="list-style-type: none"> - Recent COVID-19 outbreak and resultant deaths noting actions for sharing of learning - Impact on staff of COVID-19 public inquiry - Paeds capital - Financial deficit 	<p>1.3, 1.6, 1.8, 3.9</p> <p>4.1</p> <p>2.1, 4.6</p> <p>2.1, 2.2</p>
Dec 2021	F&BP	<ul style="list-style-type: none"> - Significant operational pressures related to winter months and Omicron variant including potential surge in admissions, staff absence and critical care capacity - Ability to recover services in view of above pressures noting conflict between demands of Regulator and diversion and resources for COVID-19 escalation - £4m cost overrun on Paeds development - Significant infrastructure costs - Lack of clarity and collective oversight re: significant costs and revenue issues both within and outside of our control. - Ability to realise estates strategy noting dependence on capital 	<p>1.4</p> <p>1.4</p> <p>2.1, 2.6</p> <p>2.4</p> <p>2.2, 2.6</p> <p>2.4, 2.6</p>
	Q&CG	<ul style="list-style-type: none"> - Omicron variant and ability to effectively continue with recovery and business as usual alongside COVID-19 escalation - Potential impact on mandatory vaccination guidance - General compliance with IPC procedures and increasing risk of frequently changing guidance related to COVID-19 - Weekend IPC cover - Possible need for increased safeguarding resource to support increase in referral numbers and robust training programme - National picture with CAMHS services - Absence of System approach to non-COVID harms 	<p>1.4</p> <p>1.1</p> <p>4.3</p> <p>1.1</p> <p>1.1</p> <p>1.4</p> <p>3.9, 4.2</p>

	Private Board	<ul style="list-style-type: none"> - Place based social care issues - System working and anticipated changes in the New Year; need to navigate these with particular reference to financial position and governance - Omicron variant and rising case numbers - Sharing learning from incidents across multiple professional groups, noting work ongoing to develop this - Financial impact of incidents - Ongoing housing of clinical services within Wycombe Tower, noting decant plan in development for 2022/23 - Paeds capital risk, noting pending decision on additional capital 	<p>1.4 4.2</p> <p>1.4 1.6 1.6 1.3 2.6, 4.6</p>
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8. Conclusion

This BAF report provides the Committee with an overview of the current strategic risk. Further work is required to embed more dynamic use of the BAF into strategic risk management.

9. Action required from the Committee

The Committee is requested to:

- a) Review the range of risks and use the information to inform strategic decision making.
- b) Consider the assurances in place, identify gaps in controls and/or assurances and challenge these accordingly identifying further action required as appropriate.
- c) Review the emerging risks noted at Board and Board Committee meetings and consider reflection of these within the current BAF framework paying particular attention to those risks which do not currently feature within the BAF or CRR.
- d) Consider those amendments to this report and make suggestions for further developments to this report to improve its efficacy including the joint presentation of the CRR and BAF.

Appendix I – BAF Summary Table

The following table summarises, for all those risks rated as **very high**, the controls and assurances, actions, risk owner and residual risk priority with direction of travel since the previous report.

Ref	Sub-Risk Title and Effect (summary)	Owner/ Sub- Comm	Controls and Assurances (summary)	Actions (summary)	Residual Risk Priority
Risk 1 – Failure to consistently provide outstanding quality care that is compassionate, cost effective and safe. development or investment in services					
1.2	Digital immaturity ; suboptimal use of data and more limited opportunity to transform pathways. ICT infrastructure does not meet highest standards for data protection and security.	DoS (F&BP)	Risk control ; data security and protection audits, digital strategy, ICT Board, recovery workstreams. Control assurance ; annual audits, monthly ICT Board report to Transformation Board, digital projects reported through recovery workstreams. Assurance gap ; gaps in infrastructure and unsupported systems, annual capital budgets to support implementation of strategy.	Final digital strategy to be shared (Jan 2022) Seek capacity and capability in digital to implement plans (Jan 2022) Implementation of initiatives following approval of TIF bids (Mar 2022) Modernise infrastructure to ensure compliance with DSPT (Oct 2022) Audit all unsupported applications and agree remedial plan (Mar 2023)	20 (up)
1.4	Inability to control out of hospital demand and capacity in primary and social care ; risk of harm in ED due to overcrowding, risk of extended length of stay in ED and in ambulance handover times, staff resilience.	COO (F&BP)	Risk control ; incident response, monitoring through TIP, place based delivery board and escalation protocol, long stay deep dives and daily escalation calls. Control assurance ; meeting notes and action logs, written escalation protocols, MOFD reporting within IPR.	Urgent care strategy for Bucks (Jan 2022) Actions embedded with TIP (monthly review)	20 (up)
Risk 2 - Inability to generate surpluses for capital development or investment in services					
2.6	Inability to generate Trust level capital investment ; Trust's capital resourcing currently insufficient to meet clinical objectives, both as a region and ICS capital funding requirements are above allocation; there will be affordability and operational limits to maintaining a capital programme at 2020/21 level. Lost quality and financial opportunities in estates and digital transformation. Risk of CQC compliance in adhering to budget constraints.	DoF (F&BP)	Risk control ; continue to seek alternative funding solutions to address the capital funding gap Control assurance ; financial governance framework within place in the Trust Assurance gap ; Trust continues to have unfunded backlog maintenance and infrastructure	Ensure residual risks caused by unaffordability adequately documented and managed with Regulators (monthly review)	16 =

Appendix II – Overview of Trust Board Assurance Framework (BAF) and Corporate Risk Register (CRR) by Strategic Priority

Strategic Priority 1: Provide Outstanding, cost effective care (COO/CN)							
Strategic Objective 1a: We will consistently meet or exceed quality (safety, experience, outcome) and performance standards							
BAF	Ref.	Risk Description	Risk Owner	Inherent Risk	Residual Risk	Committee Ownership*	Last Comm. Review**
	1.1	Inadequate staff resource to deliver outstanding quality care (insufficient levels of experience staff and training opportunities)	CPO			SWC	
	1.2	Digital immaturity	DoS			F&BP	
	1.3	Estates structure not fit for purpose	CD			F&BP	
	1.4	Inability to control out of hospital demand and capacity in primary and social care	COO			F&BP	
	1.6	Gaps in learning from incidents and best practice	CN			Q&CG	
	1.7	Inequalities in access to care	DoS			F&BP	
	1.8	Inadequate infection prevention or control due to issues with estates infrastructure	CN			Q&CG	
	2.3	Variation in the productivity of clinical service lines	COO			F&BP	
	3.1	Inability to deliver the Trust strategic case for change	DoS			F&BP	
	3.3	Failure to reform our urgent care pathway and meet future urgent care health needs of the population	COO			F&BP	
	3.7	Gaps in partnership working to fully integrate adults' and children's community services	COO			F&BP	
	3.9	Inadequate oversight of direct and indirect clinical harm caused by the pandemic	CMO			Q&CG	
	4.1	Pandemic related negative impact on morale, wellbeing and retention	CPO			SWC	
	4.5	Governance not easy to navigate or enabling of change whilst providing robust, forward looking assurance of risk	CEO			Q&CG	
	4.7	Lack of consistent attainment of key operational and performance standards	COO			F&BP	
	4.9	Underutilisation of effective data and business intelligence e.g. suboptimal access to and use of quality metric data	COO			F&BP	
CRR	Ref	Risk Description	Risk Owner	Inherent Risk	Residual Risk	Committee Ownership	Last Comm. Review
	88	Inadequate tracking of patients	COO			F&BP	
	116	Failing Datix system	CN			Q&CG	
	139	Non-COVID-19 harm and increased risk of breaches	COO			Q&CG	
	141	Insufficient capacity within PDU leading to overcrowding	COO			F&BP	
	143	Ophthalmology backlog	COO			F&BP	

	145	Delay in MRI scanner installation	COO			F&BP	
	149	Inadequate ED environment	COO			Q&CG	
	150	Clinically inappropriate length of stay in ED	COO			F&BP	
	152	Air flow pipe risks	CD			F&BP	
	147	Risk of disruption to Trust systems and services caused by Cyber incidents	DoS			F&BP	
	151	Failure of critical bleep system at Wycombe and Amersham	DoS			F&BP	
	115	Existing medical gas pipe work	CD			F&BP	
	130	Exterior of Wycombe Tower	CD			F&BP	
	140	SMH outpatient services environment	CD			F&BP Q&CG	
	146	Ward 2a – Wycombe Hospital	CD			F&BP Q&CG	

Strategic Objective 1b: We will deliver a financially sustainable plan and improve our benchmarking in model hospital

BAF	Ref.	Risk Description	Risk Owner	Inherent Risk	Residual Risk	Committee Ownership	Last Comm. Review
	1.5	Underlying organisational financial deficit	DoF			F&BP	
	2.3	Variation in the productivity of clinical service lines	COO			F&BP	
	2.1	Lack of strategic financial plan	DoF			F&BP	
	2.2	Burden of the cost from the pandemic including indirect and direct ongoing and future costs	DoF			F&BP	
	2.4	Structural financial challenges – cost of infrastructure, PFI, corporate office costs	DoF			F&BP	
	2.5	Fixed envelope funding model creates financial imbalance in the organisation	DoF			F&BP	
	2.7	Gaps in workforce supply; local SE region cost of living prohibitive and national workforce shortages	DoF			F&BP SWC	
	2.6	Inability to generate Trust level capital investment	DoF			F&BP	
	3.1	Inability to deliver the Trust strategic case for change	DoS			F&BP	
	4.2	Changes in the ICS and in Bucks in line with the requirements of the Integration and Innovation White Paper (2021)	CEO			F&BP	
	3.3	Failure to reform our urgent care pathway and meet future urgent care health needs of the population	COO			F&BP	

Strategic Priority 2: Take a leading role in our community (CEO/DoS)							
Strategic Objective 2a: We will work with our partners and engage people							
BAF	Ref.	Risk Description	Risk Owner	Inherent Risk	Residual Risk	Committee Ownership	Last Comm. Review
	3.2	Inability to innovate and work with partners to deliver new models of elective care	COO			F&BP	
	3.5	Not realising the Trust potential as an anchor institution	DoS			F&BP	
	3.7	Gaps in partnership working to fully integrate adults' and children's community services	COO			F&BP	
Strategic Objective 2b: We will ensure children get the best start in life							
BAF	Ref.	Risk Description	Risk Owner	Inherent Risk	Residual Risk	Committee Ownership	Last Comm. Review
	3.7	Gaps in partnership working to fully integrate adults' and children's community services	COO			F&BP	
	3.8	Adverse contribution to climate change	CD			F&BP	
Strategic Objective 2c: We will use population health analytics to reduce health inequalities and improve outcomes in major diseases							
BAF	Ref.	Risk Description	Risk Owner	Inherent Risk	Residual Risk	Committee Ownership	Last Comm. Review
	1.7	Inequalities in access to care	DoS			F&BP	
	3.6	Not using integrated care records and data to manage whole population health and inequalities	DoS			F&BP	
Strategic Objective 2d: We will improve the wellbeing on communities							
BAF	Ref.	Risk Description	Risk Owner	Inherent Risk	Residual Risk	Committee Ownership	Last Comm. Review
	1.7	Inequalities in access to care	DoS			F&BP	
	3.1	Inability to deliver the Trust strategic case for change	DoS			F&BP	
	3.3	Failure to reform our urgent care pathway and meet future urgent care health needs of the population	COO			F&BP	
	3.4	Failure to secure necessary infrastructure changes linked to Bucks' housing and growth strategies	DoS			F&BP	
	3.5	Not realising the Trust potential as an anchor institution	DoS			F&BP	
	3.8	Adverse contribution to climate change	CD			F&BP	

Strategic Priority 3: Ensure our people are listened to, safe and supported (CPO/CD)							
Strategic Objective 3a: We will deliver on our 5 people priorities							
BAF	Ref.	Risk Description	Risk Owner	Inherent Risk	Residual Risk	Committee Ownership	Last Comm. Review
	4.1	Pandemic related negative impact on morale, wellbeing and retention	CPO			SWC	
	4.3	Variations in organisational culture and behaviours	CPO			SWC	
	4.4	The workforce not always feeling that the organisation is as safe to work in as it can be	CD			SWC	
	4.8	The organisation is not always inclusive and does not treat people equally	CPO			SWC	
CRR	Ref	Risk Description	Risk Owner	Inherent Risk	Residual Risk	Committee Ownership	Last Comm. Review
	10	Shortage of qualified nursing, midwifery and AHP staff	CPO			SWC	
	126	Impact on staff physical and psychological health and wellbeing from working during the pandemic	CPO			SWC	
Strategic Objective 3b: Our buildings and facilities will be great places to work and contribute to the health and wellbeing of staff							
BAF	Ref.	Risk Description	Risk Owner	Inherent Risk	Residual Risk	Committee Ownership	Last Comm. Review
	1.3	Estates structure not fit for purpose	CD			F&BP	
	1.8	Inadequate infection prevention or control due to issues with estates infrastructure	CN			Q&CG	
	4.4	The workforce not always feeling that the organisation is as safe to work in as it can be	CD			SWC	
CRR	Ref.	Risk Description	Risk Owner	Inherent Risk	Residual Risk	Committee Ownership	Last Comm. Review
	130	Exterior of Wycombe Tower	CD			F&BP	
	140	SMH outpatient services environment	CD			F&BP Q&CG	
	146	Ward 2a – Wycombe Hospital	CD			F&BP Q&CG	
Strategic Objective 3c: We will maximise opportunities for improving, sharing good practice and learning							
BAF	Ref.	Risk Description	Risk Owner	Inherent Risk	Residual Risk	Committee Ownership	Last Comm. Review
	1.6	Gaps in learning from incidents and best practice	CN			Q&CG	
	3.1	Inability to deliver the Trust strategic case for change	DoS			F&BP	
	4.5	Governance not easy to navigate or enabling of change whilst providing robust, forward looking assurance of risk	CEO			Q&CG	
	4.10	Not being an organisation where innovation and new ideas can always thrive and be easily adapted	CMO			Q&CG	

Covers all Strategic Priorities:

BAF 4.5 The organisation (Board) being CQC rated 'requires-improvement' under the well-led domain – CEO – Audit

**This will be populated within the BAF system and be reported within the Full PDF download from the next report.*

***This is a suggested new column to the report which will be populated from February onwards.*

Risk Area	Sub Risk Area	Risk Title	Risk Owner	Effect	Inherent Risk Priority	Risk Control	Control Assurance (Assurance Source)	Assurance Gap	Residual Risk Priority	Action Required	To be implemented by
Board Assurance Framework	1. Failure to consistently provide outstanding quality care that is compassionate, cost effective & safe	1.1 Inadequate staff resource to deliver outstanding quality care (insufficient levels of qualified, experienced staff and training opportunities)	Chief People Officer	Inadequate staffing levels, greater than desirable levels of temporary staffing, retention challenges (workforce burnout)	I = 4 L = 5 Very High (20)	Trust wide recruitment plans in place: three strands - international, national (including recent graduates) and grow your own. International (non-EU) recruitment supported by national funding to bring in c200 overseas nurses between March 2021 and March 2022 Recruitment from Portugal continues, using established links with Universities. New graduate recruitment - fast track recruitment for students on placements at the Trust Through Bucks Health & Social Care Academy facilitating career pathways for non-medical careers Monthly update via IPR.	Vacancy rates reported monthly in integrated board report International recruitment programme reported through transformation board and SWC.	National shortage of registered nurses. 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 This position may be exacerbated by COVID-19 Reduction in overseas nurse recruitment due to COVID-19. Of 15 recruits in the May cohort, 6 are unable to travel due to COVID-19 restrictions. National stoppage to recruitment from India came into force in early May. Possible increase in individuals leaving the profession following Waves 1 and 2 of COVID-19	I = 4 L = 3 High (12)	Recruitment of international nurses - target to recruit and relocate 222 nurses over 12 to 18 months. Progress reported through IPR (monthly)	31/03/2022
										Retention - plan set out in Thrive@BHT to support the health and wellbeing of staff. Progress monitored through Transformation Board (monthly).	31/03/2022
Board Assurance Framework	1. Failure to consistently provide outstanding quality care that is compassionate, cost effective & safe	1.2 Digital immaturity	Director of Strategy	Sub-optimal use of data and more limited opportunity to transform pathways . ICT infrastructure does not meet highest standards for data protection and security	I = 4 L = 4 Very High (16)	Data Security and Protection Audits	Annual audits of the Trust's data security and protection status	gaps in infrastructure and unsupported systems	I = 4 L = 4 Very High (16)	Final digital strategy to be shared.	31/01/2022
						Digital Strategy	Digital strategy in place to invest in digital infrastructure and systems	Annual capital budgets to support implementation of the strategy Strategy shared at F&BP in September 2021. Final strategy to be shared in January 2022.		Continue to seek capacity and capability in digital to implement plans. £500k case supported by Transformation Board August 2021. Update November 2021 - share final strategy F&BP January. Review need for new actions.	31/01/2022
						ICT Board	ICT Board meets monthly to assess progress with annual projects/capital plan to improve digital maturity - monthly report to Transformation Board	None		Digital TIF bids approved to support recovery; implementation of initiatives.	31/03/2022
						Recovery Workstreams	Digital projects reported through recovery workstreams			Modernise infrastructure to ensure compliance with Data Security and Protection Toolkit. Trust is currently non compliant on elements relating to legacy ICT. This includes upgrading end devices, servers, data centre and network capability.	28/10/2022
										Audit all unsupported applications and agree a remedial plan to upgrade to latest standards	31/03/2023
										Seek routes for capital investment to upgrade or replace estate	15/06/2022
Board Assurance Framework	1. Failure to consistently provide outstanding quality care that is compassionate, cost effective & safe	1.3 Estates infrastructure not fit for purpose (outdated, limits clinical care provision)	Commercial Director	Poor quality estate eg flooring makes it harder and more costly to keep clean	I = 2 L = 3 Medium (6)	Regular audits and supervision of cleaning in hard to clean areas	Results of place audits and cleaning scores within the estates quarterly reports	Repair of high risk areas of estates are +£100m in backlog maintenance	I = 1 L = 2 Very Low (2)		
Board Assurance Framework	1. Failure to consistently provide outstanding quality care that is compassionate, cost effective & safe	1.4 Inability to control out of hospital demand and capacity in primary and social care	Chief People Officer	Risk of harm in emergency department due to overcrowding and delays as capacity to manage high volumes of patients is extremely challenged. Risk of delays to ambulance handovers. Risk of extended length of stay in emergency department. Risk of resilience impact to staff.	I = 4 L = 5 Very High (20)	Incident response including Capacity Cell, Gold/Silver/Bronze structure in place and stepped up as required in view of COVID-19	Meeting notes/actions		I = 4 L = 5 Very High (20)	Urgent care strategy for Buckinghamshire to be developed. Update - UTC concept at SMH being implemented from January 2022	31/01/2022
						Monitoring of Trust Improvement Plan (TIP) through: - Monthly Oversight Meeting (Regulator) - Fortnightly Board Oversight Meeting - Weekly EMC	Action logs, progress against trajectories and meeting minutes	Impact of the pandemic.		Actions embedded within Trust Improvement Plan. To review monthly and update with changes.	28/02/2022
						Place-based delivery board accountable to ICP board for delivering on admission avoidance and discharge agenda	Minutes of ICP delivery board Admissions avoidance action plan and delivery Discharge action plan and delivery	Track record of system sustained improvement delivery Evolving commissioning picture			
						Place-based escalation protocol	Written escalation protocol Documented use of escalation protocol Annual review of protocol	Sign off by all partners Impact assessment of use			
						Thrice weekly long stay deep dives and daily discharge escalation calls to review patients with stakeholders and partners.	MOFD reporting in IPR Meeting records	Partner response time monitoring			
Board Assurance Framework	1. Failure to consistently provide outstanding quality care that is compassionate, cost effective & safe	1.5 Underlying organisational financial deficit	Director of Finance	Reduced opportunity for service investment The Trust may not deliver its operating plan (or Forecast Out-Turn), meaning that statutory break-even is not delivered. The Trust may not be able to deliver	I = 3 L = 5 Very High (15)	Continual scrutiny and pressure to deliver through PMO, FBPC, Deep Dives etc Continual search for new schemes Multi-year and future year savings pulled forward Planning and documentary evidence of CIPS on an ongoing basis. Corporate over delivery to assist clinical divisions	Budget setting, budget monitoring and performance monitoring process is in place.	-The historic issues underpinning the underlying organisational deficit will remain until system solutions are in place. -There is still lack of clarity on the H2 regime.	I = 3 L = 4 High (12)	Instigate a medium term financial strategy.	28/02/2022
										Continued proactive engagement with BOB ICS partners to facilitate a system driven solution to maximise opportunities for the Trust . Engagement with Regulator on challenges and opportunities for the Trust. eg Board to Board meeting	30/09/2022

				its CIP Programme.		income generating proposals Estate Strategy					
Board Assurance Framework	1. Failure to consistently provide outstanding quality care that is compassionate, cost effective & safe	1.6 Gaps in learning from incidents and best practice	Chief Nurse	Learning not systematic; opportunities missed to improve care	I = 4 L = 4 Very High (16)	Monthly reporting to EMC on learning from incidents	Monthly SI and incident report- shared at EMC, Quality Committee and Trust board	Divisional assurance of local learning and sharing	I = 4 L = 3 High (12)	Upgrade Datix system	03/01/2022
						Trust Patient safety Monthly Meeting	Trust Patient Safety Meeting held monthly chaired by the Chief Nurse and attended by all Divisional Heads of Nursing and or Chairs	confirmation of Divisional quality and patient safety meetings		Develop Trust Quality Strategy	31/01/2022
						Weekly Monitoring of datix incidents	Weekly reports on open datixes sent to all divisional leads	Datix version unable to identify trends		External review of governance framework. Implementation date moved due to delay in report completion (FM). Update 15.12.2021 - draft report presented at Board seminar. Next steps - finalise report, review recommendations, develop action plan with timelines and identified action owners. Feedback progress monthly through Quality Committee.	31/01/2022
Board Assurance Framework	1. Failure to consistently provide outstanding quality care that is compassionate, cost effective & safe	1.7 Inequalities in access to care	Director of Strategy	Continued growth of the health inequality gap and ongoing impact on Trust business	I = 4 L = 5 Very High (20)	Equality Impact Assessments	EQIA documents in every service change and business case	Ensuring every business case and service change has EQIA completed. Regularly reviewed by PPEDI group	I = 4 L = 3 High (12)	Now that benchmarking and data reports available; trend analysis to be conducted on a monthly basis to ensure services are being recovered inclusively. To start from December 2021.	31/03/2022
						Patient and Public Equality Diversity and Inclusion Group	Minutes, Workplans and Action plans from meetings	Group has met three times since June 2021 - action plans to be developed linked to community engagement, reducing health inequalities, accessible information standards and data monitoring to be discussed at Quality Committee in September 2021			
						Public Health reports and population health benchmarks	Up to date reports on health inequalities by locality, geography, condition and ethnicity and deprivation	regular detailed reports to be provided including from population health national commission linked to covid			
						Reports on complaints, patient experience by protected group and geography	Regular monthly reports for PPEDI group, Quality committee and trust Board	Reports broken down by geography, deprivation and protected groups			
						Waiting list and other services delivery assessed by ethnicity and DQ to ensure we are delivering an inclusive service	Reports	Pop health support being provided to give us this monitoring data - hopefully by July. Still awaited for end of August 2021			
Board Assurance Framework	1. Failure to consistently provide outstanding quality care that is compassionate, cost effective & safe	1.8 Inadequate infection prevention or control due to issues with estates infrastructure	Chief Nurse	Potential for nosocomial (hospital-acquired) infections	I = 4 L = 4 Very High (16)	Cleaning audits	Audits are completed in line with the National Standards of Healthcare Cleanliness 2021. To ensure the Trust meets the requirements of CQC outcome standard Regulation 15 key criteria (1 and 2) in the Health and Social Care Act Code of Practice 2015 in terms of legal responsibilities for a cleaning lead, personal responsibilities, the need for audit, governance and reporting.		I = 2 L = 2 Medium (4)	Ensure clinical oversight of cleaning audits	30/07/2021
						Daily IPC huddles	Daily IPC team huddles to identify areas of focus	Require assurance that local safety huddles take place include IPC		Building work in specific parts of the estate to make it compliant - e.g. Dermatology/Resus. As identified in the Risk Register.	31/03/2022
						Out Break meetings (Adhoc)	adhoc outbreak meeting in cases of MRSA, COVID, CDiff	Assurance shared learning a local divisional level			
						Quarterly Infection prevention and Control Committee	Quarterly meeting Agenda Purpose The Committee exists to maintain an overview of infection control priorities within the Trust, and to link this into the clinical governance and risk management processes. It will ensure that infection control issues are appropriately managed within the hospital.				
Board Assurance Framework	2. Inability to generate surpluses for capital development or investment in services	2.3 Variation in the productivity of clinical service lines	Chief Operating Officer	Failure to maximise use of clinical resources and reduce waiting lists / improve access / meet regulatory standards.	I = 4 L = 5 Very High (20)	Elective Care transformation workstream established with a brief to create specialty by specialty productivity workstreams.	Monthly exception reports to transformation board	All specialties having plans	I = 4 L = 3 High (12)	Theatre utilisation metric to be reviewed	31/01/2022
						GIRFT review board in place	Minutes of GIRFT board	All specialties having had gift reviews.			
						Productivity metrics included in Divisional integrated performance report to allow review and action planning.	Monthly divisional IPR Minutes of divisional monthly performance review	Ability of business intelligence teams to provide data			
Board Assurance Framework	2. Inability to generate surpluses for capital development or investment in services	2.5 Fixed envelope funding model creates financial imbalance in the organisation	Chief Operating Officer	Block contract for locally commissioned services does not reflect the cost of meeting regulatory standards.	I = 5 L = 5 Very High (25)	Weekly review of activity against elective recovery fund in place	Recovery updates - weekly report Recovery update monthly to F&BPC & TB	ERF may only be in place for FY2122	I = 4 L = 3 High (12)	New contract discussions with commissioners as NHS moves towards H1 2022/23	28/02/2022
Board Assurance Framework	2. Inability to generate surpluses for capital development or	2.7 Gaps in workforce supply: local/SE region cost of living prohibitive and national workforce	Chief People Officer	Increased temporary staffing costs	I = 4 L = 4 Very High (16)	Recruitment plans - three strands - overseas, local recruitment and grow your own NHS Professionals partnership contract supports best opportunity to fill with bank	Integrated Board Report includes recruitment service metrics, vacancy rates and high level spend on bank and agency Divisional performance reports to include	National shortage of registered nurses. Delays in conversion of	I = 4 L = 3 High (12)	Recruitment plans - international, UK, grown your own. Reported through IPR (monthly)	31/03/2022

	development of investment in services	and national members shortages in some professions				rather than agency Regional system programme supported by CEOs in place to develop sustainable system approach to the management of temporary staffing	Contract management of NHSP to ensure quality of temporary staff and high proportion of bank staff and reduction of agency staff International recruitment monitored through Transformation Committee and Strategic Workforce Committee System temporary staffing approach monitored through Transformation Committee and Strategic Workforce Committee. At a system level, monitored through BOB ICS Senior Leadership Group	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 This position may be exacerbated by COVID-19 Reduction in overseas nurse recruitment due to COVID-19 Of 15 recruits in the May cohort, 6 are unable to travel due to Covid-19 restrictions. Possible increase in individuals leaving the NHS			
Board Assurance Framework	3. Inability to lead an organisation with the capacity and capability to deliver our best in everything we do	2.1 Lack of strategic financial plan	Director of Finance	Route to financial stability unclear Medium term financial overview is impacted.	I = 3 L = 5 Very High (15)	A robust budget setting and monitoring process is in place with regular dialogue with Regulator and ICS partners.	Scheduled meetings with regulator and ICS Partners	System levels solutions are not yet in place to enable a strategic financial plan to be set.	I = 3 L = 4 High (12)	Instigate a medium term financial view to enable a strategic financial view to be taken to address underlying system deficit.	28/02/2022
Board Assurance Framework	3. Inability to lead an organisation with the capacity and capability to deliver our best in everything we do	2.4 Structural financial challenges – cost of infrastructure, PFI, corporate office costs	Director of Finance	Inability to deliver strategic plans and maintain services and activity levels at required levels.	I = 3 L = 5 Very High (15)	In acknowledging the funding gaps ensuring there is continual engagement with the NHSI on the inherent risks.	Regular engagement with Regulator to ensure risks and challenges are discussed and acknowledged.	System wide solutions are not yet in place to address the structural financial challenges faced by the Trust.	I = 3 L = 4 High (12)	Seeking alternative funding solutions to address the funding gap and infrastructure constraints. Update February 2022 - pending update on New Hospital Programme.	28/02/2022
Board Assurance Framework	3. Inability to lead an organisation with the capacity and capability to deliver our best in everything we do	2.6 Inability to generate Trust level capital investment	Director of Finance	The Trust's Capital resourcing is currently insufficient to support its clinical objectives. As a region and as an ICS, our capital funding requirements are above allocation. In the context of this system affordability, there will be affordability and operational limits to maintaining a capital programme at the levels undertaken in 2020/21. Lost quality and financial opportunities in both estates and digital transformation. Possible risk of CQC compliance in adhering to budget constraints.	I = 4 L = 5 Very High (20)	To continue to seek alternative funding solutions to address the Capital funding gap. Capital plan reviewed by the Capital Management Group (CMG) and Finance and Business Performance Committee (F&BP) on a monthly basis.	A financial governance framework is in place in the Trust.	The Trust continues to have unfunded backlog maintenance and infrastructure.	I = 4 L = 4 Very High (16)	Ensure residual risks caused by unaffordability are adequately documented and managed with Regulators. Ongoing regular review is required. Date set February 2022; engagement for next years capital plan.	28/02/2022
Board Assurance Framework	3. Inability to lead an organisation with the capacity and capability to deliver our best in everything we do	3.1 Inability to deliver the Trust's strategic case for change	Director of Strategy	Impact on medium- and long-term sustainability	I = 4 L = 4 Very High (16)	BHT 2025 strategy and implementation plan - approved at Public Board September 2021. Quarterly reporting of milestones to Board.	Strategy document - full and executive Summary. Implementation plan		I = 4 L = 3 High (12)	Consistently review capacity and capability to deliver case for change; rolling action.	31/01/2022
						Business case linked for resources to support case for change for consultancy and communications and engagement work	Business case to June Private Board	Need resources in 2021/22 to implement case for change consultancy support - approval for support for outline business case in July 2021 - awaiting CCG support for communications		Launch public engagement programme linked to strategy launch in July 2021 For review March 2022 - seeking support for Communication and Engagement Programme from CCG.	31/03/2022
						Minutes and actions from the Transformation Board	Monthly transformation Boards will track progress on deliver of agreed milestones and actions linked to the case for change	Agreed milestones by end of June 2021 . Milestones agreed at transformation Board in August 2021 -closed			
						Strategic Delivery Board minutes and actions linked to deliver of the Trust's outline business case. Name changed to Hospital Infrastructure Group - governance approved at Transformation Board in August 2021.	Governance group established to steer the delivery of the OBC linked to Stoke Mandeville and Wycombe Hospital developments	Need to establish Group by the beginning of September 2021			
Board Assurance Framework	3. Inability to lead an organisation with the capacity and capability to deliver our best in everything we do	3.2 Inability to innovate and work with partners to deliver new models of elective care	Chief Operating Officer	Missed opportunities to remodel future elective pathways	I = 5 L = 5 Very High (25)	Acute collaboration workstream (ACW) at ICS level focussed on strategic development of elective services in three domains - MSK, head & neck, ophthalmology	Minutes of ACW Strategic development plans	Does not cover all specialties Plans in development	I = 4 L = 3 High (12)	Specialty level innovation strategy	31/03/2022
						Elective care transformation workstream in place - developing pathway specific innovations e.g. WARP in orthopaedics, robotic surgery in abdominal specialties	Exception report to transformation board	Level of programme support limited		Strategic plans for elective care development in ICS	01/04/2022
Board Assurance Framework	3. Inability to lead an organisation with the capacity and capability to deliver our best in everything we do	3.3 Failure to reform our urgent care pathway and meet future urgent care health needs of the population	Chief Operating Officer	Clinical, operational, financial, and regulatory consequences	I = 5 L = 5 Very High (25)	A&E delivery board brings together partners to agree, develop and monitor plans to address challenge	Minutes of AEDB	Pandemic may disrupt Partner landscape changing	I = 4 L = 3 High (12)	Develop integrated UTC model with local partners including GP federation and commissioners.	12/01/2022
						Emergency care improvement plan in place, aiming to deliver national requirements of same day emergency care, 111 first, frailty and other ambulatory care pathways	Exception reporting to transformation board Quarterly update to F&BPC	Pandemic has disrupted Partner landscape changing National standards to change		Design and implement interim UTC model for Q4	31/01/2022
						Boards A&E development in progress will	Minutes of programme board	Unseen / unknown estates risks e.g. lack of		Acute floor transformation - redesign of use of space when paed A&E complete	31/03/2022

						Phase 1 & 2 development in progress will provide integrated solution for children's pathways and create significant space in Stoke Mandeville ED to allow acute floor transformation to take place.	Minutes of programme board Completed project	Unseen / unknown estates risks e.g. lack of pipework survey			
Board Assurance Framework	3. Inability to lead an organisation with the capacity and capability to deliver our best in everything we do	3.4 Failure to secure necessary infrastructure changes linked to Buckinghamshire's housing / growth strategies	Director of Strategy	Public trust and confidence damaged, long-term viability impacted	I = 4 L = 5 Very High (20)	Access to proposals for housing developments and response to proposals in terms of health impact for each proposal	Database of proposals	None	I = 3 L = 4 High (12)	Continue to submit s106 and CIL claims for resources to cover impact on housing growth on NHS	31/01/2022
						Bucks ICP estates group considers impact on estate and works with partners on plans		None		Work with partners to ensure health requirements are included in council development plans	31/01/2022
						Involvement in Buckinghamshire development plans	impact on health of developments recognised in plans	Need to be part of the new process from Bucks Council			
						Minutes of Buckinghamshire Growth Board	assesses impact of growth strategies	None			
						responses to s106 and CIL requirements acknowledges impact on health of growing population - s106 and CIL awards made for health to cover impact	S106 and CIL award assurance	little awards provided so far for £16m of applications			
Board Assurance Framework	3. Inability to lead an organisation with the capacity and capability to deliver our best in everything we do	3.5 Not realising the Trust's potential as an Anchor Institution	Director of Strategy	Services not aligned to community / stakeholder needs; missed opportunities to economically support local population	I = 3 L = 3 High (9)	Engagement in Buckinghamshire Growth Board	Minutes of meetings		I = 3 L = 3 High (9)	Launch the Trusts 2025 strategy to engage in a 'big conversation' about health and well being and the NHS. Dependent on ICS and CG support.	31/03/2022
						Ensuring all contracts for services have environmental, staffing and local procurement specifications to make sure we are having a positive impact on the community	Contracts and specifications	In all new contracts and specifications ensuring follow good practice in employment and environmental and incentives to employ locally		Assure all new contracts meet environmental and employment standards linked to anchor institutions	31/03/2022
						Net Zero action plan	Develop roadmap to support carbon net zero across the Trust	Roadmap to net carbon zero and implementation		continue to foster community support and engagement in the local NHS	31/03/2022
						Plan to support career pathways, apprenticeships and access into the NHS at entry level (including volunteers) through training hub and health and social care academy	Reports	Numbers of apprenticeships, employment opportunities taken from DQ areas, career pathways and information linked		Actively publicize to the community and involve colleagues in local and national campaigns for inclusion and health and well being casues	31/03/2022
						Plans to support the health and well being of our staff and their families	Evidence and assurance on the improving health and well being of our 6,000 colleagues	Assurance and evidence that health and well being of colleagues is improving through HR and staff survey indicators. Regular monitoring and health checks?		Offer entry into NHS through apprenticeships, volunteering etc to help and support the local employment and the local economy - offering everyone development and career pathway opportunities - target 144 new start apprenticeships (inc 50 health care support workers) by March 2022	31/03/2022
						Play an active role in community engagement - supporting local voluntary and community groups and creating mechanisms whereby communities can actively engage in the NHS	Evidence of volunteering and active engagement in the community	Community engagement activity monitored and assessed by the PPEDI group			
Board Assurance Framework	3. Inability to lead an organisation with the capacity and capability to deliver our best in everything we do	3.6 Not using integrated care records and data to manage whole population health and inequalities	Director of Strategy	Preventative health strategies and clinical services not aligned to community / stakeholder needs	I = 3 L = 4 High (12)	Clinicians having access and utilising the shared care record to manage patient care	access to shared care record, utilisation reports	SCR is accessible but multiple processes, systems and culture do not make it easy for clinicians to access and use the SCR	I = 3 L = 3 High (9)	Change and adapt clinical processes to embed shared care record and population health into everyday practice. Agree priorities for these processes (eg. elective recovery, patient flow)	30/12/2021
						Regular reports and benchmarks on population health management including risk stratification, smoking status, ethnicity and deprivation by PCN, locality group and practice. Also by area eg waiting lists	Regular reports	We do not have access and can view regular reports. Capacity and capability to deliver effective analysis and reports		Working with the ICS and system partners to ensure population health data becomes part of our way of managing patient care and supporting strategic decision making	31/12/2021
						Utilisation report on usage of the shared care record to compare and benchmark	report to Digital Board	reports are not available and will need to be generated on a monthly basis - access to shared care data warehouse required		Following provision of reports to assist with waiting list management; develop case studies to support.	31/03/2022
Board Assurance Framework	3. Inability to lead an organisation with the capacity and capability to deliver our best in everything we do	3.7 Gaps in partnership working (with education, social services, primary care networks, mental health and education) to fully integrate both adults' and children's community services	Chief Operating Officer	Community services do not provide outstanding care in a timely and affordable manner	I = 5 L = 5 Very High (25)	Director of Transformation for Community Services appointed to lead integration piece for the Trust	Job description Contract	In post from 1/7/21	I = 4 L = 3 High (12)	Develop and agree integration plan for community services - to be developed in Q1 2022/23	30/04/2022
						Place based delivery group in situ to deliver integration agenda	Minutes of ICP delivery group	Track record on sustained change partner landscape evolving			
Board Assurance Framework	3. Inability to lead an organisation with the capacity and capability to deliver our best in everything we do	3.8 Adverse contribution to climate change	Commercial Director	Trust has a negative impact on the local environment and global climate	I = 1 L = 2 Very Low (2)	Implementation of a roadmap to move to net zero	Recruit resource	Roadmap will require corporate resource to own delivery of the plan	I = 1 L = 1 Very Low (1)		
Board Assurance Framework	3. Inability to lead an organisation with the capacity and capability to deliver our best in everything we do	3.9 Inadequate oversight of direct and indirect clinical harm caused by the pandemic	Chief Medical Officer	Patient harm occurs due to delayed treatment as a result of the pandemic	I = 3 L = 4 High (12)	Flag on Datix for reporters to indicate Covid issue	Provide evidence that flag is on Datix system and being used appropriately	Evidence of Covid flag on Datix	I = 3 L = 3 High (9)	Ensure ethnicity and deprivation metrics recorded in waiting lists are monitored to ensure equality of access to surgery / treatment	31/12/2021
						Fortnightly reporting into theatre management group for ongoing audit of appropriateness of P1-4 categorisation for elective surgery				Repeated snapshot audit of waiting list and ethnicity status and deprivation; ensure no negative changes.	31/01/2022
						Patients on waiting lists have been prioritised by risk	Assurance that risk prioritisation is complete and appropriate with minimal harm being	Evidence of prioritisation process Audit of accuracy of appropriateness of risk			

						reported through Datix system	allocation Waiting list data needs to include ethnic and deprivation metrics		Prospective review of non-COVID-19 harm for outpatients on elective waiting lists. To be presented at Quality Committee. Update from Quality Committee on 14.12.2021 - include increased transparency for community services and consider 'waiting well', use of new models of care and triangulation to safeguard pathways and adopt a system approach. Quarterly presentation at Quality Committee.	31/03/2022	
						System wide Covid Harms Group established to review harm and enhance visibility across system	Provide evidence of systemic review of Covid harms Work with CCG governance team to improve harm reporting across system and develop learning				
Board Assurance Framework	4. We do not recover services adequately, fail to meet public / regulator expectations, and do not play a leading role in the health, economic and social recovery of Buckinghamshire	2.2 Burden of cost from the pandemic, including indirect and direct ongoing and future costs	Director of Finance	Structural change to our business operating model	I = 3 L = 5 Very High (15)	Ongoing monitoring and regular liaisons with regulator and ICS partners to ensure service continuity. H2 plan signed off by Board and NHSEI. £5.6m deficit plan includes additional cost of addressing operational performance requirements.	Regular meetings to address areas of concern/focus.	There are limitations in place in the Trust's ability to plan for the full impact of the pandemic, such as ongoing additional staffing costs. Currently Trust awaits financial planning guidance for 2022/23, expected imminently ?pre-Christmas.	I = 3 L = 4 High (12)	December 2021 - March 2022 - Finance team alongside planning colleagues will build/construct budget for 2022/23 following NHSEI operational planning guidance.	31/03/2022
Board Assurance Framework	4. We do not recover services adequately, fail to meet public / regulator expectations, and do not play a leading role in the health, economic and social recovery of Buckinghamshire	4.1 Pandemic-related negative impact on morale, wellbeing and retention	Chief People Officer	Low staff resilience and wellbeing negatively contributing to engagement, productivity, happiness at work, and potentially the quality of care provided; retention challenges	I = 4 L = 5 Very High (20)	Staff reporting of sickness through First Care monitored by OH and contact made in accordance with Trust policies to support individuals. Staff testing in place to confirm COVID-19 infection - also Lateral Flow testing available to all staff to monitor asymptomatic cases. Advice on self care and clinically extremely vulnerable working from home available to all staff PPE FIT testing training; PPE buddies to support this Comprehensive vaccination programme through BHT Hospital HUB. Working with system to facilitate staff testing and vaccinations, across all areas, as required by national direction Staff support regarding resilience and wellbeing available to all staff. Thrive@BHT is our comprehensive plan to support our people's (individuals, teams and managers) morale, wellbeing, which will support retention.	Regular communication on sickness reporting requirements given Staff testing (symptomatic and asymptomatic) monitored through OH, ensuring staff are being tested in line with national guidance and reported nationally and to SWC Staff advice on clinically extremely vulnerable provided and circulated each time guidance is updated. Staff reminded of channels of support through OH, health and well being sources available and FTSUG - BHT Winter CARE pack published 29 September 2020. Thrive@BHT launched - pack to be published w/c 17 May Management of Firstcare contract in place and with regular reviews to improve user experience. Dedicated reporting processes in place - giving same day absence data and detailed insights. OH has contacted every patient-facing staff member who has not yet taken up the offer of	Staff concerns over shielding self and family due to Covid risk causing return to work concerns Staff working long hours and high intensity of work affecting resilience and leading to sickness absence, in particular for stress related issues. Overall uptake of vaccine is now at 90%; uptake is lower for some staff groups of different ethnicities	I = 4 L = 3 High (12)	Plans set out in Thrive@BHT to support the health & wellbeing of staff	31/03/2022
Board Assurance Framework	4. We do not recover services adequately, fail to meet public / regulator expectations, and do not play a leading role in the health, economic and social recovery of Buckinghamshire	4.2 Changes in the integrated care system and in Buckinghamshire in line with the requirements of 'Integration and innovation: working together to improve health and social care for all' white paper published 2021	Chief Executive Officer	Potential loss of system leadership and diversion of resource	I = 3 L = 5 Very High (15)	CEO participation in both ICP Board and ICS Senior Leadership Group. Chair attends ICS Chair's Group.	Monthly meeting attendance as confirmed in meeting minutes.	Reliance on a single individual.	I = 3 L = 3 High (9)	Future Board development session on White Paper. Publication of Trust strategy. Establishment of Provider Collaborative plan.	30/09/2021
Board Assurance Framework	4. We do not recover services adequately, fail to meet public / regulator expectations, and do not play a leading role in the health, economic and social recovery of Buckinghamshire	4.3 Variations in organisational culture and behaviours	Chief People Officer	Higher than optimal levels of bullying; negative impact on staff engagement and productivity	I = 4 L = 4 Very High (16)	Thrive@BHT programme - comprehensive 2-year programme focussing on organisational culture and behaviours. Includes programmes for individuals, managers and teams.	Uptake of programmes in Thrive@BHT will be reported to Strategic Workforce Committee FTSUG guardian provides quarterly reports to EMC and SWC and 6 monthly reports to the Board Guardian of Safer Working Hours provides quarterly reports to EMC and SWC and 6 monthly reports to the Board Bi-monthly meetings of JMSC provide staffside with the opportunity to feedback themes Monthly E,D&I Committee includes chairs of staff networks opportunity to provide qualitative feedback Annual Staff Survey Monthly Pulse Surveys introduced in February 2021 Monthly reports through Transformation	Unequal experience for BAME colleagues Differences in experiences of teams across the Trust	I = 4 L = 3 High (12)	Actions set out in Thrive@BHT programme	31/03/2022
Board Assurance Framework	4. We do not recover services adequately, fail to meet public /	4.4 The workforce not always feeling that the organisation is as safe to work in as it can be	Commercial Director	Negative impact on staff engagement and happiness at work; reputational damage	I = 2 L = 3 Medium (6)	Opportunities for staff to feel listened to and issues raised are risk assessed and when appropriate are acted upon	Regular listening meetings with staff working in poor quality buildings space committee to implement changes documentation of significant issues on the	The estate has a £200m backlog maintenance issue and lack of capital to address the estates issues	I = 2 L = 2 Medium (4)	Implementing the new CAFM system will ensure all concerns are logged and appropriately prioritised	25/03/2022

	regulator expectations, and do not play a leading role in the health, economic and social recovery of Buckinghamshire					documentation of significant issues on the risk register regular agenda forum at the health and safety committee for staff to feedback					
Board Assurance Framework	4. We do not recover services adequately, fail to meet public / regulator expectations, and do not play a leading role in the health, economic and social recovery of Buckinghamshire	4.5 Governance not always being both easy to navigate and enabling of change, whilst providing robust, forward-looking assurance of risk	Chief Executive Officer	Inefficiencies; processes not completed in a timely manner; erosion of desire to innovate and improve; inadequate foresight of organisational risk	I = 4 L = 3 High (12)	Performance framework. EMC workplan. Board and Committee structures. Internal and external audit. External benchmarking (CQC).	Meeting minutes.	Organisational understanding, clarity of structures, paper-based systems.	I = 4 L = 2 High (8)	Review of governance to be completed. Implementation date moved to end November - awaiting report from FM. Update 15.12.2021 - draft report presented at Board seminar. Next steps - finalise report, review recommendations, develop action plan with timelines and identified action owners. Feedback progress at Quality Committee. Date extended to January 2022. Implement digital risk management system - Datix upgrade.	31/01/2022 31/03/2022
Board Assurance Framework	4. We do not recover services adequately, fail to meet public / regulator expectations, and do not play a leading role in the health, economic and social recovery of Buckinghamshire	4.6 The organisation (Board) being CQC-rated 'requires improvement' under the well-led domain	Chief Executive Officer	Increased levels of regulatory oversight and potential loss of freedom	I = 4 L = 3 High (12)	Board development plan. Financial recovery (removal of Undertakings). Trust People plan. External review underway of Trust's governance framework.	Annual Governance Statement and Trust self-certification for 2020-21.	Changing regulatory framework in the context of ICS development.	I = 4 L = 2 High (8)	Refreshed Board well-led action plan and external review for 2021-22. External well-led activity on hold pending output of Ruth Carnall review. Board feedback session confirmed 21 January 2022. Implementation date deferred to end January 2022 for update.	31/01/2022
Board Assurance Framework	4. We do not recover services adequately, fail to meet public / regulator expectations, and do not play a leading role in the health, economic and social recovery of Buckinghamshire	4.7 Lack of consistent attainment of key operational and performance standards	Chief Operating Officer	Political mistrust / lack of confidence in management	I = 5 L = 5 Very High (25)	Elective Care Recovery Oversight Meeting - weekly oversight review with Divisional Directors to review position against agreed trajectories Elective care recovery trajectories agreed covering RTT, diagnostics and cancer IPR review at EMC, FBPC, TB Monthly divisional performance reviews in place Weekly cancer recovery group, fortnightly planned care group q	Action log from ECROM Weekly reports Trajectories included at Trust level in IPR and reported on accordingly. At specialty level and report in Divisional IPR IPR produced monthly with spotlights, actions and exceptions Divisional IPR Minutes from performance review Meeting minutes	BI capability May change in H2 Subject to potential further disruption by pandemic BI capability BI capability Impact of pandemic	I = 4 L = 3 High (12)	Publish revised IPR for ongoing future monthly reporting. Planned for F&BP Committee 18/01/2022 ahead of January Board.	18/01/2022
Board Assurance Framework	4. We do not recover services adequately, fail to meet public / regulator expectations, and do not play a leading role in the health, economic and social recovery of Buckinghamshire	4.8 The organisation is not always inclusive and does not always treat people equally	Chief People Officer	Negative impact on staff engagement and productivity; reputational damage; consequential impact on patients	I = 4 L = 4 Very High (16)	Actions set out in WRES and WDES action plans Staff networks in place and involved in policy development Union networks involved in policy development Monthly E,D&I Meeting includes chairs of staff networks and key individuals from people directorate to track progress	Workforce Race Equality Standard metrics measure annually - from staff survey questions Public Sector Equality Duty Reports annually Equality Impact Assessments 6 monthly reports to SWC and Board Equality impact on all formal papers	WRES: Despite improvements in disciplinary and improvement metrics, we have not yet achieved parity. WDES: Deterioration in recruitment metric; parity not achieved.	I = 4 L = 3 High (12)	Actions set out in WRES and WDES plans	31/03/2022
Board Assurance Framework	4. We do not recover services adequately, fail to meet public / regulator expectations, and do not play a leading role in the health, economic and social recovery of Buckinghamshire	4.9 Underutilisation of effective data and business intelligence, e.g. suboptimal access to and use of quality metric data	Chief Operating Officer	Inefficient organisational management, inadequate oversight of risk, and inadequate ward to board assurance	I = 4 L = 5 Very High (20)	Data Quality Group meets monthly with approved Data Quality Policies and strategies. Digital strategy External assurance on data through CQC insights, Dr Foster and IQVIA sources. External audits on data quality Suite of IPR, Divisional and dashboards, including Qlickview to monitor performance	Minutes, workplans and action logs Strategy document September 2021 Reports to Data Quality Group daily, weekly and monthly reports	Ensuring all colleagues across the trust understand the importance of recording data accurately, completely and in a timely manner lack of structured data sources hampers data quality Revised digital strategy to incorporate information and business intelligence strategy none - capacity to follow up review actions and follow up. Shortage of business analytical capacity Lack of a data warehouse and digital data collection involves manual collation of data and time consuming processes for BI and operational teams.	I = 3 L = 4 High (12)	Development of KPI dashboard related to Trust Improvement Programme Develop a business case and roadmap to a data warehouse - no capital resource to accelerate in 2021/22	31/01/2022 25/03/2022
Board Assurance Framework	4. We do not recover services adequately, fail to meet public / regulator	4.10 Not being an organisation where innovation and new ideas can always thrive and be easily adapted	Chief Medical Officer	Inability to transform care and clinical models in a way that is fit for the future	I = 2 L = 4 High (8)	Review of governance framework to ensure learning and best practice adoption is embedded across the organisation. Completion of Innovation Centre as hub for R&I teams and space for teams to come	Governance review, QI rollout plan, R&I strategy.	None identified.	I = 2 L = 3 Medium (6)	To develop the Trust's Quality Strategy with a focus on the Appreciative Inquiry - Board session undertaken July 2021	30/07/2021

	regulate expectations, and do not play a leading role in the health, economic and social recovery of Buckinghamshire	and be easily adapted				trial teams and space for teams to come together and share new practice. Digital infrastructure upgrades to give capacity for new technology adoption. Continued rollout of QI programme.				To link together the overall communication strategy to focus on shared learning and organisational wide Quality Improvement	31/12/2021

BUCKINGHAMSHIRE HEALTHCARE NHS TRUST CHARITABLE FUND

ANNUAL REPORT AND ACCOUNTS

For the Financial Year Ended
31 March 2021

Registered Charity Number 1053113

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PART 1 – WELCOME

On behalf of the Corporate Trustee of Buckinghamshire Healthcare NHS Trust Charity, we present the Charitable Fund's (Trustee) Annual Report, together with the Audited Financial Statements, for the year ended 31 March 2021.

This report aims to provide you with an insight into our charity and showcase just some of the many projects and activities we have supported throughout this financial year. This report tells the story of how the money raised through the Charitable Fund in 2020-21 has enabled us to make a difference to our patients and colleagues.

It provides information about how the Charity has performed this year, key activities and developments and our plans for 2021-22.

We exist to provide resources and facilities in order to enhance the services that are provided by Buckinghamshire Healthcare NHS Trust (BHT) to patients, service users and their families as well as to support the staff in delivering these services.

BHT provides quality, care and excellence in its treatment and engagement with patients, donors, their families and other people we come in contact with.

We had another successful year where we raised £1,080,000 and we spent £1,022,000 in grants to support the care and treatment of patients and service users, the welfare and development of our staff and research activities.

The key highlights of our year:

- £426,000 spent on patients' welfare and amenities.
- £277,000 spent on staff welfare and amenities.
- £312,000 spent on research to develop therapies and treatments to help our patients in the future.
- £5,000 spent on Staff training and development.
- Receiving circa £183,000 from NHS Charities Together (NHSCT) related to the COVID-19 National Emergency Appeal – Stage 1. These grants were used to help BHT as it responded to the pandemic. These grants were designated to support NHS staff, volunteers and, consequently, NHS patients.
- Being nominated as the lead charity for Stage 2 grants from NHSCT to work with other NHS charities, as well as other voluntary organisations and health and social care organisations, in the Buckinghamshire, Oxfordshire and Berkshire West (BOB) region.
- Supporting the Acts of Kindness Team in the Trust, with the organisation and distribution of the amazing amount of In-Kind Donations that were received directly by the Trust to support the staff as they worked through the lockdown period from March to July 2020. We have been humbled and overwhelmed by the generosity that has been shown directly to BHT - from donations of food to free accommodation so that our colleagues have been able to keep their loved ones and their patients safe. We would like to extend our heartfelt thanks and let you know how much it has been appreciated by everyone here at the Trust.

- Supporting the Trust with the development of decompression rooms and outside spaces in the Trust, so the staff have a safe space to relax during their breaks from working on the wards treating COVID-19 patients.

Presenting this report also provides an opportune time for the Trustee to extend an important thank you to all our benefactors, fundraisers, supporters, volunteers and staff for their continued generosity and for their commitment and time in raising these funds to support the activities of the Charitable Fund. The level of support the Charity receives is exceptional and for this we are extremely grateful.

Your donations make this work possible and your future donations are the key to our continued success.

We hope that you will be inspired by our plans to help patients live fulfilling and healthy lives and want to be a part of our story. If you would like to donate, details on how to do this are in this report and on our website. Please support us, every pound counts.

PART 2 - ABOUT THE CHARITY

1. Buckinghamshire Healthcare NHS Trust Charitable Fund Reference and Administrative details.

The Trustee presents its Annual Report and Accounts for the year ended 31 March 2021. This Trustee's report and its Financial Statements have been prepared in accordance with the Charities Act 2011 as amended by the Charities Act 2016, the Charity (Accounts and Reports) Regulations 2008, the Statement of Recommended Practice on Accounting and Reporting for Charities (SORP FRS 102), the Charity Commission's general guidance, the Charity's Trust Deed, and applicable United Kingdom accounting standards.

They include all the separately established funds of Buckinghamshire Healthcare NHS Trust Charitable Fund which became the registered name of the Charity on 12 October 2012. The Charity was formerly known as South Buckinghamshire Hospitals NHS Trust Charitable Fund. The Annual Report and Accounts are prepared with the intention of informing the reader about the Charity and its financial activities. They are consistent with the Annual Accounts that are prepared from the records maintained.

The Governing Document of the Charitable Fund was registered with the Charity Commission on 5 March 2007. This document encompasses the main objectives of the Charity for the provision of patient care, staff welfare, research and general charitable hospital purposes at Buckinghamshire Healthcare NHS Trust, with the Board of Directors acting as the Trustee.

The Trustee is given the authority to efficiently and effectively manage the Charitable Fund.

The Charity will continue to review its governance arrangements to ensure that they are appropriate and fit for purpose.

2. Reference and administrative details.

The Buckinghamshire Healthcare NHS Trust Charitable Fund is a registered Charity with the Charity Commission.

Registered Charity Number: **1053113**
Charity Correspondence Address:
Neil Macdonald,
Chief Executive,
Buckinghamshire Healthcare NHS Trust,
Whielden Street,
Amersham,
Buckinghamshire,
HP7 0JD.

Telephone: 01494 734777

Website: <https://www.buckshealthcare.nhs.uk/get-involved-2/charity/>

3. The Corporate Trustee is the Board of Buckinghamshire Healthcare NHS Trust.

The Board members on the date of the Financial Statements approval, and during this financial year, comprised the following:

Names	Trust Position Title
Ms Hattie Llewelyn- Davies	Trust Chair
Dr Dipti Amin	Non-Executive Director
Mr Rajiv Jaitly	Non-Executive Director
Mr Graeme Johnston ³	Non-Executive Director
Mr Tom Roche	Non-Executive Director
Mrs Nicola Gilham	Non-Executive Director
Professor David Sines ⁴	Associate Non-Executive Director
Professor Karol Sikora ²	Associate Non-Executive Director
Mr Mo Girach	Associate Non-Executive Director
Dr Rebecca Medlock ¹	Board Affiliate
Ms Sandra Silva	Board Affiliate
Dr Mark Johnson ⁷	Board Affiliate
Dr Adrian Hayter ⁸	Associate Non-Executive Director
Mr John Lisle ⁹	Non-Executive Director
Mr Neil Macdonald	Chief Executive
Mr Dan Gibbs ⁶	Chief Operating Officer
Mr Gavin MacDonald	Interim Chief Operating Officer
Ms Karen Bonner	Chief Nurse
Dr Tina Kenny ⁵	Medical Director
Mr Andrew McLaren	Chief Medical Officer
Mr Barry Jenkins	Chief Financial Officer

Names	Trust Position Title
Mrs Bridget O’Kelly	Chief People Officer
Mr David Williams	Director of Strategy and Business Development
Ms Ali Williams	Commercial Director

The following changes to the Board took place during 2020/21:

1. Dr Rebecca Medlock, Board Affiliate, left on 24 February 2021 and Ms Sandra Silva joined in her place.
2. Professor Karol Sikora, Associate Non-Executive Director, left on 28 February 2021 and Mr Mo Girach joined in his place.
3. Mr Graeme Johnston, Non-Executive Director, left on 31 March 2021.
4. Professor David Sines, Associate Non-Executive Director, left on 31 March 2021.
5. Dr Tina Kenny, Medical Director, left on 31 March 2021 and Mr Andrew McLaren joined in her place as Interim Medical Director on 1 April 2021 and substantive from 27 October 2021) – now called Chief Medical Officer.
6. Mr Dan Gibbs, Chief Operating Officer, left on 19 September 2021 and Gavin MacDonald joined in his place as Interim Chief Operating Officer on 15 October 2021.
7. Dr Mark Johnson, Board Affiliate joined on 1 September 2021.
8. Dr Adrian Hayter, Associate Non-Executive Director joined on 1 April 2021.
9. Mr John Lisle, Non-Executive Director joined on 1 April 2021.

4. Professional Advisors:

Bankers Details:

Government Banking Services:

Royal Bank of Scotland, 36 St Andrew Square, Edinburgh, EH2 2YB

Investment Manager:

Cazenove Capital Management Ltd, 1 London Wall Place, London, EC2Y 5AU

Auditors:

Grant Thornton UK LLP, 30 Finsbury Square, London EC2A 1AG

Solicitors:

Capsticks, 1, St George’s Road, Wimbledon, SW19 4DR

5. Updates to the 2020/21 Annual Report and Accounts to reflect the impact of the COVID-19 pandemic.

- The Annual Trustee's Report and Accounts reflect the impact of the pandemic on the Charity's operations, activities, financial position, income, risk management and the unrestricted reserves during the year.
- The Charity has received circa of £183,000 from NHS Charities Together (NHSCT) related to the Stage 1 Grants. These grants were given in order to be spent on projects for the benefit of the staff, volunteers and patients affected by the pandemic. A designated charitable fund was created to manage these grants. The details of the grants received are as follows:
 - Stage 1, Distribution 1: £35,000.
 - Stage 1, Distribution 2: £45,500.
 - Stage 1, Distribution 3: £50,000.
 - Second Wave Grant Emergency COVID-19 Funding: £50,000.
 - NHSCT and Starbucks Christmas Grant: £2,100.
- All the grants received from NHSCT have been spent on projects related to Staff Welfare. Some of these investments were:
 - Outside Spaces.
 - Temporary Decompression Rooms.
 - Staff Calm Zones.
 - Provision of Food and Refreshment for the Intensive Care Units divisions and staff based at Community sites.
- The value of investments was relatively low on 31 March 2020 but has steadily risen and was back at pre-pandemic levels by 31 March 2021.
- Although normally the Charity's significant spending is on patients' welfare and amenities, this year due to the pandemic, the spending on staff welfare has increased in comparison to the previous year.
- During the first lockdown, members of the public donated gifts in kind directly to the Trust. These donations were received and immediately distributed to staff and patients. Since the Charity did not have any direct involvement in receiving or managing these donations, they have not been included in the accounts, although disclosure has been made in the annual report. Some of these In-Kind Donations were:
 - Approximately 1,700 Amazon parcels arrived from the wish list set up by a member of the public.
 - Approximately 15,000 Easter Eggs were delivered from both local and national companies, community groups and individuals.
 - Over 4,000 laundry bags were made by local community groups and individuals including the Women's Institute.
 - 80 care pack boxes were donated by a local company for the staff who were 12 weeks shielding.
 - Protein shakes and bars were donated for the staff.
 - 3,000 Millie's Cookies.

- Fridges, freezers, toasters and kettles were donated to wards/departments.
- Weekly meals; and so many other items.

PART 3 – ROLES AND RESPONSIBILITIES

1. Structure, Governance and Management of the Charitable Fund

The Charitable Fund was set up with a Declaration of Trust dated 29th January 1996 and was entered onto the Central Register of Charities on 21st February 1996. On 1st April 2011, by Statutory Instrument 2011 No. 253, the Charity officially accepted responsibility for activities formerly the responsibility of the Buckinghamshire Primary Care Trust Charitable Fund (number 1118390). The change of the Charity's name to Buckinghamshire Healthcare NHS Trust Charitable Fund in October 2012, reflects the extension of responsibilities of both the NHS Trust and the Charity.

The Charity is known as 'an umbrella Charity', which means that it is made up of a number of Charity subsidiaries and smaller charitable funds. Each of the subsidiary charities and smaller funds has its own objectives and fund holders but is subject to the overall governance of the main umbrella fund.

Details of the registered link charities within the group, their individual governing documents and objectives can be found on the Charity Commission website
<https://www.gov.uk/government/organisations/charity-commission>

The main sources of income are donations, legacies and investment income. These monies are applied to enhance the services provided within the Trust for patients' welfare, staff welfare, research and general charitable hospital purposes, in accordance with the objectives of the Charity and the wishes of the donors. The policy on income and expenditure is detailed in the financial procedure for the charitable fund.

The accounting records and day-to-day administration are handled by the charitable fund office within the Financial Services Department located at the Charity's principal address shown on page 6.

The Charity has a single Corporate Trustee; The Buckinghamshire Healthcare NHS Trust Board. The Trust Board, as Corporate Trustee, is ultimately accountable for charitable funds donated to the Charity.

The Corporate Trustee and individual Trustees of Buckinghamshire Healthcare NHS Trust Charitable Fund are responsible for controlling the management and administration of the Charity and have a collective responsibility for the Charity. The duties of a Trustee are:

- Ensuring compliance
- Duty of prudence
- Duty of care

The Trustees have been appointed under section 11 of the NHS and Community Care Act 1990.

The members of the NHS Trust Board who served during the financial year as Trustees and on the date of the Financial Statements approval are listed on pages 6 and 7 of this Annual Report.

The recruitment and induction of Executive Directors to the Board is undertaken in accordance with the policies of Buckinghamshire Healthcare NHS Trust, which is also responsible for remuneration.

Non-Executive Directors are appointed, and their level of remuneration set, by the NHS. During the financial year 2020/21, no director was paid any remuneration or expenses from the Charity in relation to the activities undertaken as the Charity's Trustee.

The NHS Trust Board as Corporate Trustee has devolved responsibility for on-going management of funds to The Charitable Fund Committee. The Committee administers the funds on behalf of the Corporate Trustee and provides advice and recommendations to the Board.

The Committee must approve, on behalf of the Corporate Trustee, all income and expenditure over £50,000 with an upper limit of £100,000. The Corporate Trustee approves sums exceeding this limit. The membership of the Committee consists of two Non-Executive Directors (one of whom acts as the Chair), four Independent Members and the Chief Financial Officer. However, one of the Non-Executive Directors positions has been vacant and the recruitment process is being coordinated by the Board.

The Charitable Fund Committee members on the date of the Financial Statements approval, and during this financial year, comprised the following:

Charitable Fund Committee	
Names	Trust Position Title
Mr Rajiv Jaitly ¹⁰	CFC Chair / Non-Executive Director
Mrs Nicola Gilham	CFC Chair / Non-Executive Director
Mr Barry Jenkins	Chief Financial Officer
Mr Les Broude	Honorary Independent Member for donors
Mr Mike Mackenzie ¹¹	Honorary Independent Member for patients
Ms Maria Earley ¹²	Honorary Independent Member for the interest of the staff
Dr Nana Theodorou ¹³	Honorary Independent Member for the interest of the medical/clinical activities

The Charitable Fund Committee changes that took place during this financial year (2020/21) and on the date of the Financial Statements approval:

10. Mr Rajiv Jaitly, CFC Chair / Non-Executive Director, left his position as Chair of the Committee on 31 March 2021 and Mrs Nicola Gilham, already a Non-Executive Director of the CFC took over as Chair.
11. Mr Mike Mackenzie, Honorary Independent Member for patients, re-joined the Committee on 31st March 2021.
12. Ms Maria Earley, Honorary Independent Member for the interest of the staff joined on 2 September 2021.
13. Dr Nana Theodorou, Honorary Independent Member for the interest of the medical/clinical activities joined on 2 September 2021.

Mr Rajiv Jaitly, the CFC Chair / Non-Executive Director, resigned as Chair on 31 March 2021. The new Chair, and the other Charitable Fund Committee members, expressed their appreciation for his commitment, work and support on the Committee and in the activities executed by the Charity.

The Charitable Fund Committee may delegate authority to commit expenditure but cannot delegate accountability.

This Committee is responsible for ensuring that charitable funds are administered in accordance with donors' wishes and legislation. This involves the preparation of policies and procedures for the control of charitable income, investments and expenditure, and ensuring compliance with these policies. Trust staff provide the management and administration of the Charity's activities and an appropriate management charge is made. The Charitable Fund Committee has responsibility for reviewing planned and actual expenditure on an on-going basis. The Trustee also confirms that it has paid due regard to the Charity Commission's guidance on public benefit and the objectives of the Charity, as explained on page 15, in deciding which activities the Charity should undertake.

The Chief Financial Officer is responsible for the day to day management and control of the administration of the charitable funds and reports to the Charitable Fund Committee. The Chief Financial Officer has particular responsibility for ensuring that the spending is in accordance with the objectives and priorities agreed by The Charitable Fund Committee and the Board; that the criteria for spending charitable monies are fully met; that full accounting records are maintained and that devolved decision making or delegated arrangements are in accordance within the policies and procedures set out by the Board as the Corporate Trustee.

Within the Charity there are a number of designated funds relating to particular areas. The Charity manages spending through the divisional and individual fund holders who are allocated part of the total budget to spend in accordance with agreed authorisation limits. Fund holders for each of the designated funds manage these funds on a day-to-day basis within the Trust's Standing Orders and Standing Financial Instructions and powers of delegated authority set by the Corporate Trustee (The Board of Buckinghamshire Healthcare NHS Trust). The Trustee oversees the work of the fund holders and has the power to revoke a fund holder's remit and/or direct the use of funds, subject to any specific donor restriction.

The Charity ensures that its governance arrangements are appropriate and effective by:

- Putting in place Board measures to ensure that decisions are made solely in the best interest of the Charity. The Corporate Trustee allocates separate time for charitable activities and there is a dedicated sub-committee for the Charity, chaired by a Non-executive director.
- The Charity's activities are governed by a specific policy, which is regularly reviewed and communicated widely.
- The committee and fund managers are advised by dedicated staff who take advice from industry bodies as appropriate.
- Annual external audit reviews to certify compliance with regulatory reporting and governance.
- An internal audit review takes place every three to five years. The internal controls and operations of the Charity are scrutinised and assurances reported. The last internal audit

opinion from 28th February 2020, stated that the Board can take substantial assurance that the controls upon which the organisation relies to manage this area are suitably designed, consistently applied and operating effectively.

On 31st March 2021, the Charity constituted 196 active funds (2020: 196); of these 4 of the funds in the year or at year-end were endowments, 115 unrestricted and 77 restricted.

Additional details on the material funds are provided in note 12 on pages 53-55.

2. Trustee Induction and Training

Directors' and Non-Executive Directors' training and performance reviews are undertaken with reference to their role within the Trust and also by attending various NHS Charities events.

As part of their induction programme, new Executive Directors, Non-executive Directors and Independent Members of Buckinghamshire Healthcare NHS Trust are made aware of their responsibilities as Board Members of Buckinghamshire Healthcare NHS Trust and as the Corporate Trustee of Buckinghamshire Healthcare NHS Trust Charitable Fund. On-going updates and information will be addressed via Board development days and receipt of the annual reports and accounts in relation to the Charity.

The Charity has no specific requirement or procedure in place for the induction or training of Directors on Charitable Fund issues. However, the Board is informed regarding the activity of the Charitable Fund Committee in each Board meeting and the Charitable Fund Committee is updated regarding any regulation, guidance, policy or procedure during meetings, as appropriate.

As part of Governance; a "Board Induction Pack" with general information and guidance suggested by the Charity Commission was developed and is presented to the Board members when they start their engagement with the Trust and the necessary updates are provided during the annual induction day. Additionally, as part of the Trust Board's planning cycle, a Charity Trustees' training day has been agreed.

3. Charitable Fund Risk Management Policy

The Trust Board as Corporate Trustee is responsible for the Charity's risk management and the effectiveness of internal control systems; the policy was reviewed during the year. The Trust Board and Charitable Fund Committee reviews major risks and the Trust's Audit Committee works to ensure that reasonable measures are taken to manage these risks.

The Charity risk assessment was completed in March 2021 using the Charity Commission 'Charities and Risk Management' guide and approved by the Committee in May 2021. The assessed risks were included in the Charity's risk register. No risks were assessed to be high.

The Charitable Fund's strategy for managing its risk is to:

- ❖ Adopt an integrated approach to risk management through its policies, internal control and procedures.
- ❖ Manage risk as part of normal line management responsibilities.
- ❖ Ensure that the Committee reviews the significant risks identified periodically.

- ❖ Utilise internal and external audit and other assessments to provide assurance that the risks are being managed appropriately.

The Charitable Fund Committee and the Audit Committee review reports from internal audit undertaken across key operations of the Charity and its risks.

The internal audit review takes place every three to five years. Should new risks be identified provision exists for internal audit review.

The Audit Committee and Charitable Fund Committee meet with the external auditors on a regular basis to discuss findings and risks that the Charity could face. This information and recommended actions are presented to the Trust Board. These processes provide the Trust Board with the assurance that internal controls and risks are monitored by management.

4. Financial Risk Management

The Charity's activities expose the organisation to credit risk, market risk and liquidity risk.

The Charity's financial activities are governed by policies approved by the Charitable Fund Committee and the Trust Board and these activities are directly supervised by the Chief Financial Officer, Senior Finance Managers and the Procurement team.

The principal financial assets are bank balances, investments, and receivables. Liquidity risk is mainly attributable to bank balances and these are well controlled.

A number of our investments are subject to market activities. In order to mitigate the risk of fluctuating asset values the Charity adopts a well-defined investment policy which establishes a well-diversified investment portfolio. The Charity uses a professional investment manager, Cazenove Capital Management Ltd, to manage the portfolio. Gains and losses, both realised and unrealised, are allocated to the individual funds. This allows the fund holders to use the funds to maximum advantage, while preventing them from being over-committed due to a fall in market conditions. The investment policy defines the approach to unethical investments and, periodically, the Charity reviews the extent of such stocks within the portfolio and the impact of the policy on valuation.

The funds, and individual accounts, are carefully monitored and expenditure is only permitted when it is seen that an account has sufficient funds to support expenditure in accordance with its objectives.

The financial risk management for the Charity, including the risk of fraud, is included within the overall risk management processes embedded within Buckinghamshire Healthcare NHS Trust.

The Charity states in its policies detailed expenditure rules regarding how funds can and should be used. These are subject to regular review.

The public's support of the NHS has been demonstrated through increased donations during the COVID-19 pandemic, particularly the national emergency appeal managed by NHS Charities Together. However, social distancing measures in place in 2020 and continuing into 2021, particularly during the spring and summer months, have affected third parties fundraising activities

and therefore reduced our income. The Charity is managing this risk by moving to online donations, but this continues to be a key risk as the pandemic continues and the public's goodwill towards the NHS starts to wane.

The Trustee has considered the risks that the Charity faces and confirms that systems, procedures and policies are in place to ensure that risk is managed.

5. Relationships with Related Parties / External Bodies

During the financial year none of the Trustees or members of the key management staff or parties related to them has undertaken any material transactions with the Buckinghamshire Healthcare NHS Trust Charitable Fund.

Board Members (and other senior staff) take decisions both on charity and exchequer matters but endeavour to keep the interests of each discrete and do not seek to benefit personally from such decisions.

All grants made are to Buckinghamshire Healthcare NHS Trust to support the activities relating to Buckinghamshire Healthcare NHS Trust in line with the objectives of the Charity.

The Charity has made payments to the Buckinghamshire Healthcare NHS Trust amounting to £1,022,000 in 2020/21 (2019/2020: £1,650,000).

6. The Role and Contribution of Volunteers

Buckinghamshire Healthcare NHS Trust is fortunate to receive support from a number of both individual and group volunteers.

The Charity supports "The Volunteers' Thank You Day" that is organised by the Trust in order to emphasise all the benefits to the patients and staff that volunteers bring to our organisation. Additionally, the Charity has approved grants to support the volunteers' travelling expenses.

Like all charities, the Charity is reliant on a team of volunteers for its smooth running. Our volunteers perform two roles:

- **Fund Managers** – There are about 169 Buckinghamshire Healthcare NHS Trust staff who support the Charitable Fund Committee when deciding how the Charity's funds should be spent. They are staff members with a reasonable level of responsibility and have delegated authority to make spending decisions within the ward/department where the charitable fund is allocated.
- **Fundraisers** – The fundraising activities which are small, are normally organised directly by independent parties in order to support the activities of a particular department or ward or the general activities of the Trust for the benefit of the patients.

During the first wave of the pandemic, BHT received directly many offers of support from people who had not previously volunteered. The Trust deployed a number of these into its 'Acts of Kindness' team, helping distribute the huge number of donations that the Trust received from local residents and businesses. Other volunteers have also been based at the entrances to our sites, supporting patients in finding their way through the Trust's COVID-secure one-way system and ensuring that everyone is supported in wearing personal protective equipment (PPE).

In accordance with the SORP, due to the absence of any reliable measurement basis, the contribution of these volunteers is not recognised in the accounts.

PART 4 – OBJECTIVES, PUBLIC BENEFIT, MISSION, AIMS AND STRATEGY

1. The objectives of the Charity fall within the category of ‘the advancement of health or saving lives’ as defined within the Charities Act 2011 as amended by the Charities Act 2016.

The objective of Buckinghamshire Healthcare NHS Trust’s main Charity fund is listed in its governing documents as ‘The Trustee shall hold the trust fund upon trust to apply the income and, at its discretion, so far as may be permissible, the capital, for any charitable purpose or purposes relating to the National Health Service’.

2. The Charity’s public benefit is to support patients and their families that are/were treated by Buckinghamshire Healthcare NHS Trust and additionally to support Buckinghamshire Healthcare NHS Trust’s staff and its research projects in order to improve health care.

The Trustee had due regard to the Charity Commission’s public benefit guidance when exercising any powers or duties to which the guidance is relevant and when reviewing Buckinghamshire Healthcare NHS Trust Charitable Fund’s objectives and aims. The Charitable Fund’s objectives have a direct relationship to this public benefit. Therefore, the Trustee is satisfied that these aims do not have an unfavourable effect outside of the Charity’s activities and comply with the public benefit parameters established by the Charity Commission.

The needs of patients are evaluated through the assessment of Trust staff, ward and departmental managers.

3. The Trust defines its Mission as: **“Safe and Compassionate Care, Every Time”** and its **Vision** as: **“Outstanding care, healthy communities and a great place to work”**.

The Trust’s vision and mission are underpinned by our CARE values of Collaborate, Aspire, Respect and Enable that help to define our beliefs and set expectations of how we behave as colleagues working for Buckinghamshire Healthcare NHS Trust.



We **Collaborate** – working as a team



We **Aspire** – striving to be the best



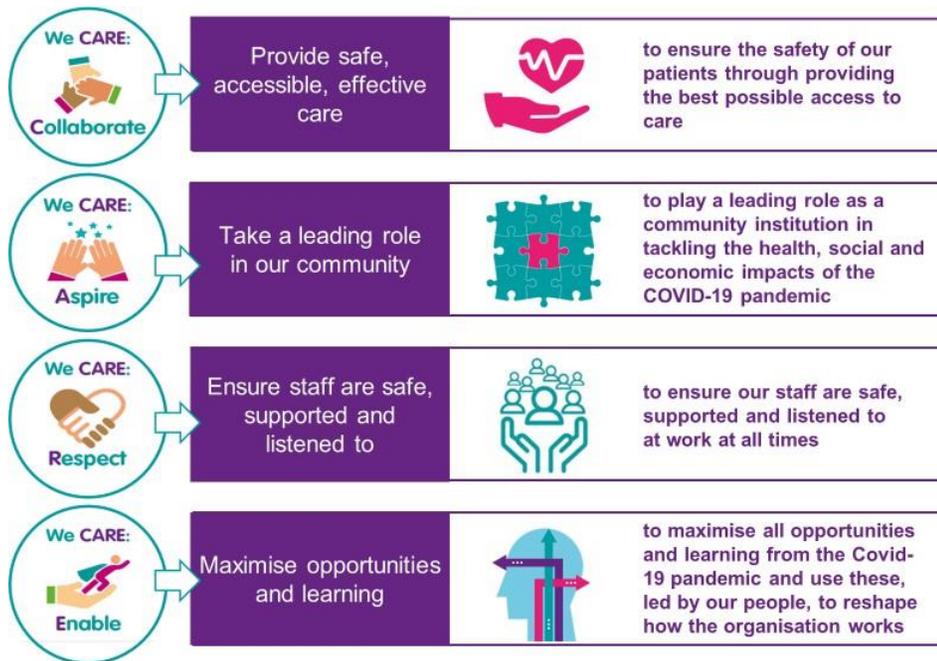
We **Respect** – everyone, valuing each person as an individual



We **Enable** – people to take responsibility

The Trust has a behaviours' framework that helps further guide our work and enables us to measure our performance and progress against the values.

During 2020/21, the Trust reviewed its priorities to ensure that we were focusing on the most important things to address the challenges brought by the COVID-19 pandemic. As a result, we focused on four key objectives:



Going forward the Trust will focus on:

- Providing outstanding, best value care;
- Taking a leading role in our community; and
- Ensuring our workforce is listened to, safe and supported.

The Charity supports the Trust in achieving its mission, vision and strategic aims to the extent that the Charity formally adopts them, as appropriate and allowed, within its own objectives. The Charity supports projects and purchases which focus on these priorities.

4. The Charity's aims seek to maximise its contribution to Buckinghamshire Healthcare NHS Trust by funding additional equipment, sponsoring research or innovative projects and to make the hospitals more comfortable and welcoming. It also supports the staff of the Trust by providing financial support to staff amenities and health and wellbeing projects.

5. The Charity's overall strategy is to continue to provide enhancements to the Trust's strategic priorities for the medium to long term. To be able to achieve this aim it retains sufficient resources to provide financial support on a sustainable basis and works closely with Trust staff so that patient priorities are understood.

It offers support in three broad areas. It provides medical equipment that will have a direct impact on patient care and that would otherwise not be available. It also invests in the facilities that make a difference to the delivery of patient care within the Trust's premises. It will continue to support

development of staff and processes to improve productivity and to assist the Trust to provide a well-trained and highly motivated workforce.

The Charity supports the success of this strategy by selecting the right projects to prioritise these objectives.

Apart from low value expenditure below a set threshold, expenditure is subject to a formal bid process which establishes the benefits clearly and the elements for successful delivery. Projects are reviewed at the Charitable Fund Committee to ensure benefits have been delivered.

PART 5 – ACTIVITIES, ACHIEVEMENTS AND PERFORMANCE

A variety of projects benefiting the Trust's patients, visitors and staff have been funded by the Charity. Some of the main projects of the year under review include:

1. Patient Welfare and Amenities

A total of **£426,000** (2019/2020: £1,467,000) has been invested in Patient Welfare and Amenities. Due to measures relating to the COVID-19 pandemic, and the scale and pace of the changes that were required in the Trust to deliver its services, the Charity experienced a reduction in the grant applications received requesting funding for Patient Welfare and Amenities.

Making grants and sponsoring projects related to enhancing patient wellbeing and care is the most direct way the Charity can fulfil its charitable objectives and the Charitable Fund Committee members have prioritised expenditure in this area. This category of charitable expenditure covers the purchase of medical equipment, the cost of projects which improve patient care and monitoring and improving the hospital facilities and furnishings.

Funds were invested in new medical equipment during the year for the benefit of patients. Some of the equipment provided includes:

- ❖ Four Slit Lamps Biomicroscope and conversion of an existing one for wheelchair users. These were for the Eye Unit at Stoke Mandeville Hospital. This equipment is used in ophthalmology for the examination of all patients. It is used to see the eye from the outside and internally to examine the retina, optic nerve head, macula, etc. This equipment will help with better detection of eyesight degeneration and sight loss.
- ❖ Tyromotion Amadeo System - Ar7 for the Upper Limb Studio within the National Spinal Injuries Centre at Stoke Mandeville Hospital. The Amadeo system is intended for robot-supported finger-hand therapy of patients with neurological damage to the central nervous system, caused by typical indications such as stroke, traumatic brain injury or spinal cord injury. The Amadeo is a controlled movement device which moves the fingers of each hand using robotic movement as dictated by the treating therapist. The device also involves the use of vibration to help impact on any pain and/or spasticity detected within the hand.
- ❖ Histology Tissue Processors for the Cellular Pathology Department for Wycombe Hospital. This equipment plays an important part in the diagnosis of cancer and in the subsequent sub-typing of

these cancers. It enables better diagnosis of tissue taken from the body in order to detect diseases, illnesses, etc. This equipment will enhance the patient's treatment pathway, improved test repertoire and reduced turnaround time for diagnosis.

❖ Broadcasting Computer Equipment for Stoke Mandeville Hospital Radio so that it can:

- 1) Keep up with technological developments
- 2) Maintain its broadcasting licence from Ofcom
- 3) Provide relief for patients, worrying about being in hospital

❖ Corneal Collagen Cross-Linking System (CXL) for Stoke Mandeville Hospital. This is a treatment for keratoconus, a progressive corneal dystrophy which causes sight loss in young adults. Keratoconus is a common condition in which the cornea becomes progressively more abnormal in shape, and vision is dramatically reduced. It affects 1 in 2000 in Caucasian populations, rising to 1 in 500 in Asian populations. The CXL remains the only treatment which can prevent keratoconus from progressing. It is a day-case, local anaesthetic, procedure during which riboflavin eye-drops and ultraviolet light are applied to the eye, stiffening the cornea and stopping the progression of keratoconus.

The Charity also invested in different projects established to enhance the care provided to the patients of Buckinghamshire Healthcare NHS Trust and improve performance. Some of the highlights include:

❖ Covid-19 Comfort Care Packs for in-patients. These contained both ear plugs and eye masks, helping patients to get a restful sleep.

❖ Research and Innovation Hub based at Stoke Mandeville Hospital. This is a purpose-built facility dedicated to research and innovation in the health and care sector. The Hub will enable BHT to improve the care provided and its delivery. It will support research across two acute hospitals and within the community. It will bring together some of the brightest and best minds, from academia and local industry across Buckinghamshire and beyond to work and collaborate with each other, as well as with the Trust

❖ Continued funding for the Digital Signage Roll-Out trust-wide. This equipment helps to refresh the entrance areas of the various hospitals within the Trust and provide the public with information screens. The equipment helps to create an environment that is warm, welcoming and professional to visitors to the Trust.

❖ Refurbishment of the Sunrise Chemotherapy Unit at Wycombe Hospital in order to improve the care given as well as the surroundings for the cancer patients. This was in the form of creating a protected reception and patient booking-in area, clinical preparation area and administrative workstation.

❖ Continued funding for the use of Activity Based Restorative Therapy in the National Spinal Injuries Centre at Stoke Mandeville Hospital - St Francis Ward. This additional therapeutic

intervention complements the therapy provision and enhances the quality of treatment received by children and young adults with spinal cord injury admitted to the St Francis Ward for rehabilitation.

❖ Continued funding for the Real Time Patient Electronic Observations and Escalation System trust wide. This solution enables staff to convert paper-based processes into digital processes using touchscreen and mobile devices, for the capturing and viewing of observation data in real time at the patient bedside. Automation of these processes will minimise the risks to patient safety and improve the quality of care provided.

2. Staff Welfare and Amenities

A total of **£277,000** (2019/2020: £50,000) has been spent on Staff Welfare and Amenities.

The Trustee fully supports the view that a healthy and motivated workforce is a more effective workforce and there is a real benefit to patient care. Therefore, the Charity has continued to support “the Health and Wellbeing project” which is achieving benefits to staff morale and health through the provision of mindfulness sessions.

Given the extraordinary circumstances during the COVID-19 pandemic, our staff have been working in highly stressful situations and more than ever before going above and beyond that which is expected of them.

Additionally, the scale and pace of the changes to the delivery of our services and the fact that also many staff have been re-deployed or asked to work in new and very different ways – it is unsurprising that this could have had an impact on staff wellbeing.

The Charity invested in different projects that were established to support our staff during this unprecedented time. Some of the highlights include:

❖ Staff Calm Zones - Decompression Rooms. These spaces have been created in order to support our staff to attend to both their mental and physical wellbeing and strengthen resilience. Also, these rooms provide space for staff to rest, ‘decompress’ and connect with others. These zones will encourage good self-care and reduce stress levels which in turn will reduce the likelihood of staff developing any more challenging mental health issues in the longer term.

❖ Staff Wellbeing Outside Spaces for Relaxation. Usable and sustainable outside spaces were developed in order to benefit the mental health of our staff. These spaces are good for lifting moods, lowering anxiety and stress.

❖ Wellbeing Eco Pod for the staff at Stoke Mandeville Hospital. This unit will provide space/ rooms for staff to pause and replenish. This space enables our staff to relax and meditate to deal with stressful situations. This unit has relaxing seating and also entertainment systems that will share soothing music and also guided meditation.

❖ Provision of Food and Refreshment for the staff working in the Intensive Care Unit divisions and staff based at Community sites.

- ❖ Purchase of assorted items for various staff rooms within the Trust.

Additionally, the Charity has invested, and supported activities aimed at improving individual and team morale, through trust-wide and departmental staff awards for excellent patient care (CARE Awards).

3. Training and Education

A total of **£5,000** (2019/2020: £81,000) has been spent on staff training and development.

The Charity plays a significant role in the development of staff within the Buckinghamshire Healthcare NHS Trust. Support is provided to a variety of activities including conferences, workshops and individual training. Support has both enhanced broad personal development and has improved skills directly related to patient care. Some of these training activities included:

- ❖ MSc in Stroke and Cardiology with the University of Hertfordshire, UK.
- ❖ Resuscitation training for the Paediatric Parent Trainer course with Oxford University Hospitals NHS Foundation Trust.
- ❖ Annual Meeting 2020 of the British Society of Otolaryngology, London, UK.
- ❖ Royal Society of Medicine World TB Day Conference 2020, London, UK.

4. Research

A total of **£312,000** (2019/2020: £50,000) has been invested in research during 2020/21.

The active research studies were aimed to improve patients' quality of life. Some of the research studies supported by the Charity during the year under review include:

- ❖ The Ann Masson Research Fellowship to support the development of research initiatives within the National Spinal Injuries Centre.
- ❖ Managerial Research Posts for a period of two years to work collaboratively within the National Spinal Cord Injuries Centre and the Research & Innovation Department. This position is supported in order to enable the Research & Innovation Department to build an infrastructure to find better ways for increasing the number of trials related to spinal cord injuries and for patients to access new interventions for treatment and rehabilitation.

Research grant holders are required to provide an annual report explaining the course and outcome of their work. This is reviewed by the Trust's Research & Innovation Department and a summary report is submitted to the Charitable Fund Committee. These performance reports require that the number of publications and the number of presentations to national and international meetings is indicated.

Additional details about these projects are shown in note 19 on pages 58-60.

5. Other activities

A total of **£2,000** (2019/20: £2,000) has been spent on other charitable activities. This category includes small miscellaneous transactions.

6. Charity's performance

The following table summarises the Charity's performance in the last year:

Activities that were planned for 2020-2021	Results
<p>Patients' Wellbeing To support patients and their families that are treated by Buckinghamshire Healthcare NHS Trust, ensuring that they have access to the best possible treatment and care.</p>	Achieved
<p>Staff Health and Wellbeing The Charity planned to support the Trust with health and wellbeing activities which have been shown to improve staff morale and lower levels of sickness.</p>	Achieved
<p>Staff Training The Charity planned to support the training and development of staff.</p>	Achieved
<p>Research Programmes Continue with the development of the Charity's research programmes, its activities and medical staff in order to improve the scope of successful treatments.</p>	Achieved
<p>Governance Assess the progress achieved through the funding of projects and communicate this efficiently to the public. The activities of the Charity are published on the Annual Trustee's Report and website.</p>	Achieved
<p>Governance Development and update of Governance, Policies, Internal Controls and Procedures. These items were updated in 2020/2021.</p>	Achieved
<p>Governance Provide training to Fund Holders, Medical Staff, Financial Officers and General Staff in policies and procedures. Training was provided as and when requested by the departments.</p>	Achieved

Activities that were planned for 2020-2021	Results
<p>Governance Restructuring and Consolidating the Trust's Charitable Funds in order to make its use more effective and efficient.</p> <p>The funds assessment was completed and agreed by the Committee and External Auditors.</p> <p>The completion of this task is expected in 2021/2022.</p>	Ongoing
<p>Governance Streamline and update the information about the Charitable Fund's activities, governance and fundraising events on the Charity's website.</p> <p>This information was updated in 2020/2021.</p>	Achieved

7. Legacies

We have been very fortunate to have people remembering Buckinghamshire Healthcare NHS Trust by leaving a gift in their Will; income from legacies is a vital source of funding to continue with actual and future activities in order to benefit patients, staff and research.

The Trustee is extremely grateful for everyone who has thought of Buckinghamshire Healthcare NHS Trust Charitable Fund, contributing **£543,000** in 2020/2021 (2019/2020: £591,000).

If you would like to consider leaving Buckinghamshire Healthcare NHS Trust a gift in your will, please get in touch with the Charitable Fund Head of Finance and Governance at Buckinghamshire Healthcare NHS Trust, Finance Department, Whielden Street, Amersham, Buckinghamshire, HP7 0JD. Telephone: 01494 734 777.

PART 6 – FINANCIAL SUMMARY 2020-2021

1. Review of the Finances

The following financial statements have been prepared in accordance with the requirements of the Charities Commission Statement of Recommended Practice (FRS 102 SORP 2019) – Accounting and Reporting by Charities.

The statement of financial activities shows that Buckinghamshire Healthcare NHS Trust Charitable Fund received income from donations, legacies, investments and other income amounting to **£1,080,000** in 2020/2021 (2019/2020: £1,043,000).

The total expenditure amounted to **£1,054,000** (2019/2020: £1,685,000). Our largest area of spend was on charitable activities in the form of grants, amounted to **£1,022,000** of which, £426,000 was for patients' welfare and amenities, £277,000 towards staff welfare and amenities,

£5,000 for staff training and development, £312,000 was used to fund research and £2,000 for other development.

Expenditure on raising funds amounted to £32,000, which were related to the investment management costs and fundraising activities.

Expenditure relating to Support and Governance costs amounted to £182,000 (2019/2020: £163,000) or around 17.26% of total expenditure (2019/20: 9.7%).

At the balance sheet date, the Charity held a level of cash, at £1,011,000 (2019/2020: £725,000).

2. Investment Policy and Performance

The Trustee invests the charitable funds donated to them whilst proposals to utilise and expend these funds are formulated and executed. It is not the Trustee's primary aim to accumulate funds. Accordingly, a portion of the total funds are held back as working capital with the rest constituting the portfolio invested, which is the subject of the Investment policy. The policy is available from the Trust board on request.

The individual charitable funds are 'pooled' so that each fund is not separately invested, and no specific policy is applied to each fund. The rate of return allocated to each fund is a proportion of the total return achieved on the investments, based on the total value of the funds. This minimises the risk to each fund as the investment portfolio is well diversified, rather than individual funds being exposed to the volatility of returns on individual investments.

The Trustee directors aim to maintain the real term value of the capital over the medium term, although they will be prepared to realise capital gains if achieved and if there is a bona fide charitable purpose for them. Funds available for normal charitable expenditure will, therefore, be drawn from on-going donations, interest from investments that is surplus to administrative expenditure and modest realisation of capital gains. One-off reductions in investment capital can occur, on a case-by-case basis, for fund eligible major capital projects needing charitable funding.

Since April 2008, Cazenove Capital Management, the investment manager, has been appointed to manage and advise on the portfolio. The Charity has agreed a portfolio categorised as discretionary with a strategic asset allocation with Cazenove, and invests in holdings of Cazenove's investment funds and other investment funds for that asset type e.g. Equities, Fixed Interest Bonds and so on, in proportions that match those main headings. However tactical positions may be taken within a range agreed by the Trustee. The Charity has an ethical investment strategy which seeks to keep investment in tobacco, alcohol and firearm related companies to a minimal level. Periodically, the Trustee review the extent of such investments.

The strategic asset allocation at 31st March 2021 was as per note 7 on pages 51-52.

64.1%	Investments listed under Equities.
8.1%	Investments listed under UK Bonds.
4.0%	Multi-Asset Portfolio Funds.
9.1%	Property Funds.
6.2%	Other Alternative Funds
8.5%	Cash held as part of investment portfolio.

The annual investment income and the projected annual yield at the end of this financial year adhered to the performance expectations and thresholds established in the Investment Policy.

As at 31st March 2021 the fund investments, representing most of its unspent income, were valued at £8,408,000 (2019/2020: £7,072,000). The investments, objectives and level of reserves are reviewed by the Trustee annually.

During 2020/21 the value of the invested funds experienced an increase of £1,336,000. This overall performance of the portfolio market value represents an increment of circa 18.89% in the last twelve months. The increment in value of invested funds was due to the recovery in markets around the world.

Advice on the position of the portfolio and markets volatility was sought from the investment manager. The Charity was informed that whilst large market sell offs are no doubt uncomfortable, they were not a problem unless the Charity needed to withdraw assets. The Charity's investment portfolios are globally diversified, with exposure to defensive assets to dampen volatility and protect against the worst of equity market falls.

Investment performance is monitored by the Charitable Fund Committee by reviewing regular reports from the investment managers. The impact of the pandemic on the value of our investments can be seen at the end of March 2020 when the stock market was low, resulting in an unrealised loss on investments in 2019/20. During 2020/21, the stock market has recovered and the Charity is presenting an unrealised gain.

The main form of financial risk faced by the charity is that of volatility in equity markets and investment markets due to wider economic conditions, the attitude of investors to investment risk, and changes in sentiment concerning equities and within particular sectors or sub sectors.

The significance of financial instruments to the ongoing financial sustainability of the Charity is considered in the risk analysis section of the annual report. The main risk from financial instruments lies in the combination of uncertain investment markets and volatility in yield. Due to 'quantitative easing' and the market favouring lower risk investments, the yield on bonds has been low giving rise to a significant downside risk of a fall in capital values when interest rates return to normal levels.

The impact of COVID-19 on the financial markets continues to be a concern. The default rate on fixed interest securities is expected to improve when the economy improves but it is not known how long this will take in the wake of the impact of COVID-19. The high current demand for high quality corporate bond and government stock continues to depress the yield.

Liquidity risk is anticipated to be low as all assets are traded and the commitment to intervention by central banks and market regulators has continued to provide for orderly trading in the markets and so the ability to buy and sell quoted equities and stock is anticipated to continue. The Charity's investments are mainly traded in markets with good liquidity and high trading volumes. The Charity has no material investment holdings in markets subject to exchange controls or trading restrictions.

The Charity manages these investment risks by retaining expert advisors and operating an investment policy that provides for a high degree of diversification of holdings within investment asset classes.

The investment manager provided some indication of the potential falls based on some far reaching “market” assumptions. The forecast income in March 2021 was estimated at £158,000 per annum, based on the holdings that were held; however, the expectation was that this could fall to around £137,000 (as per Portfolio Report from September 2021) for the next financial year. The reduction can be attributed to the investment manager adopting a total return approach and focusing less on income generating investments.

It may be expected that the financial performance in 2021/22 could continue to be affected by the impact of the COVID-19 pandemic on the financial market. The Charity was reassured by the Investment manager that they remain vigilant on the Charity’s behalf, appraising both threats and opportunities.

3. Reserves and Accumulated Funds

The Charitable Fund Committee has established a reserves policy as part of its plans to provide long term support to the Charity.

Free reserves are that part of a Charity’s unrestricted funds that are available to spend on any of the Charity’s purposes. Reserves need to be maintained at a level which is sufficient to meet planned commitments and any unforeseen or unexpected expenditure in advance of the receipt of investment income and charitable donations. This assessment of the required level of reserves excludes those funds classified as restricted and endowment as they are only available for a specified purpose.

The Charitable Fund Committee calculate the reserves as that part of the Charity’s unrestricted income funds that is freely available after taking account of designated funds that have been earmarked for specific projects.

The Charitable Fund Committee intends that designated funds are spent within a reasonable period of receipt and therefore expects to only maintain reserves sufficient to provide certainty of funding for the continuity of the Charity’s activities.

The Charitable Fund Committee members consider that reserves should be set at a level which is equivalent to estimated planned commitments’ in the next financial year covering a period of **three** months. At this level, and in the event of a significant reduction in charitable funding, the Charitable Fund Committee members feel that they would be able to continue with the current programme of activity for such time as is necessary to allow for a properly planned and managed change in the activity programme and/or the generation of additional income streams.

In the light of the above, a minimum reserves level has been set at **£715,000** (2019/2020: £562,000) which is some **19.69%** of the balance shown in the Unrestricted Charitable Funds Accounts as at 31st March 2021 of **£3,631,000**. Whilst the Charity has met its reserves policy it will continue to monitor its future funding strategies and detailed expenditure and commitment plans yearly to ensure this continues. The reserves are maintained in a readily realisable form within the Portfolio Investments.

It is the policy of the Trustee that income should be spent as quickly as causes linked to its objectives can be identified; unspent funds are invested so as to grow in value and yield further income. The funds are invested in approved pools.

Due to the COVID-19 pandemic, we expect that unrestricted income from donations or generated through third parties fundraising activities may possibly reduce although restricted income may increase. This may impact on the Charity's ability to increase unrestricted reserves.

We are developing our business strategy and fundraising activities for 2021/22 but we have the expectation that our unrestricted, undesignated reserves may fall in 2021/22 due to the pandemic. However, we would be able to offset this effect by reducing our planned charitable expenditure should this be necessary.

4. Grant Making Policy

All grants made are to Buckinghamshire Healthcare NHS Trust to support the activities relating to the Trust in line with objectives of the Charity. For example, the Charitable Fund does not directly employ the staff working on Charitable funded activity; grants are made to Buckinghamshire Healthcare NHS Trust to employ those staff.

The Charity has considered each bid for funding on its own merits and has worked independently of the Trust decision-making.

The Charity does not enter into any contractual arrangement for the approved grants. The grants approved have been recognised on the Balance Sheet and/or SOFA to the extent to which the project has been delivered and the commitments for these grants are shown in note 19 on pages 58-60.

5. The Charity's Financial Health

There are ever-increasing demands on the resources of the Charity as patient numbers and their expectations increase, technology requirements develop rapidly, and the NHS resources become increasingly challenged.

Additionally, due to the current coronavirus pandemic, the Trust is under increased pressure to focus on treating infected patients whilst managing other patients with urgent needs, supporting staff wellbeing and staff going above and beyond to make sure that the quality care continues during uncertain times.

The impact of the pandemic on the value of our investments can be seen at the end of March 2020 when the stock market was low, resulting in an unrealised loss on investments in 2019/20. During 2020/21, the stock market has recovered so the Charity is presenting now an unrealised gain. This makes little difference to the day- to-day running of the Charity until the point that we must sell our investments and realise the gain or loss.

Although, the adverse current conditions from the pandemic continue as the Trust may need to prepare for potential and successive waves of infection, the Charity remains in a strong financial position to continue its on-going support to the Trust in achieving its mission, vision and objectives by funding additional equipment, supporting staff wellbeing and development, sponsoring research or innovative projects and making the hospital more comfortable and welcoming for its patients and staff.

The pandemic is expected to have a detrimental impact on the 2021/22 financial year in terms of donations, the ability to organise fundraising activities, the expected reduction in investment income generation, as well as the focus of the work of the Charity. To counteract this effect, and

help the Charity through this period, the business strategy for the next five years was developed and approved by the Charitable Fund Committee and the Trustee. Currently, ongoing work related to the fundraising strategy and campaign is underway in order to determine new income generation channels.

The grants received from e NHS Charities Together will support the expenditure in activities for the benefit of the staff, volunteers and patients affected by COVID-19. The Charity has already supported various projects and we expect that these grants will be spent during 2021/22.

Given the strong balance sheet and level of funds, the current levels of reserves, continued support from the public , as well as the funding expected from the national appeal managed by the NHS Charities Together campaign (Stage 2 and 3), the Charity is considered to be able to operate in its current form, adjusting the level of grants given to the Trust, if needed.

6. Consolidation of accounts

HM Treasury has concluded that in compliance with International Accounting Standard 27, the financial position and results of NHS charities should be consolidated into the accounts of the related NHS body, wherever that NHS body is the Corporate Trustee of the Charity and therefore has the power to control and benefit from the Charity which it administers as Corporate Trustee. NHS Charities remain independent and Charity law requires that Trustees act in accordance with the Charity's purposes and in the best interests of the Charity and its beneficiaries and do not act on the policies or directions of any other body. Therefore, when the Corporate Trustee considers the affairs of the Charity, although it does have control over those affairs, it is required to make decisions solely in the interest of the Charity and its beneficiaries and not in the interests of the NHS Trust.

Consolidation is only required where the figures are material to the accounts of the NHS body. In the case of Buckinghamshire Healthcare NHS Trust, the NHS body is the Corporate Trustee of the Charity, and the financial result from the Charity during this financial period was considered to be material to the accounts of the NHS body, and therefore the Charity figures were consolidated within the accounts of this body.

It remains the case that the funds of the Charity can only be used for charitable purposes.

PART 7 – PLANS FOR THE FUTURE

The Charity is expecting an increase in demand upon funds in line with its objectives.

The Trustee received a review of the Trust Charitable Fund. As a result, the Trustee requested that the strategy for the charity should be refreshed by the Executive Team. Considerations were centred upon whether the charity remains as it currently operates, or for it to change to a more forward-looking body, that operates fundraising and has future delivery expectations and expenditure plans.

The review and the new strategy concludes that the Charity has significant potential to increase annual income levels, and as a consequence will have much more opportunity to become more ambitious regarding expenditure and support to larger scale projects, which will be identified through a fundraising programme that it will develop. The Trust's charity will be able to actively

seek to make funding decisions that will support and enable the overall strategic vision of the Trust.

The completion of a SWOT analysis, and the operational governance of the Charity, provides assurance that it is a financially solvent, well governed enterprise which manages its investments and legacies well. However, national comparator benchmark data confirms that the charity could be able to optimise additional opportunities for income generation.

A new business strategy for the next five years, considering the findings from the review, was developed and approved by the Charitable Fund Committee and the Trustee. Ongoing work related to the fundraising audit, strategy and campaign is underway in order to determine suitable operational activities and new income generation channels.

The Charity will support the Trust as far as it can in order to provide the best service possible to its patients.

The overall strategy for 2021/2022 remains unchanged. The Charitable Fund retains sufficient resources to provide financial support on an on-going basis; therefore the Charity will continue to provide enhancement to the Trust's strategic priorities for the medium to long term and work closely with Trust staff so that patient priorities are understood.

The Charitable Fund Committee has already authorised funding towards the cost of projects in line with the objectives of the Charity which are expected to start in 2021. These projects are shown in note 19 on pages 58-60. The Committee agreed these projects will bring a direct benefit to patients and allow the Charity to support the Trust in achieving its mission, strategy and objectives.

The Charity's plan for the coming financial year is to continue with the support for:

1. The patients and their families who are treated by Buckinghamshire Healthcare NHS Trust, providing them with access to the best possible treatment and care by purchasing medical equipment, funding projects which improve patient care and monitoring and improving hospital facilities and furnishings.
2. The Trust with health and wellbeing activities which have shown to improve staff morale and lower levels of sickness.
3. The development of staff within the Trust through a variety of activities including conferences, workshops and individual training.
4. The development of the Charity's research programmes, its activities and medical staff in order to improve the scope of successful treatments.
5. Assessing the progress achieved through the funding of projects and communicate this to the public.
6. Ensuring the preservation and update of the adequate Governance, Policies, Internal Controls and Procedures in order to manage efficiently and effectively the Charity's affairs.

7. Providing support to Fund Holders, Medical Staff, Financial Officers and General Staff in order to seek funding to enhance the services provided to the patients.
8. Spend the grants provided by NHS Charities Together to help our staff, volunteers, patients and partner organisations recover from the impact of the Covid-19 pandemic.
9. Implement the business strategy together with the respective fundraising strategy and campaign.

We are aware that we will have some disruption in order to meet those targets in 2021/22 due to COVID-19 current measures, including social distancing, but we continue business as usual in order to deliver the Charity's plan.

The Trust Board and Charitable Fund Committee considered that the fulfilment during the short and medium term of all these targets should allow the Charity to continue to be in a position to comply with the Public Benefit requirement with its Charitable Activities. Additionally, it would ensure the on-going effectiveness of the internal control systems.

PART 8 – FUNDRAISING ACTIVITIES

Buckinghamshire Healthcare NHS Trust Charitable Fund was not actively fundraising or directly organising fundraising appeals or events until the end of March 2020, when due to the COVID-19 pandemic and the need to support our staff, the Charity launched its very first appeal (BHT COVID-19 Staff Wellbeing Appeal) with the aim of raising £10,000. After only two weeks of launching this appeal, we had exceeded the original target.

Additionally, as a member of NHS Charities Together, we have been very grateful to receive grants from their national emergency appeal in order to support NHS staff and, consequently, NHS patients.

The Trust's Leadership and Organisational Development Team formed the basis of "The Acts of Kindness Team", with support from other colleagues, in order to manage the amazing amount of In-Kind Donations that were received.

Thanks to generous charitable donations from the public and local businesses, colleagues were able to submit bids to fund items that would make a difference to their experience at work. We were able to meet the requests of 63 teams, benefitting over 1,500 colleagues, with things like white goods and furniture for outdoor spaces. Our colleagues were also extremely grateful for the meals that were delivered by local businesses and the charity Meals from Marlow with one of its founders, celebrity chef Tom Kerridge, personally delivering some of the meals to our Wycombe and Stoke Mandeville hospitals.

In addition, the Trust worked hard to try to make life as easy as possible for colleagues by launching initiatives such as BHT Assist, a free concierge service for colleagues to help take the hassle of everyday tasks, suspending parking charges throughout the pandemic (and currently remains free for colleagues) as well as providing free breakfast and meals at both its community sites and hospitals, including in the Trust's own Café Oasis at Stoke Mandeville Hospital, at the peak of the first and second wave of the pandemic.

The Trust sent Thank You postcards by mail, or electronically to all the companies, community groups and individuals who donated.

Apart from the specific activities, previously mentioned, which were managed directly by Trust, the Charity's fundraising activities, which are small, are organised directly by independent parties in order to support the activities of a particular department or ward or the general activities of the Trust for the benefit of the patients.

Due to COVID-19 measures including the social distancing, during 2020/21 volunteer fundraisers were unable to run any face-to-face events but we are grateful to those who undertook the virtual London Marathon and other activities in order to support the Charity.

The Charity, however, has developed a website and online giving platforms that supports appropriate fundraising activities that patient, staff and organisations may use in order to organise these activities in line with the charitable objectives and regulations.

In order to mitigate risks and keep these activities in line with current regulations and guidance the Charity encourages patients, staff, and organisations to register their fundraising events using the event registration form that is located on the Charity's website.

The website draws attention to the Charity's fundraising "Terms and Conditions" and general information to keep the activities safe and legal. The website also provides a link to the "Code of Fundraising Practice" outlining both the legal rules that apply to fundraising and the standards designed to ensure that fundraising is open, honest and respectful.

The Trustee is extremely grateful to our patients, staff, organisations and many generous supporters from across the local community.

To show the general public our commitment to appropriate fundraising practice, the Charity is registered with the Fundraising Regulator (No.FR.ID-012456).

The Charity has not entered in any formal contract with any third party in order to fundraise on the Charity's behalf.

PART 9 – FUNDS HELD ON BEHALF OF OTHER TRUSTS

Neither the Buckinghamshire Healthcare NHS Trust Charitable Fund nor its Trustees are acting as Custodian Trustees on behalf of other trusts.

Signed on behalf of the Buckinghamshire Healthcare NHS Trust

Signed:
Neil Macdonald
Chief Executive
Date: 10th December 2021



Alison Williams, Acting Chief Executive

Signed:
Nicola Gilham
Chair of the Charitable Fund
Committee
Date: 10th December 2021



Signed:
Barry Jenkins
Chief Financial Officer
Date: 10th December 2021



Buckinghamshire Healthcare NHS Trust Charitable Fund 2020/2021

**STATEMENT OF TRUSTEE'S RESPONSIBILITIES
IN RESPECT OF THE ACCOUNTS**

The Trustee is responsible for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

The law applicable to charities in England and Wales requires the Trustee to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the Charity and of the incoming resources and application of resources of the Charity for that period. In preparing these financial statements, the Trustee is required to:

- Select suitable accounting policies and then apply them consistently;
- Observe the methods and principles in the Charities SORP FRS 102;
- Make judgments and estimates that are reasonable and prudent;
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Charity will continue in business.

The Trustee is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Charity and enable it to ensure that the financial statements comply with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008 and the provisions of Buckinghamshire Healthcare NHS Trust Charitable Fund procedures. It is also responsible for safeguarding the assets of the Charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. The Trustee is responsible for the maintenance and integrity of the Charity's finances and any published information. The Trustee confirms to the best of its knowledge and belief it has compiled with the above requirements in preparing the accounts.

The Trustee is responsible for the maintenance and integrity of the Charity and financial information included on the Charity's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

By order of the Trustee

Signed:
Neil Macdonald
Chief Executive
Date: 10th December 2021


Alison Williams,
Acting Chief Executive

Signed:
Barry Jenkins
Chief Financial Officer
Date: 10th December 2021



Signed:
Nicola Gilham
Chair of the Charitable
Fund Committee
Date: 10th December 2021



Buckinghamshire Healthcare NHS Trust Charitable Fund 2020/2021

STATEMENT OF FINANCIAL TRUSTEE'S RESPONSIBILITIES

As Trustee of the Funds Held on Trust, I am responsible for:

- The maintenance of financial records appropriate to the activities of the funds.
- The establishment and monitoring of a system of internal controls.
- The establishment of arrangement for the prevention of fraud and corruption.
- The preparation of annual financial statements which give a true and fair view of the funds held on trust and the results of their operations.

In fulfilment of these responsibilities I confirm that the financial statements set out on pages 38 to 40 attached, have been compiled from and are in accordance with the financial records maintained by the Trustees and with accounting standards and policies for the NHS approved by the HM Treasury.

By order of the Trustee

Signed:
Neil Macdonald
Chief Executive
Date: 10th December 2021



Alison Williams
Acting Chief Executive

Signed:
Nicola Gilham
Chair of the Charitable
Fund Committee
Date: 10th December 2021



Signed:
Barry Jenkins
Chief Financial Officer
Date: 10th December 2021



Independent auditor's report to the Corporate Trustee of Buckinghamshire Healthcare NHS Trust Charitable Fund

Opinion

We have audited the financial statements of Buckinghamshire Healthcare NHS Trust Charitable Fund (the 'charity') for the year ended 31 March 2021, which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102: 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 March 2021 and of its incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

Basis for opinion

We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act. We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the trustee's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the charity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the charity to cease to continue as a going concern.

In our evaluation of the trustee's conclusions, we considered the inherent risks associated with the charity's business model including effects arising from Covid-19 and macro-economic uncertainties such as Covid-19, we assessed and challenged the reasonableness of estimates made by the corporate trustee and the related disclosures and analysed how those risks might affect the charity's financial resources or ability to continue operations over the going concern period.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

In auditing the financial statements, we have concluded that the trustee's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

The responsibilities of the corporate trustee with respect to going concern are described in the 'Responsibilities of the corporate trustee for the financial statements' section of this report.

Other information

The corporate trustee is responsible for the other information. The other information comprises the information included in the Trustee's Annual Report other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in

the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Charities Act 2011 requires us to report to you if, in our opinion:

- the information given in the Trustee's Annual Report is inconsistent in any material respect with the financial statements; or
- the charity has not kept sufficient accounting records; or
- the financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of the corporate trustee for the financial statements

As explained more fully in the Statement of Trustee's Responsibilities set out on page 32, the corporate trustee is responsible for the preparation of the financial statements which give a true and fair view, and for such internal control as the trustee determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the corporate trustee is responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the corporate trustee either intends to liquidate the charity or to cease operations, or has no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Owing to the inherent limitations of an audit, there is an unavoidable risk that material misstatements in the financial statements may not be detected, even though the audit is properly planned and performed in accordance with the ISAs (UK).

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the charity and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (The Charities Act 2011, the Charities SORP and United Kingdom Accounting Standards, including Financial Reporting Standard 102; 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice));
- We enquired of management and the chair of the Charitable Fund Committee concerning the charity's policies and procedures relating to:

- the identification, evaluation and compliance with laws and regulations;
 - the detection and response to the risks of fraud; and
 - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.
- We enquired of management and the chair of the Charitable Funds Committee as to whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.

We assessed the susceptibility of the charity's financial statements to material misstatement, including how fraud might occur, by evaluating incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls and the risk of revenue recognition associated with voluntary income. We determined that the principal risks were in relation to:

- Management override of controls, and in particular journal entries with characteristics we identified as high or elevated risk
- Improper revenue recognition relating to voluntary income
- Potential management bias in determining accounting estimates, especially in relation to the valuation of the Charity's investment.

Our audit procedures involved;

- Identifying and testing unusual journals made during the year and at the accounts production stage for appropriateness and corroboration;
- Challenging assumptions and judgements made by management in its significant accounting estimates in respect of investment valuations;
- Evaluating the rationale for any changes in accounting policies, estimates or significant unusual transactions; and
- Testing on a sample basis, donation and legacy income and gifts in kind and associated receivables to supporting documentation.

These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error.

However, detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as those irregularities that result from fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.

Assessment of the appropriateness of the collective competence and capabilities of the engagement team included consideration of the engagement team's.

- understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation
- knowledge of the sector in which the charity operates
- understanding of the legal and regulatory requirements specific to the charity

In assessing the potential risks of material misstatement, we obtained an understanding of:

- the charity's operations, including the nature of its income and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, expected financial statement disclosures and business risks that may result in risks of material misstatement.
- the charity's control environment, including the policies and procedures implemented by the charity corporate trustee to ensure compliance with the requirements of the financial reporting framework.

Use of our report

This report is made solely to the charity's corporate trustee, as a body, in accordance with Section 154 of the Charities Act 2011. Our audit work has been undertaken so that we might state to the charity's corporate trustee those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and its corporate trustee as a body, for our audit work, for this report, or for the opinions we have formed.

Grant Thornton UK LLP

Grant Thornton UK LLP
Statutory Auditor, Chartered Accountants

Milton Keynes

15 DECEMBER 2021

Grant Thornton UK LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006.

Notes:

1. The maintenance and integrity of the Buckinghamshire Healthcare NHS Trust Charitable Fund web site is the responsibility of the trustees; the work carried out by the auditors does not involve consideration of these matters and, accordingly, the auditors accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the web site.
2. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdiction.

Buckinghamshire Healthcare NHS Trust Charitable Fund 2020/2021

Statement of Financial Activities for the year ended 31 March 2021

					Year Ended	Year Ended
					31 March	31 March
					2021	2020
	Note	Unrestricted	Restricted	Endowment	Total	Total
		Funds	Funds	Funds	Funds	Funds
		£000	£000	£000	£000	£000
Income and endowments from:						
Donations and legacies						
Donations	2	92	12	-	104	186
Legacies	2	359	184	-	543	591
Sub total: donations and legacies		<u>451</u>	<u>196</u>	<u>-</u>	<u>647</u>	<u>777</u>
Charitable activities						
Charitable activities	1.2f & 2	197	-	-	197	3
Other Trading activities	2	53	-	-	53	-
Investment income	2	70	111	2	183	263
Total income		<u>771</u>	<u>307</u>	<u>2</u>	<u>1,080</u>	<u>1,043</u>
Expenditure on:						
<i>Raising funds</i>						
Fundraising activities	3 & 5	6	1	-	7	-
Investment management costs	3 & 5	10	15	-	25	35
Sub total: raising funds		<u>16</u>	<u>16</u>	<u>-</u>	<u>32</u>	<u>35</u>
<i>Charitable activities</i>						
Patients' welfare and amenities	3, 5 & 6	238	188	-	426	1,467
Staff welfare and amenities	3, 5 & 6	265	12	-	277	50
Research	3, 5 & 6	72	240	-	312	50
Training and development	3, 5 & 6	5	-	-	5	81
Other	3, 5 & 6	-	-	2	2	2
Sub total: charitable activities		<u>580</u>	<u>440</u>	<u>2</u>	<u>1,022</u>	<u>1,650</u>
Total expenditure	3	<u>596</u>	<u>456</u>	<u>2</u>	<u>1,054</u>	<u>1,685</u>
Net income/(expenditure) and net movement in funds before gains and losses on investments		<u>175</u>	<u>(149)</u>	<u>-</u>	<u>26</u>	<u>(642)</u>
Net gains/(losses) on investments						
	7	510	836	15	1,361	(959)
Net income/(expenditure)		<u>685</u>	<u>687</u>	<u>15</u>	<u>1,387</u>	<u>(1,601)</u>
Transfer between funds						
	13	4	(4)	-	-	-
Net movement in funds.		<u>689</u>	<u>683</u>	<u>15</u>	<u>1,387</u>	<u>(1,601)</u>
Reconciliation of Funds						
Total funds brought forward at 1st April 2020		2,942	4,915	86	7,943	9,544
Total fund carried forward at 31 March 2021		<u>3,631</u>	<u>5,598</u>	<u>101</u>	<u>9,330</u>	<u>7,943</u>

- All income and expenditure resources relate to continuing operations.
- The Charity has not recognised gains or losses other than those dealt with in the Statements of Financial Activities.
- The notes at pages 41 to 61 form part of these accounts.

Buckinghamshire Healthcare NHS Trust Charitable Fund 2020/2021

Balance Sheet as at 31 March 2021

	Note	Unrestricted Funds £000	Restricted Funds £000	Endowment Funds £000	Total at 31 March 2021 £000	Total at 31 March 2020 £000
Fixed Assets						
Investments	7	3,834	4,495	79	8,408	7,072
Total Fixed Assets		3,834	4,495	79	8,408	7,072
Current Assets						
Stocks	8	-	-	-	-	1
Debtors	9	183	156	-	339	462
Cash at bank and in hand	10	(119)	1,108	22	1,011	725
Total Current Assets		64	1,264	22	1,350	1,188
Liabilities						
Creditors: Amounts falling due within 1 year	11	(267)	(161)	-	(428)	(317)
Net Current Assets		(203)	1,103	22	922	871
Total Assets less Current Liabilities		3,631	5,598	101	9,330	7,943
Total Net Assets		3,631	5,598	101	9,330	7,943
Funds of the Charity						
Expendable Endowment Funds	12	-	-	101	101	86
Restricted Income Funds	12	-	5,598	-	5,598	4,915
Unrestricted Income Funds	12	3,631	-	-	3,631	2,942
Total Charity Funds		3,631	5,598	101	9,330	7,943

- The notes at pages 41 to 61 form part of these accounts.
- These accounts (Registered Charity number 1053113) were approved by the Trustees and signed on their behalf by:

Signed:
Neil Macdonald
Chief Executive
Date: 10th December 2021


Alison Williams
Acting Chief Executive

Signed:
Barry Jenkins
Chief Financial Officer
Date: 10th December 2021



Signed:
Nicola Gilham
Chair of the Charitable
Fund Committee
Date: 10th December 2021



Buckinghamshire Healthcare NHS Trust Charitable Fund 2020/2021

Statement of Cash Flows for the year ending 31 March 2021

	Notes	2020/2021 Funds £000	2019/2020 Funds £000
Cash flows from operating activities		615	(966)
Net cash used in operating activities	14	615	(966)
Cash flows from investing activities:			
Dividends and interest	7.3	183	263
Purchase of furniture and equipment		-	-
Proceeds from sale of investments	7.1	2,370	3,815
Purchase of Investment	7.1	(2,882)	(3,624)
(Increase)/Decrease in cash held in investment		-	-
Net cash provided by investing activities		(329)	454
Cash flows from financing activities			
Receipt of expendable endowment		-	-
Net cash provided by financing activities		-	-
Change in cash and cash equivalents in the year		286	(512)
Cash and cash equivalents brought forward	10	725	1,237
Cash and cash equivalents carried forward	10	1,011	725

- The notes at pages 41 to 61 form part of these accounts.

Buckinghamshire Healthcare NHS Trust Charitable Fund 2020/2021

Notes to the Accounts

1. Accounting Policies

The following accounting policies have been consistently applied in dealing with items which are considered material in relation to the Buckinghamshire Healthcare NHS Trust Charitable Fund (the Charity's) financial statements.

1.1 Accounting Convention

a) Basis of Preparation

The financial statements have been prepared under the historic cost convention, with the exception of investments which are included at bid market value. The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice (FRS 102 – effective 1st January 2019 / Charities SORP - FRS 102) and applicable UK Accounting and Financial Reporting Standards and the Charities Act 2011 as amended by Charities Act 2016.

The accounts have been prepared on the going concern basis which assumes the Charity will continue for the foreseeable future. The Trustee believes that there are no material uncertainties that call into doubt the Charity's ability to continue in operation.

The Covid-19 pandemic has had an impact on the third parties fundraising activities. Some of the measures taken to stop the virus, like social distancing, had an impact on the Charity's income generating abilities. However, this is considered to be partially offset by the designated and restricted income received from NHS Charities Together national appeal and the BHT Covid-19 Staff Wellbeing fundraising appeal. As a grant making charity with some on-going commitments, this will impact on the new grants that can be made in the short term, rather than affecting the Charity's ability to continue as a going concern. There are no material uncertainties affecting the current year's accounts.

b) Funds Structure

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by the donor. Where the restriction requires the gift to be invested to produce income but the Trustee has the power to spend the capital, it is classed as expendable endowment.

Unrestricted income funds comprise those funds which the Trustee is free to use for any purpose in furtherance of the charitable objects. Unrestricted funds include designated funds, where the donor has made known their non-binding wishes or where the Trustee, at their discretion, have created a fund for a specific purpose.

The Charity has four expendable endowments.

Further details of each fund are disclosed in note 12 on pages 53-55.

1.2 Income

- a) All incoming resources are included in full in the statement of Financial Activities as soon as the following three factors are met:

- i) Entitlement – control over the rights or other access to the economic benefit has passed to the Charity (In the case of a donations, entitlement usually arises immediately on its receipt); and
- ii) Probable - when it is more likely than not, that the economic benefits associated with the transaction or gift will flow to the Charity; and
- iii) Measurement - when the monetary value, or amount of income, can be measured reliably and the costs incurred for the transactions and the costs to complete the transaction can be measured reliably.

b) Income from Donations

Donations are received from individuals.

c) Legacies

Legacies are recognised and accounted for when it is probable that it will be received. This will be once

- i) There has been grant of probate;
- ii) The executors have established that there are sufficient assets in the estate, after settling any liabilities, to pay the legacy; and
- iii) Any conditions attached to the legacy are either within the control of the Charity or have been met.

The Charity has adopted a policy of discounting the value of legacies where:

- i) The expected receipt date is more than 12 months after the balance sheet date
- ii) AND the expected nominal value of the legacy is over £1 million, or the expected receipt date is more than 3 years after the balance sheet date
- iii) AND the effect of discounting is material.

The discount rate will be the prevailing rate in line with the Trust's General Discount rate disclosed in the Department of Health Group Accounting Manual.

Material legacies which have been notified but not recognised as incoming resources in the Statement of Financial Activities are disclosed in note 15 on page 56.

d) Gifts in Kind

- i) Assets given for distribution by the funds are included in the Statement of Financial Activities when distributed.
- ii) Assets given for use by the funds (e.g. property for its own occupation) are included in the Statement of Financial Activities as incoming resources when receivable.
- iii) Gifts made in kind but on trust for conversion into cash and subsequent application by the funds are included in the accounting period in which the gift is sold.

In all cases the amount at which gifts in kind are brought into account is either a reasonable estimate of their value to the funds or the amount actually realised. The basis of the valuation is disclosed in the annual report.

e) Charitable Activities

Grants Received

Grants are clearly identified and allocated in specific department funds to ensure that these funds are only used in the activities and terms stated in the grant applications.

Income from Charitable Activities

Supporting charges required in order to maintain additional services provided to the patients are deliberately set at a low level in order to cover related costs.

f) Other Trading Activities

There are no corresponding items for 2020/21 (2019/20 £nil)

1.3 Expenditure

a) Expenditure is recognised when all of the following criteria are met:

- i) Obligation – a present legal or constructive obligation exists at the reporting date as a result of a past event.
- ii) Probable – it is more likely than not that a transfer of economic benefits, often cash, will be required in settlement.
- iii) Measurement – the amount of the obligation can be measured or estimated reliably.

When the Charity enters into a contract for the supply of goods or services, expenditure is recognised once the supplier of the goods or services has performed their part of the contract and the goods and services have been received by the Charity.

Grants are only made to related or third party NHS bodies and non NHS bodies in furtherance of the charitable objects of the funds held by the trust, primarily the patient benefit. Liability for unconditional grants is recognised when approval has been given by the Trustee and when the recipient has been notified. Where the Trustee pledges support for the cost of an on-going project, the costs are accrued within the Charity as the costs are incurred on the project.

All expenditure is accounted for on an accruals basis and it is allocated to the appropriate charitable activity.

b) Irrecoverable VAT

Irrecoverable VAT is charged against the category of resources for which it was incurred.

c) Allocation of Support Costs and Overheads

Overhead and support costs have been allocated as a direct cost or apportioned on an appropriate basis between Charitable Activities (refer to notes 3-6 on pages 47-50). Once allocation, and/or apportionment of overhead and support costs including governance, has been made between Charitable Activities, the cost attributable to Charitable Activities is apportioned across those activities in proportion to total spend.

d) Raising funds

Costs of raising funds comprise only the investment management fees charged by Cazenove.

e) Charitable Activities

Costs of charitable activities comprise all costs incurred in the pursuit of the Charity's objectives and in line with SORP 2019 (FRS 102), also include governance costs for the Charity. Expenditure on charitable activities will be for the benefit of Patients, Staff, Research or Education. Throughout these accounts the term patients refers to patients and service users. The costs include the direct costs of the charitable activities together with governance support costs that enable them to be undertaken.

These costs comprise direct costs and apportionment of overhead and support costs as shown in notes 3-6 on pages 47-50.

f) Governance and Support Costs

Governance costs comprise all costs incurred in the governance of the Charity. These costs include costs related to statutory audit together with an apportionment of overhead and support costs as shown in notes 3-6 on pages 47-50.

Both governance and support costs are accounted for on an accruals basis and included within the direct costs of charitable activities and further details provided on the notes to the accounts. These governance and support costs are apportioned across the individual funds within the Charity on an average balance basis (so as to avoid disadvantaging funds with high volume, low value transactions).

1.4 Fixed Asset Investments

Fixed asset investments comprise Common Investment Funds and cash and are managed by Cazenove Capital Management Limited.

Investment fixed assets are shown at bid market value as at the balance sheet date.

- i) Quoted stocks and shares are included in the balance sheet at mid-market price on 31st March 2021 as supplied by the investment managers, excluding dividends.
- ii) The Statement of Financial Activities includes the net gains (or losses) arising on revaluation and disposals of investments throughout the year
- iii) Other investment fixed assets are included at Trustee's best estimate of market value.

1.5 Stocks

Stocks are valued at their face-value, which is their monetary value.

1.6 Realised gains and losses

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening market

value (or cost at date of purchase if later). Unrealised gains and losses are calculated as the difference between market value at the year end and opening market value (or cost at date of purchase if later).

1.7 Changes in the Basis of Accounting

There has been no change in the basis of accounting during the year.

1.8 Cash Flow Statement

Large charities preparing their accounts under FRS102 – SORP 2019 must provide a statement of cash flows, which has been provided.

1.9 Income and Expenditure Allocation

Incoming resources and expenditure are allocated directly to individual funds. Each fund is classified as restricted, endowment or unrestricted and the balances accounted for accordingly. Where costs and income arise across all funds generally, they have been allocated to each fund proportionate to the average fund balance at each month end. This method has applied to Investment Income, Unrealised Gains, Governance and Administrative Costs.

1.10 Post Balance Sheet Events / Prior Year Adjustments

There are no post balance sheet events or prior year adjustments to be disclosed.

1.11 Pooling Scheme

The Charity has an official pooling scheme for investments. This scheme was registered with the Charity Commission on the 10th June 1998. The scheme registration number is N215(S)/98.

1.12 Related Party Transactions

Buckinghamshire Healthcare NHS Trust is the main beneficiary of Buckinghamshire Healthcare NHS Trust Charitable Fund. The remainder of expenditure goes to provide welfare and recreational facilities for its staff. Total funding paid to the Trust and its staff amounted to £1,022,000 in 2020/21 (2019/20 £1,650,000). During the year, none of the members of the NHS Trust Board or Senior NHS Trust Staff or parties related to them were beneficiaries of the Charity.

No member of the NHS Trust Board has been paid or received any remuneration or other benefits in the year from the charitable fund and the Trustee has not purchased trustee indemnity insurance because their activities are covered under the general indemnity to the board of the trust.

No member of the NHS Trust Board or the Trustee has incurred expenditure in the year on behalf of charitable funds.

Details of Trust salaries & expenses reimbursed (Audit fees, overheads costs, and rent) from the charitable fund are provided in note 4 on page 48.

2 Analysis of Income

	Unrestricted	Restricted	Endowment	Total 2020/21	Total 2019/20
	£000	£000	£000	£000	£000
Material Incoming Resources					
Donations	92	12	-	104	186
Legacies	359	184	-	543	591
Charitable activities	197	-	-	197	3
Other Trading activities	53	-	-	53	-
Investments	70	111	2	183	263
Other	-	-	-	-	-
Total income	<u>771</u>	<u>307</u>	<u>2</u>	<u>1,080</u>	<u>1,043</u>

The Charity received grants from the NHS Charities Together Covid-19 emergency appeal - Stage 1 of circa £183,000 (2019/2020: £nil). Additionally, the charity received one grant of circa £13,000 (2019/20: £3,000) in order to support a research project.

In 2020/21, there were no face-to-face fundraising events, which meant that most fundraising activities organised by third parties in order to support the Charity were stopped. All fundraisers were asked by the government not to arrange events due to Covid-19 restrictions.

There is minimal income of £1,000 (2019/2020: £2,000) related to supporting charges required by the Breastfeeding Clinics in order to maintain the additional services provided to the patients. The level of fee is deliberately set at a low level and is designed to cover related costs.

3 Charitable expenditure

3.1 Raising funds	Unrestricted	Restricted	Endowment	Total 2020/21	Total 2019/20
	£000	£000	£000	£000	£000
Fundraising activities	6	1	-	7	-
Investment management costs	10	15	-	25	35
Total raising funds	16	16	-	32	35
3.2 Charitable activities	Unrestricted	Restricted	Endowment	Total 2020/21	Total 2019/20
	£000	£000	£000	£000	£000
Patients' welfare and amenities	207	143	-	350	1,324
Staff welfare and amenities	231	9	-	240	45
Research	63	183	-	246	45
Training and Development	4	-	-	4	73
Other	-	-	-	-	-
Total charitable activities	505	335	-	840	1,487
3.2.1 Analysis of support and governance costs	Unrestricted	Restricted	Endowment	Total 2020/21	Total 2019/20
	£000	£000	£000	£000	£000
Salaries and wages	62	99	2	163	147
Audit fee	1	2	-	3	3
Professional fees and establishment costs	12	4	-	16	13
Total support and governance costs	75	105	2	182	163
Total charitable activities and support and governance costs	580	440	2	1,022	1,650
Total expenditure	596	456	2	1,054	1,685

The auditor's remuneration consists of an external audit fee for £3,000, related to this financial year (2019/20: £3,000). The external audit fee relates only to the statutory audit.

There was no fee for an internal audit (2019/20: £nil). The internal audit review takes place every three to five years. Should new risks be identified provision exists for internal audit review.

The increase in salaries and wages is due to contracting an interim member of staff to provide support with the completion of the year end and the operational activities of the Charity in 2020/21. Also, this include the cost of an additional staff member that started in this financial year, who provides support services to charitable activities.

4 Trust salaries and expenses reimbursed

	Unrestricted £000	Restricted £000	Endowment £000	Total 2020/21 £000	Total 2019/20 £000
Management and administration charge	47	73	1	121	99
	47	73	1	121	99

4.1 Analysis of staff costs reimbursed

	Total Funds 2020/21 £000	Total Funds 2019/20 £000
Salaries and wages	110	89
	110	89

The Charity has paid charges amounting to £121,000 to the Trust in this financial year. This expenditure is related to accommodation and IT support for £7,000 (2019/20: £6,000); stationery for £1,000 (2019/20: £1,000); external audit fees for £3,000 (2019/20: £3,000) and finance staff and senior management costs for £110,000 (2019/20: £89,000).

The Charity does not directly employ staff members. There are two members of staff (2019/20: 1) who provide support services to charitable activities are employed by Buckinghamshire Healthcare NHS Trust and the salary cost is recharged via an administration charge. The Charity fulfils its charitable objectives by providing financial support to projects, which are run by the NHS Trust. Therefore, the Trust employs staff who deliver the projects.

The staff members belong to the NHS Pension Scheme which is an unfunded defined benefit scheme which is accounted for as a defined contribution scheme. The recharge from Buckinghamshire Healthcare NHS Trust includes the employee contributions to that scheme. For more information on the NHS Pension Scheme refer to the Buckinghamshire Healthcare NHS Trust annual report and accounts.

There is one employee earning over £60,000 who is recharged to the Charity.

An interim member of staff was contracted to provide support with the completion of the operational activities of the Charity in 2020/21 and year end.

Members of the Board and the Charitable Fund Committee give their time freely and receive no remuneration for the work that they undertake in relation to the Charity.

5 Analysis of charitable expenditure

	Unrestricted	Restricted	Endowment	Total 2020/21	Total 2019/20
	£000	£000	£000	£000	£000
Raising funds					
Fundraising general costs and fees	6	1	0	7	-
Investment management costs	10	15	0	25	35
Total raising funds	16	16	-	32	35
Charitable activities					
	Activities undertaken directly	Grant funded activities	Support and governance costs	Total 2020/21	Total 2019/20
	£000	£000	£000	£000	£000
Patients' welfare and amenities	-	350	76	426	1,467
Staff welfare and amenities	-	240	37	277	50
Research	-	246	66	312	50
Training and development	-	4	1	5	81
Other	-	-	2	2	2
	-	840	182	1,022	1,650

The only activity of the Charity is that of providing grants. All grants made are to Buckinghamshire Healthcare NHS Trust to support the activities relating to Buckinghamshire Healthcare NHS Trust in line with objectives of the Charity. The support and governance costs are attributable to all the grants and not to a single activity.

6 Apportionment and allocation of support and governance costs

Unrestricted	Unrestricted funds	Support and governance costs	Unrestricted Total 2020/21	Unrestricted Total 2019/20
	£000	£000	£000	£000
Patients' welfare and amenities	207	31	238	529
Staff welfare and amenities	231	34	265	18
Research	63	9	72	18
Training and Development	4	1	5	29
Other	-	-	-	-
	505	75	580	594

6 Apportionment and allocation of support and governance costs – *Continuation*

Restricted	Restricted funds	Support and governance costs	Restricted Total 2020/21	Restricted Total 2019/20
	£000	£000	£000	£000
Patients' welfare and amenities	143	45	188	938
Staff welfare and amenities	9	3	12	32
Research	183	57	240	32
Training and Development	-	-	-	52
Other	-	-	-	-
	<u>335</u>	<u>105</u>	<u>440</u>	<u>1,054</u>
Endowment	Endowment funds	Support and governance costs	Endowment Total 2020/21	Endowment Total 2019/20
	£000	£000	£000	£000
Patients' welfare and amenities	-	-	-	-
Staff welfare and amenities	-	-	-	-
Research	-	-	-	-
Training and Development	-	-	-	-
Other	-	2	2	2
	<u>-</u>	<u>2</u>	<u>2</u>	<u>2</u>
Total	Total	Support and governance costs	Total 2020/21	Total 2019/20
	£000	£000	£000	£000
Patients' welfare and amenities	350	76	426	1,467
Staff welfare and amenities	240	37	277	50
Research	246	66	312	50
Training and Development	4	1	5	81
Other	-	2	2	2
	<u>840</u>	<u>182</u>	<u>1,022</u>	<u>1,650</u>

Support costs including governance activities, are allocated to expenditure on charitable activities based on the purposes of each fund across the main charitable activities of the Charity.

7 Fixed asset investments

7.1 Movement in fixed asset investments

	Total 2020/21	Total 2019/20
Fixed Asset Investments	£000	£000
Market value at 1 April 2020	7,072	8,368
Less: Disposals at carrying value	(2,370)	(3,815)
Add: Acquisitions at cost	2,882	3,624
Net Gains & (losses) on revaluation	824	(1,105)
Market value at 31 March 2021	<u>8,408</u>	<u>7,072</u>
	£000	£000
Historic cost at 31 March 2021	<u>7,540</u>	<u>7,290</u>

The unrealised gain in 2020/21 was £1,085,000 (2019/20: loss -£1,665,000). The realised gain in year is £272,000 (2019/20: gain £706,000). The unrealised gain made on investments was £1,357,000 (2019/20: loss -£959,000); which added to unrealised loss of -£217,000; gives cumulative unrealised gains of £1,140,000.

7.2 Market value at 31 March 2021

	Held in UK	Held outside UK	Total 2020/21	Total 2019/20
	£000	£000	£000	£000
Investments listed under Equities	1,245	4,141	5,386	4,028
Investments listed under Bonds	478	202	680	575
Multi-Asset Funds	337	-	337	788
Property Funds	765	-	765	975
Other	525	-	525	303
Cash held on deposit	715	-	715	403
	<u>4,065</u>	<u>4,343</u>	<u>8,408</u>	<u>7,072</u>

The Charity does not hold individual investments, such as a particular equity, bond or property. Through its portfolio, which is administered by its investment manager, it purchases a share of equity, bond and property funds. The Charity has agreed a strategic asset allocation with the investment manager, but tactical positions are taken within the range agreed by the Trustee.

Investments within the portfolio are not linked to individual funds held within the Charity. The total return achieved in year is apportioned to the individual funds.

The Charity paid an explicit professional fee to the investment manager of £25,000 (2019/20 £35,000).

The impact of Covid-19 on the financial markets continues to be a concern. The default rate on fixed interest securities is expected to improve when the economy improves but it is not known how long this will take in the wake of the Covid-19 impact.

7.3 Analysis of gross income from investments and cash on deposit

	Held in UK £000	Held outside UK £000	Total 2020/21 £000	Total 2019/20 £000
Investments listed under Equities	63	43	106	172
Investments listed under Bonds	25	1	26	21
Multi-Asset Funds	1	-	1	6
Property Funds	37	-	37	41
Other	13	-	13	14
Cash held on deposit	-	-	-	9
	<u>139</u>	<u>44</u>	<u>183</u>	<u>263</u>

8 Stocks

	Unrestricted £000	Restricted £000	Endowment £000	Total 2020/21 £000	Total 2019/20 £000
Stocks	-	-	-	-	1
	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>1</u>

Stocks comprise John Lewis vouchers held by the Charity. The vouchers are distributed as part of the CARE Awards scheme.

9 Analysis of current debtors

	Unrestricted £000	Restricted £000	Endowment £000	Total 2020/21 £000	Total 2019/20 £000
Debtors under 1 year					
Accrued income	9	-	-	9	7
Other debtors	174	156	-	330	455
	<u>183</u>	<u>156</u>	<u>-</u>	<u>339</u>	<u>462</u>

Current debtors are in relation to income due from donations from giving websites £nil (2019/20: £1,000); Gift Aid and GASDS from HMR&C £3,000 (2019/20: £6,000); various legacies £323,000 (2019/20: £439,000); dividends from the investment manager £7,000 (2019/20: £6,000); prepayments £6,000 (5019/20: £7,000) and re-charges to associated charities £nil (2019/20: £3,000).

10 Analysis of cash and cash equivalents

	Unrestricted £000	Restricted £000	Endowment £000	Total 2020/21 £000	Total 2019/20 £000
Cash and cash equivalents					
Bank	(119)	1,108	22	1,011	725
	<u>(119)</u>	<u>1,108</u>	<u>22</u>	<u>1,011</u>	<u>725</u>

No cash or cash equivalents or current asset investments were held in non-cash investments or outside of the UK.

All of the amounts held on interest bearing deposit are available to spend on charitable activities.

11 Analysis of current creditors

	Unrestricted	Restricted	Endowment	Total 2020/21	Total 2019/20
	£000	£000	£000	£000	£000
Creditors under 1 year					
Accruals	(267)	(161)	-	(428)	(317)
	<u>(267)</u>	<u>(161)</u>	<u>-</u>	<u>(428)</u>	<u>(317)</u>

Current creditors consist of £319,000 (2019/20: £314,000) to be paid to the Trust in relation to charges for support and governance costs and the reimbursement of various projects paid on behalf of the charity to enhance the services provided within the NHS Trust for patients' welfare, staff welfare, research and general charitable hospital purposes, in accordance with the objectives of the Charity and the wishes of the donors.

This also refers to general creditors accruals of £106,000 (2019/20: £nil) to paid for other projects and £3,000 (2019/20: £3,000) related to agency fees for interim member of staff who was contracted to provide support with the operational activities of the Charity.

There were no costs arising from potential or actual disruption to supply chains and availability of staff.

The were no additional costs or penalties due to the Charity's ability to fulfil any contractual obligations or meet performance targets.

12 Analysis of Funds

12.1 Endowment Funds

	Balance 31 March 2020	Incoming Resources	Resources Expended	Transfers	Investment Gains/(Losses)	Balance 31 March 2021
	£000	£000	£000	£000	£000	£000
Material Funds						
A Piercy	33	1	(1)	-	6	39
B Biggins	25	1	(1)	-	4	29
C Kemp	21	-	--	-	4	25
D Raven	7	-	--	-	1	8
Total	86	2	(2)	-	15	101

Name of Fund

A	Piercy
B	Biggins
C	Kemp
D	Raven

Description of the nature and purpose of each fund

A	Piercy	Capital Fund, the interest to be donated to Scannappeal
B	Biggins	Capital Fund, the income from which can be used for any purpose
C	Kemp	Capital Fund, the income from which can be used for any purpose
D	Raven	Capital Fund, the income from which can be used for prizes for Nurses

12 Analysis of Funds – Continuation

12.2 Restricted Funds

	Balance 31 March 2020	Incoming Resources	Resources Expended	Transfers	Investment Gains/(Losses)	Balance 31 March 2021
	£000	£000	£000	£000	£000	£000
Material Funds						
A Spinal Injuries Children	1,238	28	(31)	-	211	1,446
B Spinal Amenity	811	203	(104)	-	143	1,053
C Masson Legacy For Spinal Research	709	15	(190)	-	115	649
D MRI Scanner	333	8	(8)	-	57	390
E Diabetes Centre	313	7	(8)	-	53	365
F Spinal Injuries Research	266	6	(7)	-	45	310
G Breast Cancer Research	260	6	(21)	-	44	289
H Coronary Research	181	4	(4)	-	31	212
I Medtronic Export Research Fund	96	2	(5)	-	16	109
J Intensive Therapy Unit	95	9	(11)	-	17	110
K Spinal - Powered Wheelchairs	80	2	(2)	-	14	94
L Plastic Surgery	64	1	(2)	-	11	74
M Carl Todd Oncology	42	1	(1)	-	7	49
N Pharmacy Research & Equipment Fund	41	1	(4)	-	7	45
O Haematology	37	2	(9)	-	6	36
P Coronary Care	35	1	(1)	-	6	41
Q Diabetic Research Fund	31	1	(1)	-	5	36
Others Other funds	283	10	(47)	(4)	48	290
Total	4,915	307	(456)	(4)	836	5,598

Name of Fund

Description of the nature and purpose of each fund

A Spinal Injuries Children	To benefit the activities related to the hospital's spinal children injuries work
B Spinal Amenity	To benefit the activities related to the hospital's national spinal injuries centre
C Masson Legacy For Spinal Research	To benefit the research activities related to the hospital's national spinal injuries centre
D MRI Scanner	For the provision and upkeep of an MRI scanner at radiology
E Diabetes Centre	For investigation of causes and treatment of diabetes
F Spinal Injuries Research	For the provision of research related to spinal injuries
G Breast Cancer Research	To benefit the research activities related to breast cancer
H Coronary Research	To benefit the activities related to the hospital's coronary care services
I Medtronic Export Research Fund	To benefit the activities related to the hospital's coronary research
J Intensive Therapy Unit	To benefit the activities related to the hospital's intensive care services
K Spinal - Powered Wheelchairs	For the provision of powered wheelchairs at the national spinal injuries centre
L Plastic Surgery	To benefit the activities related to the hospital's plastic surgery services
M Carl Todd Oncology	To benefit the activities related to the hospital's oncology services
N Pharmacy Research & Equipment Fund	For the pharmacy department in connection with research and equipment
O Haematology	To benefit the activities related to the hospital's blood services
P Coronary Care	To benefit the activities related to the hospital's coronary care services
Q Diabetic Research Fund	To benefit the activities related to the hospital's diabetic research unit

12 Analysis of Funds – Continuation

12.3 Unrestricted Funds	Balance 31 March 2020	Incoming Resources	Resources Expended	Transfers	Investment Gains/(Losses)	Balance 31 March 2021
	£000	£000	£000	£000	£000	£000
Total	2,942	771	(596)	4	510	3,631
Grand total of funds	7,943	1,080	(1,054)	0	1,361	9,330

Material funds are those with closing fund balances of over £35k.

On the 31st March 2021, the Charity was constituted of 196 active funds with balances (2020: 196); of these, 4 of the funds in the year or at year-end were endowments, 115 unrestricted and 77 restricted.

The general fund includes all donations for which a donor has not expressed any preference as to how the funds shall be spent and the unrestricted income accruing to the charity. These funds are applied for any charitable purpose to the benefit of the patients of BHT at the absolute discretion of the Trustee and in line with the established policy.

13 Transfers between funds

Transfer between funds	Unrestricted	Restricted	Endowments	Total 2020/21	Total 2019/20
	£000	£000	£000	£000	£000
Fund 2201 - Dermatology	-	-	-	-	(23)
Fund 5565 - Dermatological Trust Fund	-	-	-	-	23
Fund 2007 - Breast Screening	-	(4)	-	(4)	-
Fund 2008 - Breast Screening Fund	4	-	-	4	-
	4	(4)	-	-	-

Transfers were executed in order to pursue the consolidation of the charitable funds that were allocated to specific departments. These were in the Breast Screening area. This was with the view to enhance the services provided to the patients.

There were no material transfers during the year.

14 Reconciliation of net movement in funds to net cash flows from operating activities

	Total 2020/21 £000	Total 2019/20 £000
Net income/(expenditure) for 2020/21 (as per the Statement of Financial Activities)	1,387	(1,601)
Adjustments for:		
Deduct interest income shown in investing activities	(183)	(263)
Deduct gains / add back losses on investments	(824)	1,105
Decrease (increase) in stocks	1	-
Decrease (increase) in debtors	123	249
Increase (decrease) in creditors	111	(456)
Net cash used in operating activities	615	(966)

There were no financing activities during the year.

15 Material Legacies

Legacy income is only included in incoming resources where receipt is probable that it will be received and the amount is known with certainty, or the legacy has been received.

As at 31 March 2021, the charity has been notified of one significant charitable bequest that was not considered in the accruals because the receipt was not reasonably probable or the residue value was unknown. The details of this bequest is:

- Residuary bequest for Stoke Mandeville General Hospital. Enough information was not received to determine if the estate is solvent.

Apart from the legacy mentioned above, as at 31 March 2021, the charity has been notified of no further legacies in addition to those accrued or disclosed in note 2 on page 46.

16 Connected Organisations

Name of party involved, a description of the transaction and a description of the nature of the relationship	2020/21		2019/20	
	Turnover of Connected Organisation £'000	Net Surplus/(Deficit) of the Connected Organisation £'000	Turnover of Connected Organisation £'000	Net Surplus/(Deficit) of the Connected Organisation £'000
The Board of Buckinghamshire Healthcare NHS Trust is the corporate trustee of the charitable funds. The Trust's employees provide all management and administrative support to the funds and a recharge is made for these. A charge is also made to cover audit fees, rent and other minor expenses incurred. Buckinghamshire Healthcare NHS Trust was the beneficiary of Charitable expenditure of £1,022,000 in the year (2019/20: £1,650,000).	545,078	(15,160)	454,029	(29,346)

Buckinghamshire Healthcare NHS Trust Charitable Fund has been consolidated into the Buckinghamshire Healthcare NHS Trust's accounts in accordance with the International Accounting Standard (IAS) 27. This is because Buckinghamshire Healthcare NHS Trust Board is the Corporate Trustee of the Buckinghamshire Healthcare NHS Trust Charitable Fund and under the provision of IAS 27 those charitable funds that fall under common control with NHS bodies should be consolidated. However, the Charity and its assets remain independent.

The group annual report and accounts from Buckinghamshire Healthcare NHS Trust 2020/2021 can be obtained at <http://www.buckshealthcare.nhs.uk/About/trust-publications.htm>

17 Contingencies

There were no contingencies at 31 March 2021 (2019/20 £nil).

18 Material Guarantees

There were no material guarantees at 31 March 2021 (2019/20 £nil).

19 Commitments, Liabilities and Provisions

The charity has the following commitments

	Items relating to these projects included within SOFA for Year Ended March 2021	Items Not Included within SOFA or Balance Sheet	
		31 March 2021	31 March 2020
	£000	£000	£000
Capital			
First Impression to Patients - Communication Department	24	40	64
² CCHU Decoration of Patient Waiting Area	11	-	11
⁴ Equipment PM Locke	7	-	7
⁷ Real Time Patient Electronic Observations and Escalation System	19	69	88
⁶ NSIC Staff Changing rooms	-	138	138
Ultrasounds scanner at Thame	14	-	14
MRI scanner for the Main X-ray department at WGH and an additional MRI scanner for SMH.	-	429	429
Scannappeal - MRI scanner WGH & SMH	-	450	450
Bioness E link equipment replacement	2	-	2
Clinical Video Provision	1	-	1
Wycombe Hospital - Nursery Refurbishment	16	41	-
Replacement Computer Systems for Stoke Mandeville Hospital Radio	8	-	-
Histology Tissue Processors - Trust Wide	75	-	-
Sunrise Chemotherapy Unit Refurbishment	16	-	-
Staff Calm Zones - Decompression Rooms	12	-	-
Outdoor Staff Spaces	30	-	-
Wellbeing Eco Pod – Staff Calm Zones	45	-	-
Radiology - Reporting Room Creation and Work Stations	-	122	-
Chlorochek Chloridometer	-	9	-
Hologic Horizon W Advanced Fan Beam Dxa Scanner (Dexa Scanner)	-	82	-
	280	1,380	1,204

19 Commitments, Liabilities and Provisions – Continuation

	Items relating to these projects included within SOFA for Year Ended March 2021	Items Not Included within SOFA or Balance Sheet	
		31 March 2021	31 March 2020
Other	£000	£000	£000
¹ Compulsory Reserve	226	562	336
Membership Services	11	-	11
Volunteers Expenses	10	-	10
³ Trust Innovation Manager	22	21	43
The Innovation and Research Hub	117	8	125
MSc in Stroke and Cardiology (Gill Clarke) at the University of Hertfordshire	2	3	5
⁵ HR Schemes	12	1	13
NSIC R&I Programme Manager	52	40	92
NeuroMAP: The Evaluation of Neuronavigated Transcranial Magnetic Stimulation for rapid corticomotor mapping of impaired upper limb muscles in chronic spinal cord injury (Navigated upper limb TMS mapping)	-	47	47
NSIC Innovation Posts (Physio 0.5 WTE and OT 0.5 WTE)	54	82	-
NeuroTESCS: Active transcutaneous electrical spinal cord stimulation (TESCS) and peripheral	-	90	90
Covid-19 Staff Wellbeing Small Bids Project	24	8	-
Fixed term workforce analyst	-	64	-
Patient experience improvements - Hearing Loops and Dementia Clocks	-	16	-
Fixed term additional resource for freedom to speak up guardian (FTSUG)	-	55	-
Chaplaincy research: Offering new meaningful perspectives for chaplains working with people of different faiths and beliefs and those not belonging to organised religion	-	7	-
Butterfly IQ+ Ultrasound Devices	-	51	-
Second Waves Covid-19/ ICU and Emergency Staff Food and Refreshments	100	-	-
Mnd/Breathing Support Project	-	13	-
50% Subsidy of Annual Running Costs For Stoke Mandeville Hospital	-	3	-
12 Digna Morphology Licences - April 2022 - March 2023	-	1	-
Cressex Embroidery	-	1	-
Argos	-	1	-
Reflective Coating For Office Windows	-	2	-
Items from NRS Supplies	-	1	-
2 X Toto Patient Turnerbed System	-	5	-
5 Cool Tower Fans	2	-	2
5 Overchair Tables	2	-	2
Various items for the NSIC from Gerald Simonds	-	-	6
Therapy Delivered by Stroke Odysseys (Rosetta Life)	-	2	2
⁸ Remaining 50% Fee For Audit And Strategy Work - Fresh Fundraising Ltd	-	4	-
	634	1,087	784
Total Commitments	914	2,467	1,988

19 Commitments, Liabilities and Provisions – *Continuation*

KEY

- ¹ Compulsory Reserve. *Increased as authorised by the Charitable Fund Committee.*
- ² CCHU Decoration of Patient Waiting Area. *Commitment released in March 2021.*
- ³ Trust Innovation Manager. *Reimbursements made to the Trust relating to this project.*
- ⁴ Equipment PM Locke. *Commitment due to a legacy which can only be utilised by the Ophthalmology Dept in order to purchase equipment. Fully utilised and released in March 2021.*
- ⁵ HR Schemes. *Project to be closed in April 2021.*
- ⁶ NSIC Staff Changing rooms. *Project put on hold during 2019. Execution of project resumed in 2020/21.*
- ⁷ Real Time Patient Electronic Observations and Escalation System. *Reimbursements made to the Trust relating to this project.*
- ⁸ Fee for Fundraising Audit and Strategy Work. *Remaining 50% - Fresh Fundraising Ltd.*

Apart from the fundraising audit and strategy work, the Charity has not entered into any contractual arrangement for the approved expenditure above.

The items have been recognised on the Balance Sheet and/or SOFA to the extent to which the project has been delivered.

20 Key Assumptions and Judgements

The Charity accrues for items of expenditure which relate to the previous year where invoices have not been processed or received before the year end. However, should it be necessary, estimates are made in some instances where invoices have not been received based on activity and/or expenditure for the year to date. During this financial year no estimates in expenditure accruals have been made.

No significant judgements have been made in preparing the accounts. No key assumptions have been made regarding any sources of estimation uncertainty with a significant risk of causing a future material adjustment.

21 Disputes with other parties

There were no disputes, litigations or claims with other parties to report at 31 March 2021.

22 Taxation

Buckinghamshire Healthcare NHS Trust Charitable Fund is a registered Charity and as such benefits from certain exemptions from taxation on income and gains, to the extent that they are applied for charitable purposes.

23 Post Balance Sheet Events

There were no post balance sheet events to report at 9th December 2021.

24 Comparative Statement of Financial Activities

Statement of Financial Activities for the year ended 31 March 2020

	Year Ended 31 March 2020			
	Unrestricted Funds £000	Restricted Funds £000	Endowment Funds £000	Total Funds £000
Income and endowments from:				
Donations and legacies				
Donations	130	56	-	186
Legacies	413	178	-	591
Sub total: donations and legacies	543	234	-	777
Charitable activities				
Charitable activities	3	-	-	3
Investment income	91	169	3	263
Other	-	-	-	-
Total income	637	403	3	1,043
Expenditure on:				
<i>Raising funds</i>				
Investment management costs	12	22	1	35
Sub total: raising funds	12	22	1	35
<i>Charitable activities</i>				
Patients' welfare and amenities	529	938	-	1,467
Staff welfare and amenities	18	32	-	50
Research	18	32	-	50
Training and development	29	52	-	81
Other	-	-	2	2
Sub total: charitable activities	594	1,054	2	1,650
Total expenditure	606	1,076	3	1,685
Net income/(expenditure) and net movement in funds before gains and losses on investments	31	(673)	-	(642)
Net gains/(losses) on investments	(353)	(596)	(10)	(959)
Net income/(expenditure)	(322)	(1,269)	(10)	(1,601)
Transfer between funds	23	(23)	-	-
Net movement in funds.	(299)	(1,292)	(10)	(1,601)
Reconciliation of Funds				
Total funds brought forward at 1st April 2019	3,241	6,207	96	9,544
Total fund carried forward at 31 March 2020	2,942	4,915	86	7,943

25 Material Uncertainty

There were no material uncertainties in the Investment Portfolio for the property funds to report at 31 March 2021 and the market volatility had subsided substantially.

The long-term case for real estate investment remains strong, it is physically unaffected by viruses and in the long term (and in many cases the short term too) continues to provide income stability and the ability to add value through active asset management. Moreover, property yields continue to offer a healthy and rising margin over UK gilt rates and interest rates.

DRAFT Report from Chair of Charitable Funds Committee

Date of Committee 09 December 2021 – Extraordinary Meeting

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
External Audit Report 2020/21	Audit Findings Report from Grant Thornton.	Approved – noting no significant findings to report	None	n/a	n/a
Annual Trustees Report 2020/21	Final version of the Annual Trustees Report and Financial Statements	Approved	Submission of report to the Charity Commission (submitted December 2021)	n/a	To note
Letter of Representation	Letter of Representation in connection with the audit of financial statements of BHT Charitable Fund	Approved	Submission of letter to Auditors	n/a	n/a
Investment Portfolio Income to be allocated to BHT Amenities Fund	Request to authorise the allocation of the investment income from the investment portfolio, (after allocations to restricted and endowment funds), to a centralised general amenity fund to create appropriate flexibility to support different projects throughout the Trust.	Approved	Communicate with fundholders	n/a	n/a

Emerging Risks:

- None noted

Meeting: Trust Board Meeting in Public

26 January 2022

Agenda item	CQC Improvement and Action Plan
Board Lead	Karen Bonner Chief Nurse
Type name of Author	Reema D'Souza; Associate Chief Nurse
Attachments	Appendix 1
Purpose	Information
Previously considered	EMC 04.01.2022 Q&CG 19.01.2022

Executive Summary

BHT was last inspected by the Care Quality Commission (CQC) in February and March 2019. The inspection comprised nine core services across four locations, followed by a Well Led Board review. An NHSI 'Use of Resources' inspection was held simultaneously. The ratings awarded for this set of inspections raised the Trust to be overall 'Good' in its core service aggregation, with 'Requires Improvement' for its 'Use of Resources' and the 'Board Review' (the Well-led inspection). This paper provides a review of Trust preparedness for a future inspection.

Key points are:

- Must Do actions 7 and 12 remain open.
- The CQC transitional monitoring approach (TMA) core service engagement was carried out within the Maternity service on 20 October 2021. The CQC provided no feedback following this engagement.
- The CQC has temporarily stepped down the inspections due to the pressures posed on the clinical services by the spike in Covid.
- Activities that are underway to support trust preparedness for the next inspection:
 - Mock CQC inspections were carried out on the 19th and 21st of October 2021 (results will be presented in the next report).
 - Review of Tendable (formal Perfect Ward) is ongoing with plans to roll out the action plan module.
 - In response to staff concerns on Quality and Safety within the Trust and most recent CQC enquiries, the Senior Nurse Daily Safety Huddle was commenced on 21 December 2021.
 - As a part of Senior Nurse Quality Walkaround, Clinical Area Temperature Check audits have been carried out to obtain an insight into the safety and quality of clinical services.
 - Review of the Corporate Risk Register (CRR) and Board Assurance Framework (BAF) is ongoing.
 - The IPC Board Assurance Framework and associated IPC workplan is ongoing.
 - Development of action plan following Facere Melius (FM) quality and governance review and recommendations.

An annual Legislation Compliance review was undertaken, and the report was presented to the EMC on 22 December 2021.

The CQC staff handbook has been developed and shared to provide staff with an insight into the inspection and the expectations. The potential for short video messages by staff is being considered.

There are no new CQC enquiries since the last report that was presented to the EMC on 22nd of December 2021.

This paper was presented to the Quality and Clinical Governance Committee on 19 January 2022 and the ongoing work was recognised by the Committee.

Decision		The Board is requested to note the content of this paper			
Relevant Strategic Priority					
Outstanding Care <input checked="" type="checkbox"/>	Healthy Communities <input checked="" type="checkbox"/>	Great Place to Work <input type="checkbox"/>	Net Zero <input type="checkbox"/>		
Implications / Impact					
Patient Safety		Impact on quality and safety standards and patient experience			
Risk: link to Board Assurance Framework (BAF)/Risk Register		Widely represented within BAF			
Financial		Financial impact of CQC rating			
Compliance CQC Standards <small>Select CQC standard from list.</small>		CQC framework			
Partnership: consultation / communication		Ongoing work with CQC and the BOB ICS			
Equality		It needs to be considered for all services, mainly where changes are being made to existing or new clinical pathways. BHT is committed to reducing health inequalities, and the items which the CQC have identified as Must do requires attention for all service users.			
Quality Impact Assessment [QIA] completion required?		Not required			

BHT Current CQC preparedness

1. Background

The Care Quality Commission (CQC) last inspected BHT in February and March 2019. The inspection comprised nine core services across four locations, followed by a Well Led Board review. An NHSI 'Use of Resources' inspection was held simultaneously.

The ratings awarded for this set of inspections raised the Trust to be overall 'Good' in its core service aggregation, which included an Outstanding rating for caring. The Use of Resources and the Board review (the Well-led inspection) were both rated as 'Requires Improvement'.

The Trust has a Notice of Decision on its' registration related to the impact of sub-optimal nursing and physiotherapy staffing in the community, particularly at Buckingham and Amersham Hospital. Monthly updates are provided to the CQC as a result; the Trust has requested the removal of the conditions in August 2021. The trust is waiting for the decision from the CQC.

Following the last inspection, a CQC Improvement Plan Group was set up, which met monthly to develop the Trust's response with individuals from across the Trust. Attention was focussed solely on the Must Do and Should Do Actions. To date, all actions have been signed off as closed except:

- **Must-Do 7 (SAFE Domain):** The Emergency Department (ED)... *"must ensure vulnerable patients and those who present with acute mental health needs are treated in a suitable, safe, risk assessed environment"*.
Update: Most of the building work has been completed. Waiting for the oxygen and suction connection to be sorted, followed by IPC sign off. Care management support of these patients will be sought through Oxford Health Mental Health teams.
- **Must-Do 12 (RESPONSIVE Domain):** The Community Health Services for Children Young People and Families (CYP)... *"must ensure waiting times are reduced for paediatrician and therapy services"*.
Update: CYP is validating follow-up needs and re-referring as appropriate. In-sourcing and Out-sourcing opportunities are being identified. Waiting list reduced from 3004 to 2918 since Q4 2020. Longest waiters (due to be seen 2018) reduced from 101 to 32 – target of 0 by end Q1 2021. Pilot MDT referral project completed in May 2021 to redirect Paediatrician referrals to wider CYP team very successful and will continue for another 2 months. Paediatrician vacancy remains unfilled – National shortage. Longest waiting referrals prioritised, >52 week wait now reduced from 130 to 56, of which 24 have future appointments. Booking Team working to Access Policy and booking 6 weeks ahead. This was reported as awaiting executive review and sign off.

It should be noted that the focused approach used to complete the action plan (on the specific division or service where the lapses were identified) limited the opportunities for cross-divisional or trust-wide learning and assurance. Oversight for the action plan was undertaken corporately, with limited evidence of an ongoing structured process within the divisions to develop assurance in relation to actions identified.

2. Core Service Inspections

The CQC transitional monitoring approach (TMA) core service engagement was carried out within the Maternity service on 20 October 2021. The CQC provided no feedback following this engagement.

The CQC has temporarily stepped down the inspections due to the pressures posed on the clinical services by the spike in Covid.

3. Preparedness for Inspection

A number of work programmes are being progressed to develop better governance and management systems within the Trust, which will assist the Trust in preparedness for CQC inspection, namely, the Safer Staffing project (Safe), the Datix upgrade (Safe and Well Led) and IPC Policy development (Safe and Effective).

It is noted that CQC readiness activities differ between divisions. Women's, Children and Sexual Health Services have carried out extensive preparedness work as they prepared for their CQC Transitional Monitoring Approach (TMA). To provide an initial insight into the trust position on staff preparedness, a mock CQC inspection was carried out on the 19th and 21st of October 2021. The coverage of departments/services was dependant on the number of volunteers who could support the inspection. The finding from this inspection will be presented in the next report and will inform critical elements for future focus.

a. Governance

The external Quality Governance Review by Facere Melius (FM) has provided further insight into existing governance processes, structures and efficiencies, which will further help strengthen the governance and management systems. The action plan for the recommendations from this review should help mitigate the gap in processes and governance within the Trust and help understand how regulation might drive successful, safe and effective outcomes.

The organisation appears to have an inconsistent understanding and approach to structured day to day regulatory compliance, evidence gathering and assurance development in relation to quality and safety in the delivery of care. Clinical Accreditation Programme and peer review activities will support a structured approach across divisions and enhance cross-divisional learning. The absence of single-point data sources and dashboards poses a significant challenge to gathering and analysing data to provide assurance.

The review of the Trust Board Assurance Framework (BAF) will assist the Board in understanding the Trusts risk profile and clarify the relevant assurance processes. Work to improve risk communication via Service Delivery Unit and Divisional Risk Registers is underway, which will enhance the connectivity of the BAF to Operational risks.

Organisational charts are being updated to help current or new staff understand the Trust's structure and communication.

b. Trust Wide Preparation

The current pressures on the NHS and the Trust limit the opportunity to implement a traditional structured preparation for inspection. Instead, a risk-based approach has been applied to actively support the delivery of Safe, Caring, Responsive, Effective and Well Led services and care. This activity includes:

- i) **Review of Tendable (formal Perfect Ward):**
 A Task and Finish Group is meeting weekly to review the current use of Tendable within the Trust (Relevant to Safe, Caring, Responsive, Effective and Well Led.) A number of key priorities have been progressed:
- a. Confirming and challenging current structures (rationalising if appropriate), including:
 - i. Review of audit areas to include all services across the Trust.
 - ii. Review of all audit questions to ensure robustness, relevance and to incorporate current changes.
 - iii. Review of audit types to maximise coverage across the Trust.
 - iv. Review of contracts to ensure the (two) contracts work together to provide consistent assurance coverage.
 - v. Roll out of the action plan module to better monitor quality improvement activity linked to audit.
 - b. **Audit Process:** In parallel to the above review, the existing audit process is being reviewed to set out a clear calendar of planned and ad hoc audits. The work plan for peer reviews (involving Non-Executive Directors and Patients) will be included in the next report. This will increase robustness and assurance of audits that are being carried out.
 - c. **Audit Outputs:** Work with the Business Intelligence Team is in progress to develop a regular and routine calendar of reporting. This work incorporates previous work undertaken on dashboard formulation.
 - d. **Clinical Accreditation Programme:** Utilising the above will reinvigorate and celebrate a programme of clinical accreditation across the Services.
- ii) The process to review and report on the bi-monthly CQC Insights Report is being reviewed with the Business Intelligence team to better understand the data and its implications for the Trust. It is hoped to amalgamate this work with the above Tendable outputs to complete the development of clinical dashboards (Relevant to Safe, Caring, Responsive, Effective and Well Led).
- iii) The IPC Board Assurance Framework and associated IPC workplan set out to improve assurance and improve IPC practice (Relevant to Safe, Effective and Well Led.)
- A crucial early stage is gaining approval for a significant number of necessary IPC Policies to help bring the Trust in line with current regulatory requirements.
 - A pamphlet focussing on the IPC Well Led inspections has been drafted and shared through IPC.
 - Responding to emergent issues in other areas, including gaining compliance with National Institute for Health and Clinical Excellence (NICE) Guidance on Surgical Site Infections.
- iv) The planned Datix upgrade system (which is planned to go live in February 2022) will enable articulation and communication of risk within the Trust in a single platform instead of the spreadsheets currently being used (Relevant to Safe and Well Led.)
- v) **Management of the clinical environment (Relevant to Safe, Caring and Effective.)**
- The Trusts new strategy will help shape the arrangements around managing these risks in the medium to long term.

- Structural non-compliance within the built environment e.g. Ward 2a can only be resolved by its relocation due to the state of the building itself.
 - Developments underway will provide improvements in the shorter term e.g. Women's and Children's services and ED developments.
- vi) The CQC staff handbook has been developed and shared to provide staff with an insight into the inspection and the expectations.
- vii) An annual Legislation Compliance review was undertaken, and the report was presented to the EMC on 22 December 2021. This review activity provided an opportunity to assess and monitor Trust position against the requirements laid out by regulatory and legislative bodies. This activity also allowed the Trust to understand and assure the robustness of its compliance with regulatory and legislative duties.
- viii) Senior Nurse Safety Huddle: In response to staff concerns on Quality and Safety within the Trust and most recent CQC enquiries, the Senior Nurse Daily Safety Huddle was commenced on 21 December 2021. This huddle reviews the previous day's work to identify safety issues and proactively identify safety concerns for patients to be seen on the current day. The purpose of this huddle is to share information and highlight concerns that need to be resolved and followed up.
- ix) Clinical Area Temperature Check audits: As a part of Senior Nurse Quality Walkaround, Clinical Area Temperature Check audits have been carried out to obtain an insight into the safety and quality of clinical services. The least scoring question will form the area of focus by all senior nursing team for the following week.

4. CQC enquiries:

There are no new CQC enquires since the last report (presented to the EMC on 22nd of Dec).

5. Next Steps

- Develop an action plan for the recommendation from the FM quality and governance review.
- Review the Clinical Area Temperature Check audits data as an improvement tool towards quality and safety.
- Develop a work plan for audit peer reviews involving Non-Executive Directors and Patients.
- Develop a standardised approach to presenting the data from tendable to drive patient safety and quality improvements and innovations.

6. Appendix



CQC Enquiry Update
Dec 2021.docx

Meeting: Trust Board Meeting in Public

26 January 2022

Agenda item	Infection Prevention and Control Weekly Update
Board Lead	Karen Bonner, Chief Nurse and Director of Infection Prevention & Control
Type name of Author	Jo Shackleton, Head of Nursing for Infection Prevention and Control
Attachments	Infection Prevention & Control Monthly Report January 2022
Purpose	Assurance
Previously considered	Quality & Clinical Governance Committee 19.01.2022

Executive Summary

The IPCT continues to have reduced staff levels. Action has been taken in line with the existing business continuity plan. However, due to the ongoing surge of COVID-19 and the increased number of declared outbreaks, IPC planned work has been suspended.

Outbreaks- Since Nov, we have reported five further outbreaks of COVID-19 and 2 Periods of increased incidences of infection one of CDI and one of flu.

IPC Key Performance Indicators MRSA BSI- The Trust continue to report over trajectory against the annual national target of 0. Since November, we have seen a decrease in CDI cases.

Consultant microbiologists and antimicrobial pharmacists continue to work with prescribers to ensure antibiotics are prescribed correctly to reduce antimicrobial exposure.

Hand hygiene and PPE compliance- This month, the Trust compliance demonstrates an increase since Nov, to 86% does against the Trust target of 90%.

The Omicron variant of SARS-CoV-2 is spreading rapidly, and it is vital that staff rigorously follow infection prevention control (IPC) guidelines to protect patients, staff and visitors. The UK IPC cell recently released a consensus statement in response to the emergence of the Omicron variant due to concerns regarding the increased transmissibility and potential impact on health and social care. It has been agreed that there is a provision for the extended use of respiratory protective equipment (RPE) following local risk assessment. In response, the IPCT has undertaken local risk assessment using the hierarchy of controls, including an evaluation of the ventilation in the area, operational capacity, physical distancing, and prevalence. In clinical areas where suspected or confirmed COVID-19 patients are being managed. An unacceptable risk of transmission remains following this risk assessment, and as a precautionary measure, staff are requested to use RPE, i.e. FFP3 masks, e.g. ED, PDU CSRU Ward 7 and WUTC, when providing care for a patient who is on the high risk (red) pathway as well as for all aerosol-generating procedures (AGPs) in any area.

This paper was considered by the Quality and Clinical Governance Committee on 19 January 2022 noting the improvement in hand hygiene compliance and rates of CDI. Risks related to the resilience of the IPC team were acknowledged both related to the current number of outbreaks as well as pre-existing staffing difficulties.

Decision	The Board is requested to review for assurance noting the performance in respect of the National annual Target for MRSA BSI, CDI & GNBSI
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Relevant Strategic Priority

Outstanding Care <input checked="" type="checkbox"/>	Healthy Communities <input checked="" type="checkbox"/>	Great Place to Work <input type="checkbox"/>	Net Zero <input type="checkbox"/>
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Implications / Impact	
Patient Safety	Healthcare associated infection prevention is cornerstone of patient safety
Risk: link to Board Assurance Framework (BAF)/Risk Register	Infection Prevention and Control Board Assurance Framework (BAF)
Financial	Healthcare associated infections cause significant cost to the healthcare system and individual
Compliance <small>Select an item. Select CQC standard from list.</small>	Health and Social Care Act 2008 Care Quality Commission Guidance from Public Health England and NHSE/I CQC compliance
Partnership: consultation / communication	Share with Clinical Commissioning Group and wider system, Care Quality Commission
Equality	Patients who pose a known or potential infection risk are equally entitled to treatment. IPC measures to support their safe management should be in place to support this. COVID-19 has been found to disproportionately impact individuals from BAME communities, men and people over 50
Quality Impact Assessment [QIA] completion required?	No

Infection Prevention Control at BHT: Key points from the IPC Report

IPCT Staffing- The IPCT continues to have reduced staff levels. Action has been taken in line with the existing business continuity plan. However, due to the ongoing surge of COVID-19 and the increased number of declared outbreaks, IPC planned work has been suspended.

Outbreaks- Since Nov, we have reported five further outbreaks of COVID-19 and 2 Periods of increased incidences of infection one CDI and one flu.

The Omicron variant of SARS-CoV-2 has spread rapidly, and it is vital that staff rigorously follow infection prevention control (IPC) guidelines to protect patients, staff and visitors. However, as the extent of the increased transmissibility of the Omicron variant is not yet known, the Trust has introduced some interim changes to IPC guidelines which will be reviewed regularly.

As a precautionary measure, we now ask that FFP3 masks are worn by all colleagues working in high-risk (red) areas e.g. ED, PDU, CRSU or when providing for a patient who is on the high risk (red) pathway as well as for all aerosol-generating procedures (AGPs) in any area.

IPC Key Performance Indicators MRSA BSI- The Trust continue to report over trajectory against the annual national target of 0. Since November, we have seen a decrease in the number of CDI, and work has been undertaken on Antimicrobial stewardship with the Medical teams.

Hand hygiene and PPE compliance- This month, the Trust compliance demonstrates an increase since Nov, to 86% does against the Trust target of 90%.

Outbreaks and Period of Increased Incidence (PII) Jan 10/1/21 21/22

Outbreaks- 2001/22. To date BHT have declared 11 outbreaks, 1 associated with Clostridoides difficile Infection (CDI) and 10 associated with COVID-19.

Area	Number of Patient Case	Number of staff	Current status	
COVID-19 Day Nursey	5 Children and 3 parents		Outbreak closed	Day Nursery reported an outbreak of Coronavirus (COVID-19) between 29/11/21 and 10/1/2022. In total, 5 children and 3 parents tested positive for SARS-CoV-2.
Clostridoides difficile St Patricks	2	0	Closed	2 cases of CDI were identified connected by time and place.
COVID-19 AMU	0	7	Ongoing Outbreak	Ward reported an outbreak of Coronavirus (COVID-19) in 7 staff following contact outside.
FLU St Andrews PII	2	0	Closed	2 cases of flu were identified connected by time and place.
COVID-19 Ward 18	9	2	Ongoing Outbreak	Outbreak declared on 04/01/2022, ward closed on 06/01/2022 due to ongoing transmission.
COVID-19 Ward 10	5	2	Ongoing Outbreak	Outbreak Declared on 04/01/2022
COVID-19 Ward 16a	5	0	Ongoing Outbreak	Outbreak declared on 06/01/2022

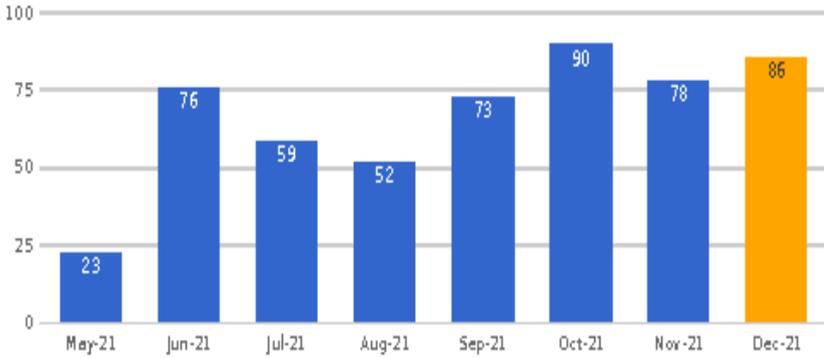
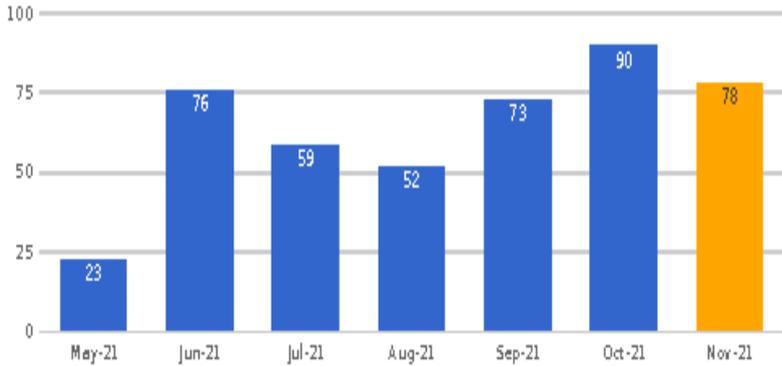
IPC Key Performance 21/22	Trust Total 2021/22			BHT National Annual Target 21/22		
MRSA bacteraemia	2			0		
MSSA Bacteraemia	20			N/A		
Clostridoides difficile – hospital onset, healthcare associated	37			61		
Clostridiodes difficile – community onset, healthcare associated	6					
Gram Negative Bloodstream Infections (GNBSI)	38			155		
	ECOLI BSI 26	PA BSI 1	KP BSI 11	ECOLI BSI 102	PA BSI 21	KP BSI 33
COVID-19 Trust acquired	37			N/A		

Nov 2021 – Hand hygiene and PPE

Dec 2021 – Hand hygiene and PPE

Total monthly inspections (last 12 months)

Total monthly inspections (last 12 months)

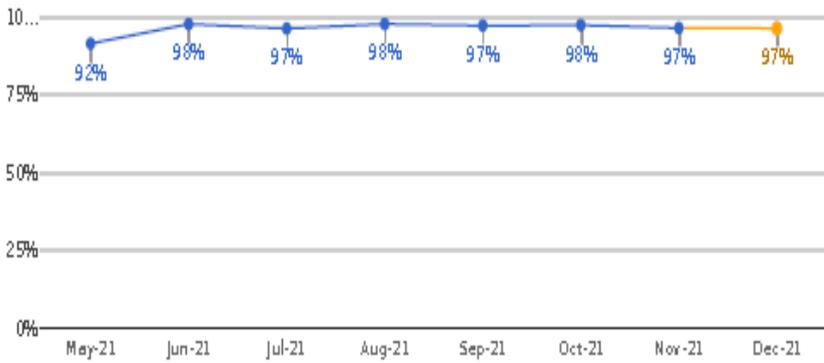
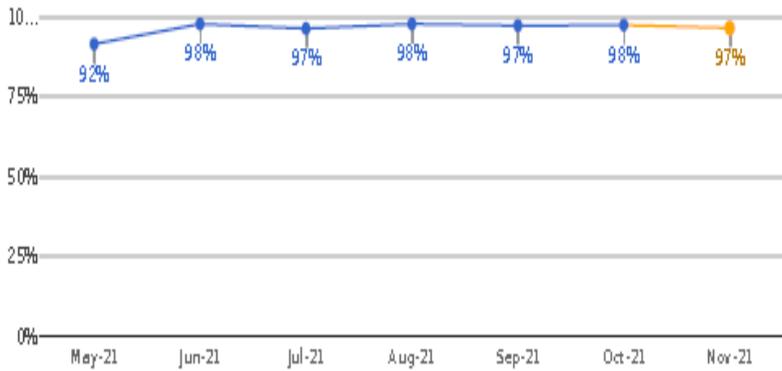


The average score across the organisation this month was 97%.

The average score across the organisation this month was 97%.

Average score (last 12 months)

Average score (last 12 months)



Meeting: Trust Board Meeting in Public

26 January 2022

Agenda item	Nursing & Midwifery Safe Staffing
Board Lead	Karen Bonner, Chief Nurse
Type name of Author	Jose Loreto Facultad, Associate Chief Nurse
Attachments	None
Purpose	Information
Previously considered	Q&CG 19.01.2022

Executive Summary

This report covers the oversight of the Healthroster KPI compliance around workforce utilisation key indicators on safety, efficiency/affordability, and effectiveness in staff deployment. This also provides assurance that arrangements are in place to safely staff our services with the right number of Nurses and Midwives with the right skills, at the right time.

There is a continued reduction in the vacancy rate month on month with the December 2021 figure at 10.2%. Significant progress has been made through our international recruitment programme and HCSW recruitment initiatives being monitored by our South East region NHSE/I.

The Senior Nurse Safety Huddle (CNO, Heads of Nursing and Matrons) was instigated on 20 December which was combined with the existing safe staffing huddle. This new huddle is chaired by the CNO or deputy to provide safe staffing assurance, safety briefing and monitoring of quality and safety metrics. Through this forum we continue to monitor the risks in staffing levels with relevant mitigations and obtains assurance on safe staffing from both hospital and community settings to be able deliver safe care to our patients.

Whilst safety has been maintained with appropriate deployment of staff, it is noted that ward/unit areas do not have their full complement of staff on a regular basis. Continued movement of staff from one clinical area to another in order to share the staffing risk across the organisation has started to show an impact on staff morale.

The opening of patient bedded escalation ward (s) have added to an already increasing demand for temporary staffing requirements hence organisational demand continued to outstrip supply of temporary staffing.

CQC enquiry was received regarding concerns in staffing within Medicine Division at Stoke Mandeville site. CQC stated that, *“There have been concerns raised around recent changes of longer working hours and impacts this has on staff. That often there are 25 patients to 2 members of staff whilst matrons are busy. Patients in corridors, staff missing breaks, finishing later than planned all which are having an impact on patient care.”*

Senior leadership from the Chief Nurse Office (CNO) and at divisional level continue to provide visible and accessible focus and support to staff and colleagues.

Staff Appraisals (Performance Development Review) has reached 59% compliance in December which is an improvement from November at 47%.

This paper was considered at the Quality & Clinical Governance Committee on 19 January 2022 where ethical international recruitment was discussed as well as the need to address the culture related to nursing recruitment and to explore innovative methods of caring for patients across all staff groups. During presentation of the report, the importance of considering staff experience and patient acuity was highlighted alongside numbers and metrics from Healthroster. The need to revert to ‘Safest’ staffing levels

was acknowledged nationally as the safest means of caring for patients through the pandemic with Board/Committee oversight of this deemed essential.

Decision	The Board is requested to note this report		
Relevant Strategic Priority			
Outstanding Care <input checked="" type="checkbox"/>	Healthy Communities <input checked="" type="checkbox"/>	Great Place to Work <input checked="" type="checkbox"/>	Net Zero <input type="checkbox"/>
Implications / Impact			
Patient Safety	Safe staffing levels are paramount and one of the key priorities in N&M workforce planning to deliver safe and effective patient care		
Risk: link to Board Assurance Framework (BAF)/Risk Register	Risk register CRR10 and BAF 1.0 both identifying inadequate staffing and over reliance on temporary staffing as a risk to staff wellbeing and safe care.		
Financial	Dependence on temporary staffing and at times high-cost agency is a cost pressure		
Compliance <small>Select an item. Select CQC standard from list.</small>	National Quality Board (NQB) Standards and Expectations for Safe Staffing published in 2016. CQC Standards Staffing Regulations of the Health & Social Care Act: Safe Care and Treatment (12) Staffing (18)(1)		
Partnership: consultation / communication	Work with colleagues in BOB on temporary staffing and workforce standards		
Equality	The Workforce Race Equality Standard (WRES) collecting data on race inequality revealed the disparities that exist for black, and minority ethnic staff compared to their white colleagues. The Trust is working to improve through the BHT people plan.		
Quality Impact Assessment [QIA] completion required?	N/A		

1 Introduction/Position

This document outlines our organisation's Nursing & Midwifery workforce approach to utilise effective staffing deployment and key measures to ensure the safest staffing levels are maintained proportionately as possible.

This briefing also provides the Trust Board with an overview of the Nursing and Midwifery as is set out in line with the National Quality Board (NQB) Standards and Expectations for Safe Staffing published in 2016. The report further provides assurance that arrangements are in place to safely staff our services with the right number of Nurses and Midwives with the right skills, at the right time. This includes the Nursing and Midwifery workforce response to COVID-19.

2 Key Highlights

Table 1 below outlines the key performance workforce indicators for Nursing & Midwifery mapped against Trust target with data comparison between the months of November and December 2021.

Key Performance Indicators	Target	November 2021 Performance	December 2021 Performance	Context and Actions
Vacancy rate (RNs)	10.0%	10.6%	10.2%	Continued improvement month on month to date. Significant improvement through our international recruitment is the key contributing factor.
Annual turnover	12.0%	RN = 16.0% HCA = 17.4%	RN = 15.8% HCA = 18.7%	Although a very minimal reduction in the turnover rate for registered nurses this plays however, a positive view of retaining our registered colleagues to maintain safe staffing level. The increased in HCA turnover is attributed to a number of international nurses initially on a Band 4 post who were moved to Band 5 RN post after obtaining their NMC PIN registration.
Sickness rate	3.5%	5.6%	6.8%	Sickness rate data extrapolated from Healthroster. The increased in the number of staff sickness are combinations of: confirmed COVID+, self-quarantined, and other non-COVID related sickness.
Bank Usage (monthly average)	No set target	8.8%	8.9%	Our vacancy rate (although improving) is still contributing to the consistent usage of bank & agency staffing in all clinical areas. The increased in sickness/absence is another driving factor for using temporary staffing.
Agency usage (monthly average)	No set target	4.00%	4.80%	We have a high demand for additional shifts of HCAs in order to provide safe 1:1 nursing/enhanced care to patients requiring as such.
Appraisal/Performance Development Review (PDR)	80.0%	47%	59%	Information taken directly from the Actus system where the staff appraisal records are uploaded and not directly linked to ESR. These are completed and signed appraisal records. Compliance still below target however, it is showing an upward trend of improvement.
Statutory Training Compliance	90%	81.19%	82.20%	Still below target however continued to show improvement.
Mandatory Training Compliance	90%	91.59%	91.00%	Slight dip from the previous month this is due to new mandatory trainings added to clinical profiles however overall compliance is still above target. This shows that colleagues are responding to comply and complete the necessary mandatory training being profiled.

3. COVID 19

- 3.1 The infection level continues to increase in Buckinghamshire during this winter period, and as such there has been an upward trend with the majority of staff absences are related to COVID. From the BHT modelling the availability of our nursing and midwifery workforce in the next couple of weeks will be at risk. This is closely monitored through our incident reporting system and daily senior nurse safety huddle led by the CNO. The Safest Staffing Standard Operating Procedure is in place to provide guidance in maintain safe staffing levels during the COVID 19 response.
- 3.2 Scoping of staff training and skills from the previous wave is currently being established in preparation for another wave.

4. Expectation 1: Right Staff

4.1 Evidenced based Workforce Planning

Having the right establishment, and the right staff in post, is essential to ensuring the safe and effective delivery of patient care. The Trusts commissioned an external specialist company to review staffing skill-mix and establishment to ensure we meet this expectation sets by the National Quality Board (NQB) Standards and Expectations for Safe Staffing. The staffing and skill-mix review undertaken by FACERE MELIUS has now concluded and the draft report is currently being reviewed by the Chief Nurse Office. Actions and recommendations from his report will be shared once the final report is received and approved. In compliance with the NQB standard, it is planned to have a twice-yearly establishments reviews and audits will be undertaken to meet the NQB standards which is aimed to commence in FY 2022-2023.

- 4.1.2 The continued improvement in the vacancy rate is also reflected on the total staff in post at a consistent rate of 89%. This is contributed by the international nurses who completed their OSCE training and received the NMC PIN as shown in figure 1 below (Registered Staff).

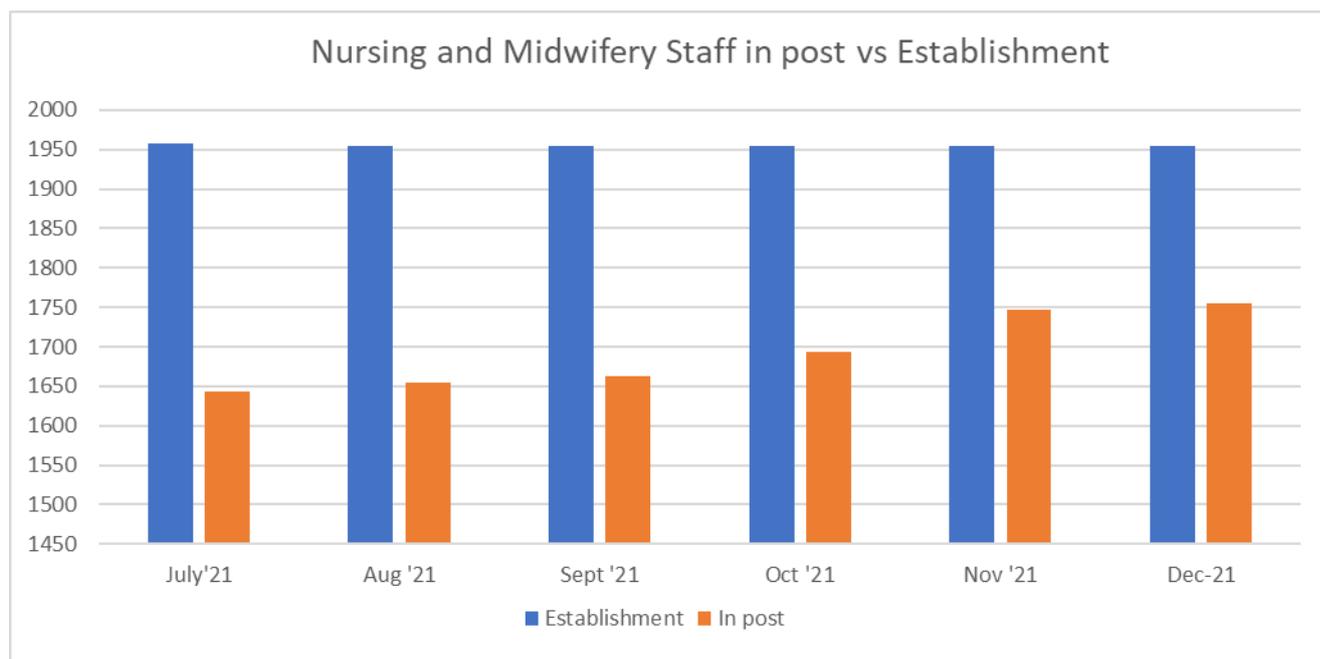


Figure 1

5. Expectation 2: Right Skills

5.1 In August, new safeguarding levels were implemented, resulting in a sharp decline. Data below is showing signs of staff compliance picking up for the month of December.

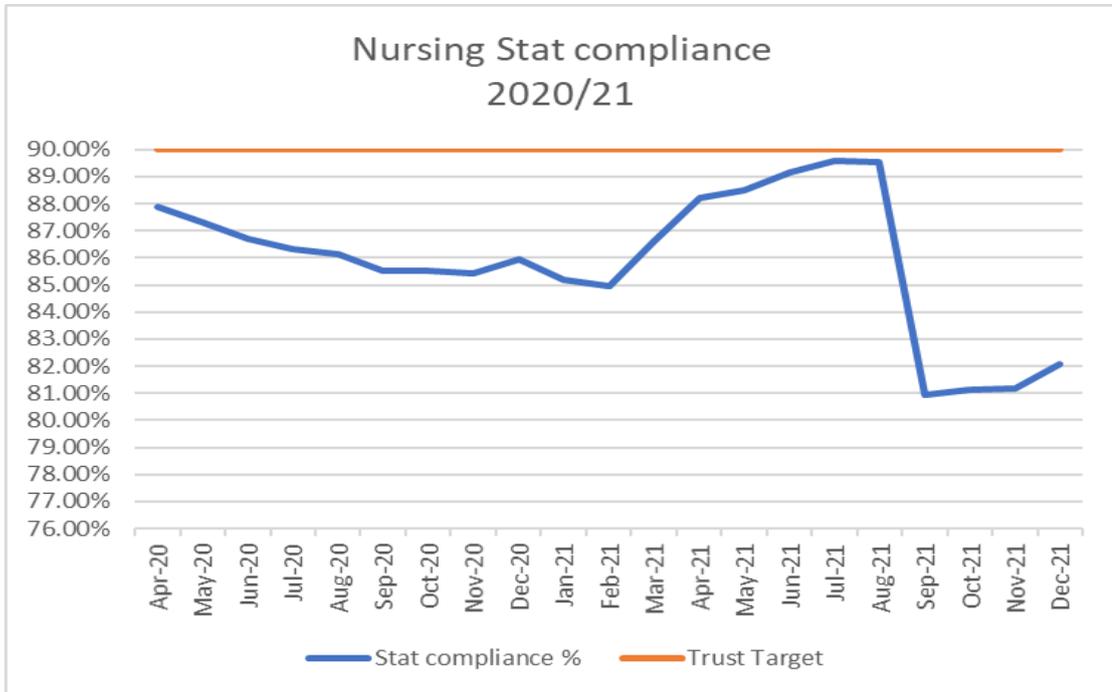


Table 2: Statutory Training Compliance

There is slight decrease in the mandatory training compliance in December at 0.59% lower from the previous month however, compliance remains above target at 91%.

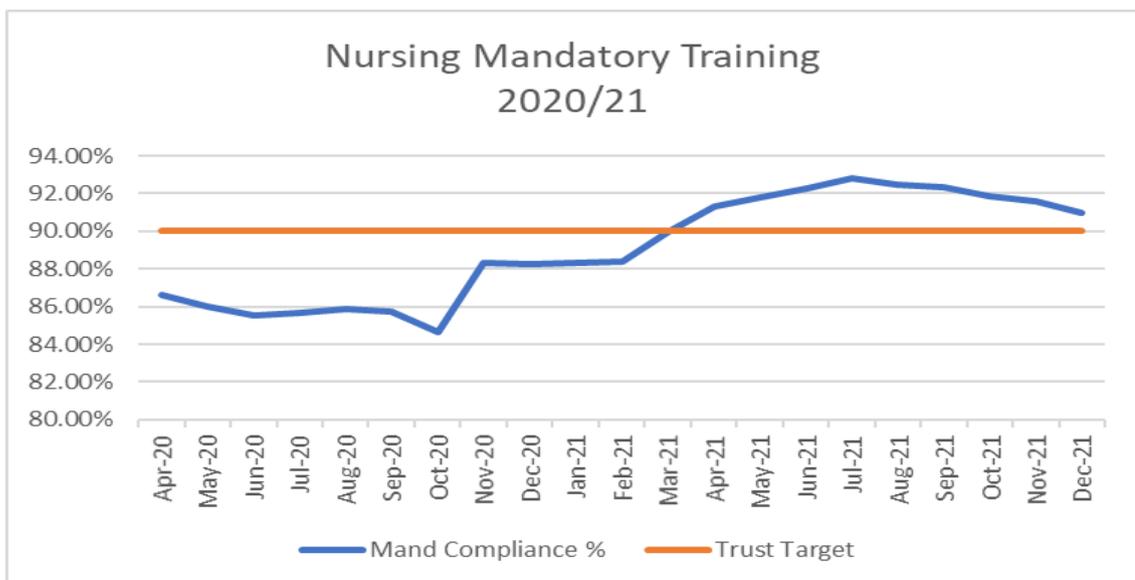


Table 3: Mandatory Training Compliance

5.1.2 The Nursing and Midwifery Performance Development Review (PDR) is steadily increasing at (59%) in December. Despite the current operational pressures, colleagues are having their yearly appraisal to support them in their professional development within the organisation.

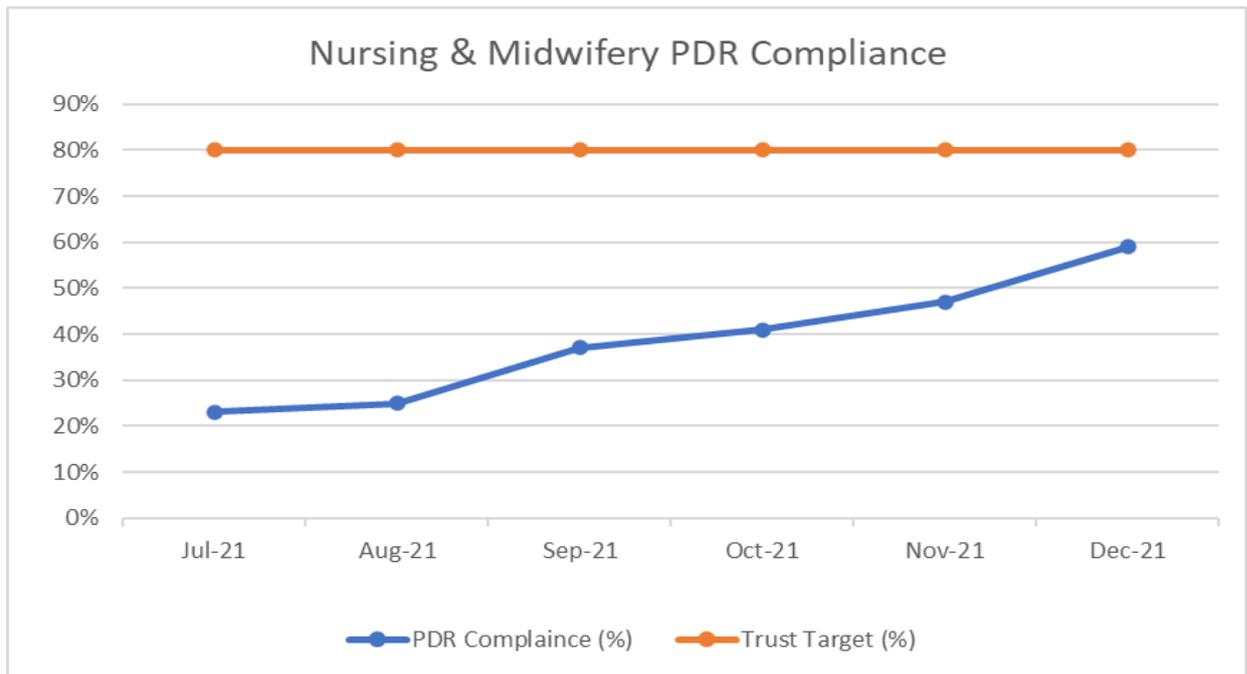


Table 4: PDR Compliance

6. Expectation 3: Right Place and Time

The Trust meets this expectation because it uses tools to support efficient and effective decision-making around the deployment of staff to meet patient needs.

6.1 Efficient Deployment and Flexibility

6.1.1 Safe Care® is used across all adult and children's inpatient areas to support the real time visibility of staffing levels across the Trust. The data collected highlights and supports decision making relating to the deployment and redistribution of staff to meet patient needs in other areas. A twice daily safe staffing huddle monitors the risks in staffing levels with relevant mitigations and obtains assurance on safe staffing from both hospital and community settings to be able deliver safe care to our patients.

Efficient staffing deployment and/or workforce utilisation is key to having a safe and effective workforce in delivering safe care to patients. A new Healthroster KPI reporting template was introduced in September which captures the three main indicators of an efficient workforce planning and rostering (Safety; efficiency/affordability; and effectiveness). The monthly report which is generated a week after the roster is completed is shared to each division through the Matrons and Heads of Nursing who interrogate, validate, analyse the data and provide exceptional reporting narratives against the KPIs. Unmet KPIs will be expected to have an action plan included in the exceptional reporting returns.

6.1.2 Escalation in staffing requirements through Safe Care® red flag system is continuously reviewed. The high numbers identified are the increase the need to provide 1:1 care or patient enhanced care requirements and increase staffing unavailability which also reflected in the narratives in table 1 above. The use 1:1 as a red flag was only added earlier this year however, this

category is not on the recommended red flag list by the NICE Guidance on Safe Staffing for Nursing in adult inpatient wards. Staff are encouraged to raise red flags where there may be concerns relating to safe staffing levels, which triggers a review by the Sister/Ward Manager/ Matron or Head of Nursing to resolve any immediate staffing concerns.

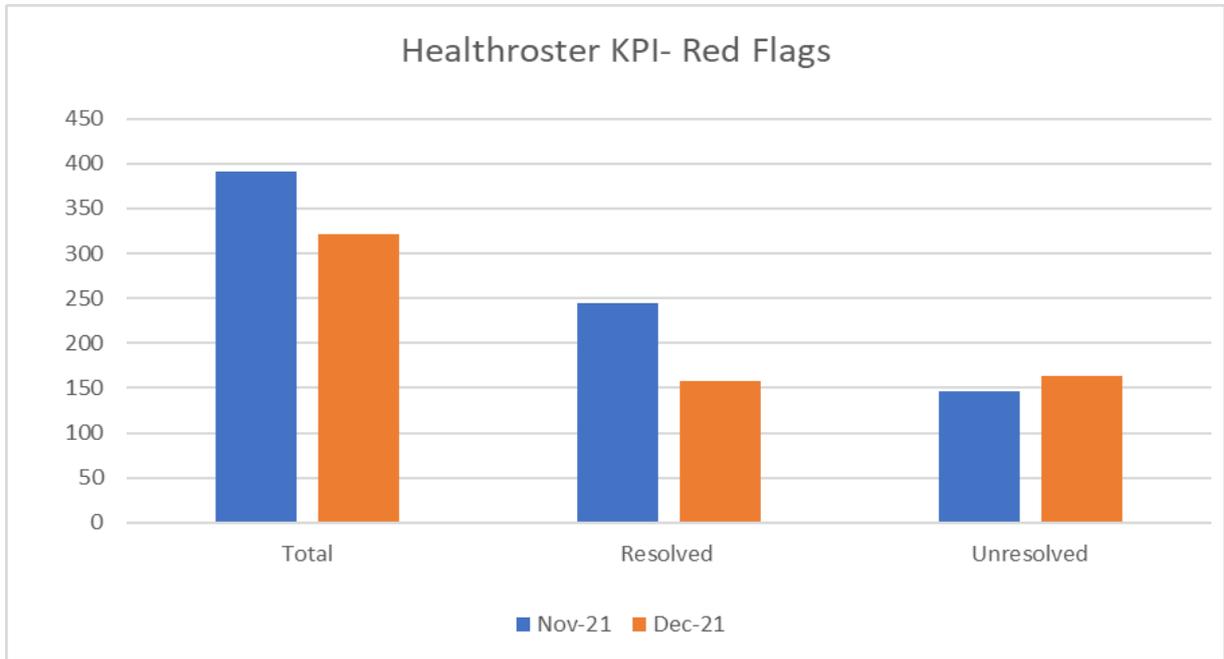


Table 5: Red Flags- Overall Figures

5.1 Efficient Employment, Minimising Agency Use

Monthly Healthroster reviews are undertaken by Divisional Head of Nursing and performance continues to be addressed with individual areas within their division which have not met Key Performance Indicators (KPI). Ward level support around roster reviews will be relaunched this month to identify and resolve issues in roster planning through the Healthroster Challenge Board and Annual Roster Reviews. This will be held in every Division providing stronger assurance around the systematic approach in maintaining a fair, safe, and cost-effective roster.

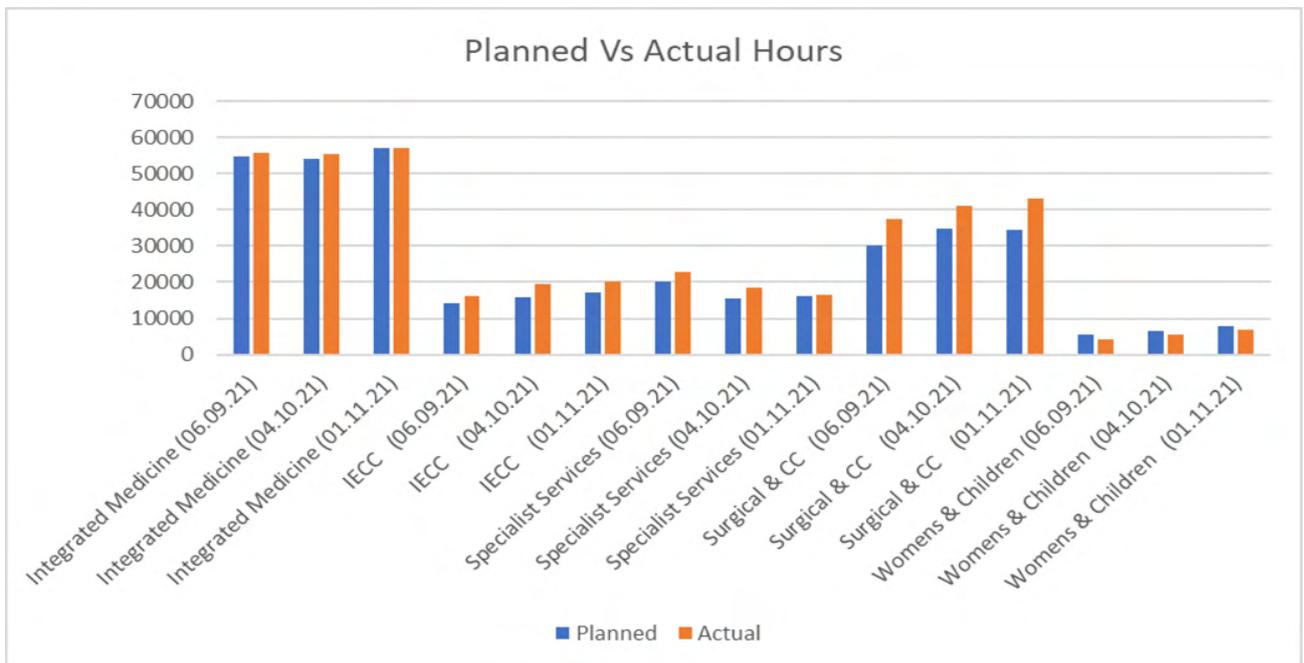


Table 7: Safe Care- Planned vs Actual Hours

Having an efficient roster will support the measures taken to reduce bank and agency usage. A proportion of clinical areas across all divisions predominantly rely on temporary staffing (registered and unregistered nurses) brought about by unfunded posts to maintain safe staffing for areas creating capacity and/or escalation to meet increasing demand capacity to admit patients. A medium-term trajectory in the reduction of bank and agency use is expected as the vacancy rate continues to improve.

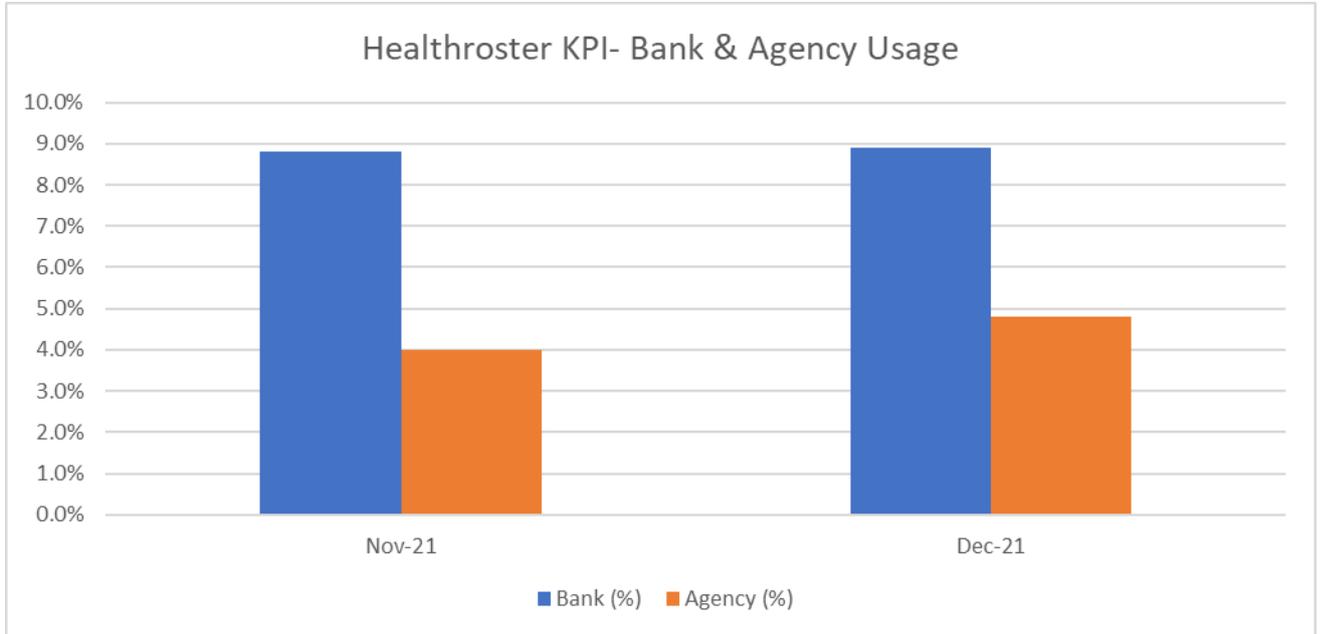


Table 8: Overall average: Bank & Agency rate

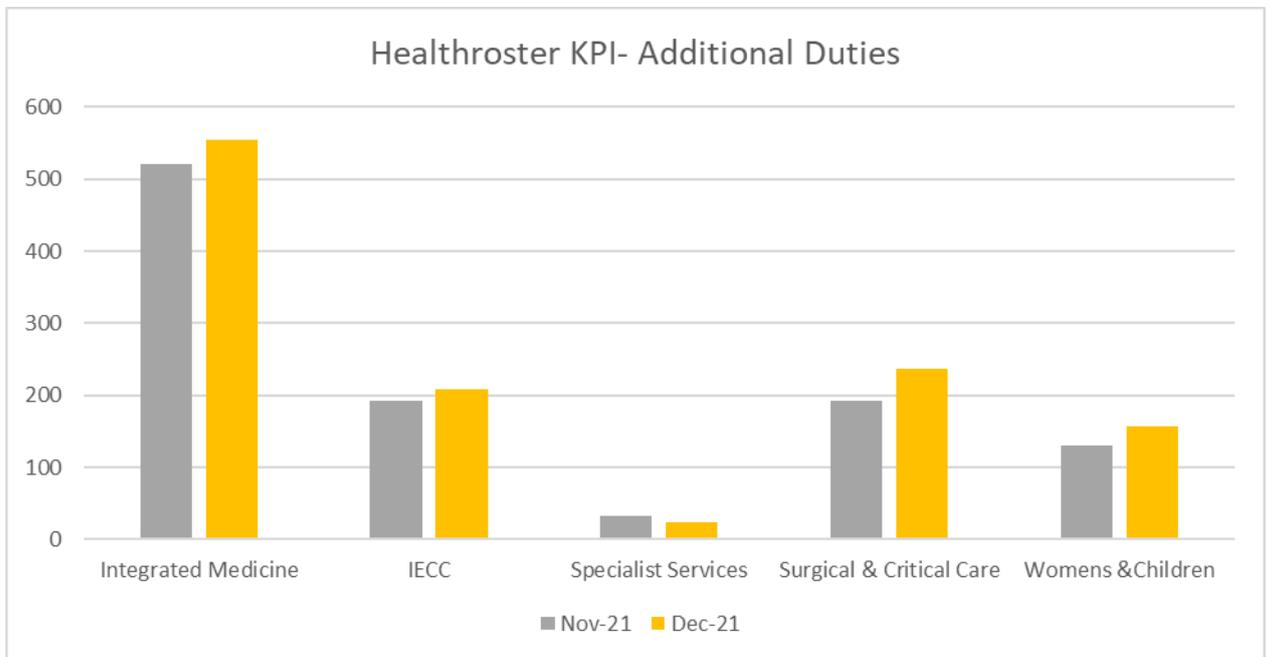


Table 9: Additional Duties by Divisions

7. Weekend Staffing Plan:

Weekend safe staffing plan form each division was introduced this month of October to ensure there is a centralised oversight of the staffing levels over the weekend and provides the organisation the assurance of safe staffing and/or appropriate mitigation is in place when necessary to be able to support staffing resilience during the weekend.

8. Conclusion:

Recruitment for RNs locally and internationally continues to take place and we are doing very well in our international recruitment. HCSW recruitment is also in a very good position to which the organisation is commended by NHSEI SE region for having the lowest HCSW vacancies within the BOB ICS. There is still significant dependence on temporary staffing to meet escalation in capacity and complexity demands.

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

9. Action required from the Board/Committee:

For Board information and assurance

Meeting: Trust Board Meeting in Public

26 January 2022

Agenda item	Compliance with Legislation
Board Lead	Karen Bonner, Chief Nurse
Type name of Author	Sandie Knight, Governance Manager Reema D'Souza, Associate Chief Nurse
Attachments	Compliance with Legislation List by Director 2021
Purpose	Information
Previously considered	EMC 21/12/2021 Q&CG 19/01/2022

Executive Summary

An annual Compliance with Legislation review activity is carried out within the Trust to assess and monitor Trust position against the requirements laid out by regulatory and legislative bodies. This activity also allows the Trust to understand and assure the robustness of its compliance with regulatory and legislative duties.

The relevant Executive Leads are responsible for identifying gaps in compliance in the regulatory and legislative duty within their portfolio. This responsibility also extends to actioning mitigations required to resolve gaps and plan how the Trust monitors, evidences and manages compliance. Each completed review has been approved and signed off by the Executive Lead following an exec-to-exec peer review process, which offered an opportunity to challenge the review that is being undertaken.

Five new areas with compliance gaps were identified in the review. Two areas identified with compliance gaps from the 2020 review remain open, and four areas are closed. An action plan can be found in Appendix 3.

The action plan will be reviewed quarterly at the Executive Management Committee and the Quality and Clinical Governance Committee.

A proposed schedule and the process change for next year's review has been included in the report.

The Executive Management Committee requested clarity around the terms 'gaps in compliance' and 'non-compliance':

Non-compliance is where none (or too few) of the duties within the regulation have been met. Gaps in compliance indicate compliance with most duties but some areas that may need some work and action plans/ mitigations are in place to manage these.

There are currently no areas of non-compliance within the Trust.

It should also be noted that this is an internal, Trust-driven process and is not a requirement of CQC.

Assurance was taken on this report by the Executive Management Committee and Quality & Clinical Governance Committee and is recommended to the Board for information.

Decision

The Board is asked to note the content of this paper.

Relevant Strategic Priority			
Outstanding Care <input checked="" type="checkbox"/>	Healthy Communities <input checked="" type="checkbox"/>	Great Place to Work <input checked="" type="checkbox"/>	Net Zero <input type="checkbox"/>
Implications / Impact			
Patient Safety		Failure to manage and monitor compliance can increase patient safety and quality risks.	
Risk: link to Board Assurance Framework (BAF)/Risk Register		1. Provide Outstanding, cost-effective care 2. Taking a leading role in our community 3. Ensure our people are listened to, safe & supported.	
Financial		There can be a legal and financial impact if the Trust is non-compliant with legislation or regulatory duties. The Trust may also suffer reputational damage if it is non-compliant with legislation and regulatory duties.	
Compliance <small>Select an item. Select CQC standard from list.</small>		Relevant legislation and regulations are listed in the detailed action plan received by the Quality and Clinical Governance Committee.	
Partnership: consultation / communication		Not required	
Equality		Equality legislation has been considered. An action plan has been developed for gaps that have been identified.	
Quality Impact Assessment [QIA] completion required?		Not required	

1. Compliance with Legislation October 2021:

The Compliance with Legislation (CWL) review is a yearly self-assessment activity carried out within the Trust to assess and monitor Trust position against the requirements laid out by regulatory and legislative bodies. This activity also allows the Trust to understand and assure the robustness of this compliance with regulatory and legislative duties.

2. The process

The 2021 Compliance with Legislation review activity commenced in early September 2021. The Executive Leads were provided with a template that included key regulations/ legislation duties within their portfolio. The Executive Leads distributed these templates to the nominated Managing Leads for completion.

A revised template (following the feedback from the 2020 review) was used in 2021 to include a YES/ NO option for compliance. It was felt that this would provide clarity in cases where ongoing actions were required but did not constitute a gap in compliance.

The Managing Leads who carried out the review indicated if the Trust was compliant, identified gaps in compliance and developed an action plan to mitigate or resolve gaps. They also indicated how compliance is monitored, evidenced, and managed within the Trust. Each completed review was approved and signed off by the Executive Lead and returned to the Governance Manager for collation.

2.1 Peer Reviews:

To bring rigour into the process, an exec-to-exec peer review session was set up where Executives could challenge a selection of returned documents in the following groups:

- Commercial Director/ Director of Strategy
- Chief Medical Officer/ Chief Nursing Officer
- People Director/ Director of Finance

As part of this review, the executives were asked to consider the following questions:

- Do you agree with the compliance statement – *Is this compliant? Yes/ No*
- Does the listed evidence assure compliance?
- Do the gaps (if any) constitute a risk or a breach in compliance?
 - If a risk, are these included in the risk register?
 - If a breach, should this be reported?
- If actions are listed, do they address the identified gaps and are the actions SMART?
 - Specific
 - Measurable
 - Achievable
 - Relevant
 - Time-bound

Documents for the COO were completed between the departure of the previous incumbent and the arrival of the new. The current interim COO had an opportunity to review the documents and provide feedback.

Minor amendments were made to 10 documents following the peer reviews, although there was no impact on the outcome of the overall activity. The executive team acknowledged the benefit of the peer review.

2.2 Action Plan:

An action plan was developed to mitigate the gaps identified from this review (appendix 3). The Governance Manager will monitor the progress of the actions and provide updates to the Executive Management Committee and the Quality and Clinical Governance Committee every quarter for information and review.

2.3 Peer Review Challenge:

Due to executive diary commitments, a final peer challenge scheduled for 04 November 2021 was cancelled. As no alternative dates could be secured before the end of the year, there was a change to the planned process. Instead of face to face peer review, an email was sent to each Executive Director requesting comments and feedback around the process for this year and proposed plans for the next year review.

3. The Outcome of the Review:

The outcome of the review is provided in the summary comparison below (table 1). There are five new areas with gaps in compliance (table 2), two existing areas with gaps in compliance from 2020 (table 3), and four closed areas of gaps in compliance in 2020 (table 4).

Table 1. Summary comparison 2019/ 2020/ 2021

Comparison	2019	2020	2021
Number of legislations/ regulations reviewed	79	79	78*
Number Compliant	74	73	71
Number with gaps in compliance	5	6	7

* The Health and Social Work Professions Order has similar requirements to the Health Care Professions Council regulation and has not been completed this year. A review will be undertaken to determine whether the two will remain stand-alone regulations or merged for the 2022 review.

It should be noted that CQC Regulation 17, Good Governance, has been reported with partial compliance and will be subject to a deep dive in Apr/May 2022, in line with the governance review recently undertaken by Facere Melius. Any additional actions, as a result, will be included in the action plan and reported to EMC. This regulation has been transferred from the Director for Governance (as this role does not exist) to the Chief Nursing Officer.

Table 2. New Gaps in Compliance for 2021

Areas identified with new gaps in compliance in 2021	
CQC Reg 9 - Person-Centred Care	
<p>GAPS:</p> <ol style="list-style-type: none"> 1. Compliance could be affected by high levels of staff vacancies, sickness and an over-reliance on temporary staffing. 2. Inconsistencies in inpatient nursing documentation due to the absence of document standardisation. 3. Inconsistency in MCA/ DOLs processes and the upcoming LPS in some departments. 4. There is a need for a more joined-up approach between community and hospital services to facilitate seamless transfer of care. 	<p>ACTIONS:</p> <ol style="list-style-type: none"> 1. The temporary staffing manager robustly oversees staffing requirements in conjunction with the ACN for Workforce transformation. Active engagement with international recruitment 2. Skill-mix review is underway, led by the ACN for workforce and transformation. 3. The documentation group is working towards standardising nursing documentation led by the Heads of Nursing and the Digital Team. This group to incorporate a proactive approach to asking patient choices when undertaking patient assessments. 4. All clinical staff to have refresher training on the MHA, including MCA, DOLS and LPS. 5. Utilise targeted QI methodology to review and resolve issues that have impacted

	patient care resulting from community and hospital services disconnection.
CQC Reg 10 - Dignity and Respect	
<p>GAPS:</p> <ol style="list-style-type: none"> 1. Winter Pressures/bed capacity <ul style="list-style-type: none"> • There is a possibility of ‘corridor nursing’ in ED due to a build-up of patients awaiting transfer to wards. • Corridor nursing on wards when “<i>Plus One</i>” patient is placed at times of extreme bed capacity issues. 2. Mixed sex accommodation in respiratory wards due to Covid care requirements. 3. Lack of adequate side rooms to meet individualist needs (to accommodate care for individuals with sex change/protected characteristics). 4. Inconsistencies in inpatient nursing documentation due to the absence of document standardisation; <ul style="list-style-type: none"> • Inconsistency in completion of “This Is Me” document. • Patients’ preferences and choices are not proactively sought during patient assessment and care planning. 5. Some departments have cloth curtains that do not reach to the floor-compromising dignity, i.e. when using the commode. 6. Lack of space to break bad news in some departments. 	<p>ACTIONS:</p> <ol style="list-style-type: none"> 1. Winter planning guidance is operated under the direction of the Chief Operating Officer. Risk assessments in cases where corridor nursing is provided are carried out. 2. Regular review of mixed-sex accommodation in the respiratory ward is carried out by the HON and CN with a view to adapt and accommodate patient care needs. 3. Space committee and Hospital Redevelopment Programme to consider proportionate side rooms per bed capacity in every inpatient department to enable side room options for patients. 4. The documentation group is working towards standardising nursing documentation led by the Heads of Nursing and the Digital Team. This group to incorporate a proactive approach to asking patient choices when undertaking patient assessments. 5. HoN to review the departments where cloth curtains are in use and explore immediate and longer-term solutions to maintain patients’ privacy and dignity. The risk to patient dignity is to be escalated through the risk register. 6. HoN to explore possible solutions for a quiet rooms (where needed) to break bad news. Risks to be escalated through the risk register
CQC Reg 12 - Safe Care and Treatment	
<p>GAPS:</p> <ol style="list-style-type: none"> 1. High usage of agency staff in most departments who may not be aware of trust protocols, guidelines and policies. Some inpatient departments are predominantly staffed by agency staff. 2. High vacancy rates for Nursing, Midwifery and AHP staff at BHT and nationally. 3. Not all staff that carry out incident investigations have undertaken Incident Investigation (RCA) and Human Factor training. 4. There is no standardised approach for equipment training and competency assurance. The equipment training 	<p>ACTIONS:</p> <ol style="list-style-type: none"> 1. Review the Induction processes for agency staff to incorporate current changes and include key guidelines, protocols and policies. 2. STP and ICS partnership to address workforce challenge and consideration of alternative patient pathways. 3. Introduction of new roles e.g. Nursing associate, paramedics, MDT Band 4’s. 4. Active engagement with international recruitment. 5. Offer incident investigation and human factor training to managers and governance

<p>records are held locally, and the process of training varies between departments.</p>	<p>leads that carry out an incident investigation.</p> <ol style="list-style-type: none"> 6. The staff competency booklet by job role is under review led by the education team. 7. New therapy led models of care and Ageing well programme to bring care closer to home models
CQC Reg 17 - Good Governance	
<p>GAPS:</p> <ol style="list-style-type: none"> 1. Inconsistencies in governance framework application in some aspects of practice. 2. There are a number of out of date Clinical Guidelines, including NICE. 3. Not all staff that carry out incident investigations have undertaken Incident Investigation (RCA) and Human Factor training. 4. Inconsistencies in inpatient nursing documentation due to the absence of document standardisation; <ol style="list-style-type: none"> a. Inconsistency in completion of “This Is Me” document. b. Patients’ preferences and choices are not proactively sought during patient assessment and care planning. 5. Risk of disruption to Trust technology systems and services caused by cyber incidents. 	<p>ACTIONS:</p> <ol style="list-style-type: none"> 1. Develop a work plan to execute the recent Facere Melius review recommendations to address gaps around governance, risk management, and quality strategy. 2. Workflow in place led by clinical effectiveness committee to review all out of date clinical guidelines. 3. Plan training sessions on incident investigation and human factors to managers and governance leads that carry out an incident investigation. 4. The documentation group is working towards standardising nursing documentation led by the Heads of Nursing and the Digital Team. This group to incorporate a proactive approach to asking patient choices when undertaking patient assessments. 5. Review the mitigation plan and monitor target dates for completion of actions to address the risk around cyber incidents.
Mental Health Act	
<p>GAPS:</p> <ol style="list-style-type: none"> 1. There is further ongoing training and awareness required for Clinical staff within the Trust 2. There is no clinical lead for Mental Health within BHT this depends on partner relationships with Oxford Health. 3. Partial oversight through safeguarding committee and ED- ICS working/monthly meeting. 4. Ongoing training is required for staff to ensure MHA paperwork is sent to Medical Records for recording. 	<p>ACTIONS:</p> <ol style="list-style-type: none"> 1. Updated Mental Health Policies for Adults and Children with clear guidance included. 2. Focus within safeguarding committee to include short training sessions on Mental Health Act. 3. Planning for and training given on Mental Capacity Act and Deprivation of Liberty - awaiting guidance to be published Nationally 4. Further work on strengthening staff skills to continue in partnership with Oxford Health 5. All clinical staff to have refresher training on the MHA

Detailed action plan for these gaps can be found in Appendix 3.

Table 3. Update on gaps in compliance left open from 2020

Areas identified with compliance gaps in 2020 where the gaps remain in 2021	
HTM 04 Safe Water in Healthcare Premises	Water storage tanks and pipework require replacement to meet regulatory standards – multi-year programme. Compliance with testing and procedure standards - some tank and pipe replacements were completed this year.
Electricity at Work Regulations (CQC Regulation 15)	Insufficient high voltage supply and infrastructure – multi-year programme. Major HV/LV programme scheduled for completion Q2 2021/22 at Stoke Mandeville delayed due to global supplies shortage. Plans to upgrade the infrastructure in Wycombe remain in place for 2021/23.

Table 4. Update on gaps in compliance closed from 2020

Areas identified with compliance gaps in 2020 which are now compliant in 2021	
Criminal Justice and Immigration Act 2008 s119 s120 s121(1) (CQC Reg 15)	In 2020, NHS Protect held compliance and training, which ceased operation in 2019 with no provision to support the LSMS role. Since then, the Security strategy 2021-24 has been approved by the Board and Strategic Workforce Committees and covers a new conflict resolution training programme to help address violence, aggression and challenging behaviour and will include section 119-120. The new training programme is due for rollout in January 2022 in collaboration with the revised Managing Violence and Aggression Policy, and lone worker devices have also been rolled out.
HTM 02 01 NHS Estates Guidance for Medical Gas Pipeline Systems (CQC Reg 15)	In 2020, issues with ageing pipework – significant, multi-million pound and multi-year infrastructure issue. New feedback systems have been installed; servicing programme in place; vacuum systems replaced. With additional capital available due to the pandemic, these issues have been addressed, and the Trust is now compliant.
The Gas Safety (Installation and Use) regulations 1998	In 2020 external contractor safety reports and certificates were not available, and there was an incomplete servicing and planned maintenance regime. In 2021, all appliances now have a record of testing and the recorded information is stored and accessible from the cloud storage system and the Trust is now compliant with the regulation.

<p>The Regulatory Reform (Fire Safety) Order 2005 (CQC Reg 15)</p>	<p>In 2020 Non-compliant fire compartmentation in Trust buildings and obsolete fire alarm equipment was a major gap in compliance.</p> <p>In 2021, operational mitigations are in place, and the following actions have been undertaken:</p> <ol style="list-style-type: none"> 1. Additional fire detection has been installed within the National spinal Injuries roof space at Stoke Mandeville hospital. 2. Additional fire compartmentation has been completed as part of the Outpatients Phase 2, and 3 improvement works. 3. Replacement fire alarm panels were installed across the whole of Amersham and Wycombe Hospitals to support the ongoing compartmentation works. 4. Additional smoke and fire dampers have been installed in Phase 2 and 3 outpatients' projects in the upper limb laboratory. 5. GBS architects have been appointed as contractors to project manage the five-year compartmentation programme.
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4. Lessons learned from the 2021 review activity:

The Heads of Nursing (HoN) were engaged in supporting the completion of the CNO templates for the first time this year, and through this involvement, a plan is being developed to monitor and evidence compliance throughout the year to facilitate the CWL process more efficiently for future reviews.

In 5 cases out of 9, the original email containing the templates was not picked up due to executive inbox email traffic. This was not captured until the end of the third week when the chase email was sent. The deadline was extended a week but left some Managing Leads with very little time to complete the review. Mitigations will be put in place for the 2022 review as follows:

1. A brief of the requirements will be provided to the EAs ahead of the review. The EAs will be asked to provide the names of identified Managing Leads.
2. A brief will be provided to EMC to coincide with the start of the review.
3. Email chases will be sent to the EAs at the end of weeks 1, 2, 3 and 4.

The Governance Manager and Associate Chief Nurse will evaluate the robustness of the process carried out this year to ensure the efficiency of future reviews and a trust-wide approach. It includes a deep dive into randomly selected legislations document returns.

The Governance Manager will update the existing action plan and report it every quarter for updates and progress.

5. The process for 2022 review:

2022 review will follow a similar process, incorporating the mitigations highlighted above. The Executives have indicated no change to the process in their feedback this year. To include the feedback from the managing leads, the review template will be changed, which will be submitted to the EMC for approval before the review in 2022. The EMC is requested

to consider and update any amendments required to the review schedule for 2022 (Section 6).

6. Proposed Process and Schedule for 2022:

- **Mid-August 2022**
 - Governance Manager to brief EAs
 - Brief to EMC to coincide with the start of the process in September
 - Weekly contact with the EAs to monitor progress
- **01 September 2022**
 - Managing Leads to carry out data gathering activity. This includes completing templates (including the action plan) and signing off by the Executive Lead.
 - Reminder emails to the EAs will be sent at the end of each week during data gathering.
 - EAs will be asked to provide a weekly update on the review's progress.
- **30 September 2022**
 - Deadline for return to the Governance Manager to collate and check for incomplete/missing information.
- **October 2022**
 - Exec-to-exec Peer Review: Executive Leads will be allocated a buddy. They will review each other's returned documents and challenge the compliance status and action plan. 2 weeks have been allocated for this activity.
- **November 2022**
 - Peer Challenge feedback: The executive team will meet to discuss the peer challenge and any changes they may wish to suggest to the ongoing process.
- **December 2022**
 - Presentation to EMC: The overall findings will be reported to EMC, including any feedback for approval before presenting to the Trust Board.
- **January 2023**
 - Presentation to the Trust Board.

7. Action required from the Committee

The Board is requested to:

- a) Note the results from the review that was carried out in 2021.
- b) Consider and update any amendments required to the review process for 2022 (Section 6)

Appendix 1 – List of Legislation by Director

Compliance with Legislation – list by Executive Lead

CQC Reg	Legislation/ Regulation	EXEC	Compliance
20A	Requirement to display of Performance Assessments	CEO	Y
11	Need for Consent	Chief Medical Officer	Y
	Abortion Act 1967	Chief Medical Officer	Y
	Blood Safety and Quality Regulations	Chief Medical Officer	Y
	Dentists Act 1983	Chief Medical Officer	Y
	Health Care Professions Council regulations	Chief Medical Officer	Y
	Medical Act 1983	Chief Medical Officer	Y
	Medical Devices Regulations 2002 (and Amendment 2012)	Chief Medical Officer	Y
	Medicines Legislation: - The Controlled Drugs Regulations 2013 - The Human Medicines Regulations 2012 - Medicines Act 1968 - Misuse of Drugs Act 1971 - The Misuse of Drugs (Safe Custody) Regulations 1973 - Misuse of Drugs and Misuse of Drugs (Safe Custody) (Amendment) Regulations 2007 - The Pharmacy Order 2010	Chief Medical Officer	Y
9	Person-centred Care	Chief Nursing Officer	P
10	Dignity and Respect	Chief Nursing Officer	P
12	Safe Care and Treatment	Chief Nursing Officer	P
13	Safeguarding Service Users from Abuse and Improper Treatment: Children's Act 1989	Chief Nursing Officer	Y
14	Meeting Nutritional and Hydration Needs	Chief Nursing Officer	Y
16	Receiving and acting on complaints	Chief Nursing Officer	Y
17	Good Governance	Chief Nursing Officer	P
20	Duty of Candour	Chief Nursing Officer	Y
	Autism Act 2009 - Includes adherence to the following Regulations: • Regulation 9: Personal Centred Care • Regulation 11: Need for Consent	Chief Nursing Officer	Y
	Health and Social Work Professions Order 2001	Chief Nursing Officer	
	Local Government and Public Involvement in Health Act 2007	Chief Nursing Officer	Y
	Local Authority Social Services and National Health Service Complaints (England) Regulations 2009	Chief Nursing Officer	Y
	Mental Health Act 1983 Mental Health Act 2007 Code of Practice (Mental Health Act 1983)	Chief Nursing Officer	P
	NHS (Quality Accounts) Regulations 2010 NHS (Quality Accounts) Amendment Regulations 2012 NHS (Quality Accounts) (Amendment) Regulations 2017	Chief Nursing Officer	Y
	Nursing and Midwifery Council Legislation Inc Nursing and Midwifery Order 2001	Chief Nursing Officer	Y
	Civil Contingencies Act (2004)	Chief Operating Officer	Y
	Human Tissue Act 2004 (Human Tissue Authority - Codes of Practice)	Chief Operating Officer	Y
	Ionising Radiation (Medical Exposure) Regulations 2017 [IR(ME)R17]	Chief Operating Officer	Y
	Ionising Radiations Regulations 2017 (IRR17)	Chief Operating Officer	Y
5	Fit & Proper Person Requirement for Directors	Chief People Officer	Y
18	Staffing	Chief People Officer	Y
19	Fit & Proper Persons Employed	Chief People Officer	Y
	Accessible Information Standard	Chief People Officer	Y
	Employment Rights Act 1996	Chief People Officer	Y
	Equality Act 2010	Chief People Officer	Y
	Fixed Term Employees (Prevention of Less Favourable Treatment) Regulations 2002	Chief People Officer	Y
	Health and Safety (First-Aid) Regulations 1981	Chief People Officer	Y
	Health & Safety (Miscellaneous Amendments) 2002	Chief People Officer	Y

	Human Rights Act 1998	Chief People Officer	Y
	Manual Handling Operations Regulations 1992 (MHOR)	Chief People Officer	Y
	Part-time Workers (Prevention of Less Favourable Treatment Regulations 2000).	Chief People Officer	Y
	Protection from Harassment Act 1997	Chief People Officer	Y
	Protection of Freedoms Act 2012 - links to The Protection of Freedoms Act 2012 (Disclosure and Barring Service Transfer of Functions) Order 2012	Chief People Officer	Y
	Public Interests Disclosure Act 1998 (with updates in 2007 and 2013)	Chief People Officer	Y
	Safeguarding Vulnerable Groups Act 2006	Chief People Officer	Y
	Temporary and Agency Workers (Equal Treatment) Bill 2008 currently replaced by Agency Worker Regulations 2010	Chief People Officer	Y
15	Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2004 (CQC Reg 15)	Commercial Director	Y
15	Control of Asbestos Regulations 2012 (CQC Reg 15)	Commercial Director	Y
15	Control of Substances Hazardous to Health Regulations 2002 (CQC Reg 15)	Commercial Director	Y
15	Crime and Disorder Act 1998	Commercial Director	Y
15	Criminal Justice and Immigration Act 2008 s119 s120 s121(1) (CQC Reg 15)	Commercial Director	Y
15	HTM 02 01 NHS Estates Guidance for Medical Gas Pipeline Systems (CQC Reg 15)	Commercial Director	Y
15	HTM 04 Safe Water in Healthcare Premises (CQC Reg 15)	Commercial Director	N
	Management of Health and Safety at Work Regulations 1999 (CQC Reg 15)	Commercial Director	Y
	RIDDOR (CQC Reg 15)	Commercial Director	Y
15	The Electricity at Work Regulations (CQC Reg 15)	Commercial Director	N
15	The Food Safety Act 1980 & Food Safety Hygiene (England) Regulations 2013 (CQC Reg 15)	Commercial Director	Y
15	The Gas Safety (Installation and Use) regulations 1998	Commercial Director	Y
15	The Hazardous Waste (England and Wales) Regulations 2005 (CQC Reg 15)	Commercial Director	Y
15	The Health and Safety at Work etc. Act 1974 (CQC Reg 15)	Commercial Director	Y
15	The Regulatory Reform (Fire Safety) Order 2005 (CQC Reg 15)	Commercial Director	Y
15	The Workplace (Health, Safety and Welfare) Regulations 1992 (CQC Reg 15)	Commercial Director	Y
	Charities Act 2016	Director of Finance	Y
	Criminal Finance Act 2017	Director of Finance	Y
	National Health Service Act 2006	Director of Finance	Y
	National Health Service (Charges to Overseas Visitors) Regulations 2015, which has been amended by the National Health Service (Charges to Overseas Visitors) (Amendment) Regulations 2017	Director of Finance	Y
	NHS Standard Contract 2020-21 and 2021-2022	Director of Finance	Y
	PHIN	Director of Finance	Y
	Regulation of Investigatory Powers Act 2000	Director of Finance	Y
	Access to Health Records 1990; Access to Medical Reports Act 1988	Director of Strategy	Y
	Computer Misuse Act (1990)	Director of Strategy	Y
	Data Protection Act 2018	Director of Strategy	Y
	Electronic Communications Act (2000)	Director of Strategy	Y
	Freedom of Information Act 2000	Director of Strategy	Y
	General Data Protection Regulation (GDPR)	Director of Strategy	Y
	Malicious Communications Act (1998)	Director of Strategy	Y
	The Environmental Information Regulations (EIR) 2004	Director of Strategy	Y
	Companies Act 2006	Trust Board Business Manager	Y
	Copyright, Designs and Patents Act 1988 (the CDPA)	Trust Board Business Manager	Y

Key:

Y = Yes - compliant

P = Partial compliance

N = No – there are gaps

Meeting: Trust Board Meeting in Public

26 January 2022

Agenda item	Compliance Certificate
Board Lead	Neil Macdonald, Chief Executive Officer
Type name of Author	NHS Improvement
Attachments	Compliance Certificate Buckinghamshire Healthcare NHS Trust
Purpose	Information
Previously considered	n/a

Executive Summary

In May 2019, the Trust received written confirmation from NHS Improvement (NHSI) of their concerns related to the Trust financial position and it's financial governance. As a result of this, a set of Enforcement Undertakings were agreed between the BHT and NHSI and the Trust was moved from Segment 2 to Segment 3 under the Single Oversight Framework.

At the time of receipt of the original letter from NHSI, a series of actions were already in place to rectify the deteriorating financial position and implement lessons learned. Subsequently, regular meetings between the Trust and NHSI were put in place to monitor the Trust's commitment to and progress with the following:

- Development and delivery of a financial recovery plan.
- Development of plans to implement recommendations of external reviews (already in place).
- Enhance Board governance to oversee financial recovery.
- Engage with the Buckinghamshire system drivers of the deficit.

As a result of the actions taken by the Trust, on 10th November 2021 the attached NHSI Compliance Certificate was received confirming that the Trust had complied with all of those Enforcement Undertakings set in June 2019 and as listed above.

Decision	The Board is requested to note this summary and attached Compliance Certificate.
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Relevant Strategic Priority

Outstanding Care <input checked="" type="checkbox"/>	Healthy Communities <input checked="" type="checkbox"/>	Great Place to Work <input checked="" type="checkbox"/>	Net Zero <input type="checkbox"/>
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Implications / Impact

Patient Safety	Strong financial performance is associated with improved clinical outcomes and a more positive patient experience through strong governance and a foundation of quality improvement.
Risk: Link to Board Assurance Framework (BAF)	1.5 Underlying organisational financial deficit 2.1 Lack of strategic financial plan 4.6 The organisation (Board) being CQC rated 'requires improvement' under the well-led domain

Financial	The Enforcement Undertakings were set due to a deteriorating financial position and concerns regarding the Trust's financial governance. Significant work to rectify this has resulted in compliance with said actions.
Compliance NHS Regulation	The Trust was considered to be in breach of its Provider Licence and the 2109 enforcement action was taken in accordance with the National Health Service Act, 2006. Compliance with the actions now deems the Trust compliant with its Provider Licence.
Partnership: consultation / communication	The Trust worked in conjunction with a number of external agencies in achieving compliance with the Enforcement Undertakings (including PwC and Ameo) and worked closely with NHSI in the monitoring of these.
Equality	No implications related to equality or diversity have been identified.
Quality Impact Assessment [QIA] completion required?	Not applicable.

COMPLIANCE CERTIFICATE

TRUST:

Buckinghamshire Healthcare NHS Trust (“the Trust”)
Amersham Hospital
Whielden Street
Amersham
Buckinghamshire
HP7 0JD

In this certificate, “NHS Improvement” means the National Health Service Trust Development Authority.

NHS Improvement hereby certifies that it is satisfied that the Trust has complied with all of the Trust’s Enforcement Undertakings accepted by NHS Improvement on 12 June 2019.

Signed: Anne Eden



Position: *Executive Regional Director (South East) and Chair of the South East Regional Provider Support Group*

Date: 10th November 2021

Meeting: Trust Board Meeting in Public

26 January 2022

Agenda item	Board Attendance Record
Board Lead	Trust Board Business Manager
Type name of Author	Senior Board Administrator
Attachments	None
Purpose	Information
Previously considered	N/A

Executive Summary

To keep the Board informed of the attendance of Board members at Board Meetings and Board Sub-Committees.

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

Outstanding Care <input checked="" type="checkbox"/>	Healthy Communities <input checked="" type="checkbox"/>	Great Place to Work <input checked="" type="checkbox"/>	Net Zero <input checked="" type="checkbox"/>
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Implications / Impact

Patient Safety	Patient safety concerns are discussed by all members of the Board
Risk: link to Board Assurance Framework (BAF)/Risk Register	Board risks are discussed by all members of the Board
Financial	Financial information is presented and discussed by all Board members
Compliance <small>Select an item. Select CQC standard from list.</small>	Compliance information and concerns are presented when appropriate and discussed by all Board members
Partnership: consultation / communication	Not required
Equality	Equality, Diversity and Inclusion information and compliance is identified in all Board reports and discussed by members of the Board
Quality Impact Assessment [QIA] completion required?	Not required

Board Attendance Record: November 2021 to January 2022

	Strategic Workforce Committee		Finance and Business Performance Committee			Quality & Clinical Governance Committee			Organ & Tissue Donation Committee	Charitable Funds Committee		Audit Committee		Trust Board	
	8 Nov	10 Jan	16 Nov	14 Dec	18 Jan	15 Nov	14 Dec	19 Jan	2 Nov	18 Nov	9 Dec	4 Nov	13 Jan	24 Nov	15 Dec
Hattie Llewelyn-Davies Trust Chair *	✓		x	✓		x	✓							✓	✓
David Highton Trust Chair* from 01/01/22					✓			✓							
Neil Macdonald, Chief Executive Officer *			✓	✓	✓	x	x	x						✓	✓
Dipti Amin NED*						✓	✓	✓	✓			✓	✓	✓	✓
Karen Bonner Chief Nurse *	✓	x		✓		✓	✓	✓					✓	✓	✓
Gavin MacDonald Interim Chief Operating Officer*			✓	✓	✓	x	x	x						✓	✓
Nicola Gilham NED*			✓	✓	✓					✓	✓	✓	✓	✓	✓

	Strategic Workforce Committee		Finance and Business Performance Committee			Quality & Clinical Governance Committee			Organ & Tissue Donation Committee	Charitable Funds Committee		Audit Committee		Trust Board	
	8 Nov	10 Jan	16 Nov	14 Dec	18 Jan	15 Nov	14 Dec	19 Jan	2 Nov	18 Nov	9 Dec	4 Nov	13 Jan	24 Nov	15 Dec
Mo Girach Associate NED						✓	x	✓						x	x
Adrian Hayter Associate NED						x	✓	✓						✓	✓
Rajiv Jaitly NED *			✓	✓	✓							✓	✓	✓	✓
Barry Jenkins Director of Finance*			✓	✓	✓					✓	✓	x	✓	✓	✓
Mark Johnson Board Affiliate	✓	✓												✓	✓
John Lisle NED *			✓	✓	✓							✓	✓	✓	✓
Andrew McLaren Chief Medical Officer *			✓	x	x	✓	x	✓	✓				✓	✓	x
Bridget O'Kelly Chief People Officer	✓	✓	✓		✓									✓	✓
Tom Roche NED*	✓	✓	✓	x (due to late notice)	✓							✓	✓	✓	✓

	Strategic Workforce Committee		Finance and Business Performance Committee			Quality & Clinical Governance Committee			Organ & Tissue Donation Committee	Charitable Funds Committee		Audit Committee		Trust Board	
	8 Nov	10 Jan	16 Nov	14 Dec	18 Jan	15 Nov	14 Dec	19 Jan	2 Nov	18 Nov	9 Dec	4 Nov	13 Jan	24 Nov	15 Dec
Sandra Silva Board Affiliate	✓	x			✓	✓	✓							✓	✓
David Williams Director of Strategy & Business Development			✓	✓	✓									✓	✓
Ali Williams Commercial Director			✓	✓	✓									✓	✓

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

Meeting: Trust Board Meeting in Public

26 January 2022

Agenda item	Private Board Summary Report 24 November & 15 December 2021		
Board Lead	Trust Board Business Manager		
Type name of Author	Senior Board Administrator		
Attachments	None		
Purpose	Information		
Previously considered	N/A		

Executive Summary

The purpose of this report is to provide a summary of matters discussed at the Board in private on the 24 November and 15 December 2021. The matters considered at these sessions of the Board were as follows:

- Place and System Briefing
- Serious Incidents Report
- Standards of Behaviour & Conduct Report
- Covid-19 Public Inquiry Briefing & Preparedness Finance Report
- External Reviews
- Monthly Finance Reports
- H2 Plan
- Contract Extension Abbott Laboratories
- Wycombe Birth Centre
- Review of Mortuary Storage
- Premises Assurance
- Buckinghamshire Healthcare Projects Accounts
- Recovery Improvement Plan

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

Outstanding Care <input checked="" type="checkbox"/>	Healthy Communities <input checked="" type="checkbox"/>	Great Place to Work <input checked="" type="checkbox"/>	Net Zero <input checked="" type="checkbox"/>
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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 was 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

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
- BHT – Buckinghamshire Healthcare Trust
- BME - Black and Minority Ethnic
- BMA - British Medical Association
- BMI - Body Mass Index
- BOB – Buckinghamshire, Oxfordshire, Berkshire West
- BPPC – Better Payment Practice Code

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
- CRL – Capital Resource Limit
- 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
- DOH – Department of Health
- 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
- EIS – Elective Incentive Scheme
- 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
- HEE – Health Education England
- HETV - Health Education Thames Valley
- HMRC – Her Majesty’s Revenue and Customs

- HSE - Health and Safety Executive
- HSLI – Health System Led Investment
- HSMR – Hospital-level Standardised Mortality Ratio
- HWB - Health and Wellbeing Board

I

- ICS – Integrated Care System

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

- NHS – National Health Service
- NHSE – National Health Service England
- NHSE/I – National Health Service England & Improvement
- NHSI – National Health Service Improvement
- 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
- OUH - Oxford University Hospital

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
- PBR Excluded – Items not covered under the PBR tariff
- 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
- PP – Private Patients
- 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)
- SNAP - 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