OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

NHS
Buckinghamshire Healthcare
NHS Trust

Meeting: **Trust Board Meeting in Public**

Date: **Wednesday, 30 March 2022**

Time: **09:30 – 12:30**

Venue: **Virtual via MS Teams**

Start Time	Item	Subject	Purpose	Presenter	Encl.
09.00	**1.**	• 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 • Held on 26 January 2022	Approval	Chair	Paper
	5.	Actions and Matters Arising	Approval	Chair	Paper
	6.	Chief Executive's Report (including CARE awards)	Assurance	Chief Executive Officer	Paper
	7.	Place and System Briefing	Assurance	Chief Executive Officer	Paper
Performance					
10.00	**8.**	Integrated Performance Report (IPR)	Assurance	Chief Operating Officer	Paper
	9.	Trust Improvement Programme (TIP)	Assurance	Chief Operating Officer	Late Paper
	10.	Operating Plan for 2022-23	Approval	Director of Finance	Paper
10.40		QUESTIONS FROM THE PUBLIC			
10.50		COMFORT BREAK – 10 minutes			
Strategy					
11.00	**11.**	Community Hubs Proposal	Approval	Chief Operating Officer	Paper
Finance					
11.10	**12.**	Finance and Business Performance Committee Chair's Report	Assurance	Committee Chair	Paper
	13.	Monthly Finance Report	Assurance	Director of Finance	Paper
Quality					

11.25	**14.**	Quality and Clinical Governance Committee Chair Report	Assurance	Committee Chair	Paper
	15.	Ockenden – One Year On	Assurance	Chief Nurse	Paper
People					
11.40	**16.**	Strategic Workforce Committee Chair Report	Assurance	Committee Chair	Paper
	17.	Fit and Proper Persons Test	Assurance	Chief People Officer	Paper
	18.	Staff Survey	Assurance	Chief People Officer	Verbal
Risk and Governance					
11.55	**19.**	Audit Committee Chair's Report	Assurance	Committee Chair	Paper
	20.	Corporate Risk Register	Assurance	Chief Nurse	Paper
	21.	Board Assurance Framework	Assurance	Trust Board Business Manager	Paper
Information					
12.10	**22.**	Infection Prevention Control Report	Information	Chief Nurse	Paper
	23.	CQC Notice – Removal of Condition to Community Hospitals	Information	Chief Executive Officer	Paper
	24.	Private Board Summary Report	Information	Trust Board Business Manager	Paper
	25.	Organ and Tissue Donation Committee Chair's Report	Information	Committee Chair	Paper
	26.	Risks identified through Board discussion	Discussion	Trust Board Business Manager	Verbal
		ANY OTHER BUSINESS			
		QUESTIONS FROM THE PUBLIC			
		Date of Next Meeting: 27 April March 2022, 9:30am			

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

Buckinghamshire Healthcare NHS Trust

David Highton
Chair

Neil Macdonald
Chief executive

Non-executive directors

Dr Dipti Amin

Rajiv Jaitly

John Lisle

Tom Roche

Nicola Gilham

Non-executive director (associate)

Dr Adrian Hayter

Mo Girach

Board affiliate
Dr Mark Johnson

Board affiliate
Sandra Silva

Raghuv Bhasin
Chief operating officer

Karen Bonner
Chief nurse

Mr Andrew McLaren
Chief medical officer

Barry Jenkins
Chief finance officer

Bridget O'Kelly
Chief people officer

Ian Roddis
Chief digital information officer (interim)

Ali Williams
Chief commercial officer

Meeting: Trust Board Meeting in Public

30 March 2022

Agenda item	Patient experience film
Board Lead	Chief Nurse
Type name of Author	Amarjit Kaur-Head of patient experience and involvement
Attachments	Maternity Voices Partnership-Women's experience of BHT maternity services
Purpose	Discussion
Previously considered	N/A

Executive Summary

Bucks Maternity Voices Partnership (MVP) is made up of an independent team of service users, volunteers and health professionals, working together to review and contribute to the development of maternity services in Buckinghamshire. This film was made by the MVP to capture service user experience of BHT maternity services in 2021:

https://www.canva.com/design/DAE3JIsBWKs/IWrvbyUQ7JaYlYT5a8ldiw/watch?utm_content=DAE3JIsBWKs&utm_campaign=designshare&utm_medium=link&utm_source=publishsharelink

Decision	The Board is requested to watch and discuss the film

Relevant Strategic Priority

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

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 Select an item. Select CQC standard from list.	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?	Type in box

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

NHS
Buckinghamshire Healthcare
NHS Trust

Meeting: Trust Board Meeting in Public

Date: **Wednesday, 26 January 2022**

Time: **9.00 – 11.30am**

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

MINUTES

Voting Members:	
Mr D Highton (DH)	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 (GM)	Chief Operating Officer (interim)

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)
Mr S Gardner (SG)	Deputy Chief Medical Officer
Ms J Phillips (JP)	Nurse Consultant - Critical Care and Outreach (for agenda item 3)
Ms A Kaur (AK)	Head of Patient Experience and Involvement (for agenda item 3)
Ms L Cove (LC)	Patient Relative (for agenda item 3)
Ms C Mead (CM)	Strategy Officer (observing)

01/01/22 Chair's Welcome, introductions and apologies

The Chair welcomed everyone to the meeting which was David Highton's first Board Meeting in Public as the new Chair of the Trust.

Apologies for absence had been received from Tom Roche, Non-Executive Director and Andrew McLaren, Chief Medical Officer, Stephen Gardner was attending in his place.

Mo Girach, Associate Non-Executive Director was not present at the meeting.

02/01/22 Declarations of Interest

There were no additional declarations of interest declared.

03/01/22 Patient Story

KB introduced Lyn Cove, the mother of Ben, a 39-year-old who died from sepsis at the Trust 15 hours following first presentation. A video was shown which told the story of Ben from first presentation to being investigated as part of a Serious Incident. Ben's story highlighted timely recognition and treatment led to the best possible patient outcome. It was essential for all clinical staff to have the skills to recognise and treat sepsis.

DH and KB thanked LC for coming and sharing her story which was being used as learning across the organisation.

JP informed the Board the learning included raising concerns; screening for all patients which was time critical and the introduction of an escalation pathway.

JL queried if the learning went beyond sepsis and if there was a broader impact. AH noted the importance of the learning for the organisation and suggested the learning could be shared outside of the Trust. KB explained the wider learning would be used beyond sepsis.

NM thanked LC and JP for the concise learning and bringing it to the Board's attention. NM noted the Emergency Department was a busy and crowded department and the organisation was working to reduce crowding and create an environment for the best chance of success.

In response to a query from RJ, KP explained the training available and ensuring it was attended was vital and included real life stories for learning around caring for the deteriorating patient.

MJ noted the legacy of the story which was providing assurance on the change of practice and an improved patient experience and quality of care.

DA queried how much exposure staff were given to observing patients which was invaluable for clinical learning. JP stressed the importance of the experience safety net and ensuring Junior staff asked for help and escalated for help noting education and support from senior staff was key. LC noted the importance of gut instinct and intuition.

KB thanked LC for her bravery in sharing Ben's story.

Action: Communication of wider sharing/distribution of 'Ben's Story' to maximise learning opportunities (KB/Communications Department)

04/01/22 Minutes of the last meeting

The minutes of the last meeting on 24 November 2021 were **APPROVED** as an accurate record.

05/01/22 Actions and matters arising

The action log was updated, and the following points noted:

- GM noted the Trust was continuing to respond to Winter and there would be a debrief in early Spring.
- BOK noted staff resilience would be included in the new Integrated Performance Report which would be available in February.
- RJ asked for the action log to be strengthened around movement of dates. NM concurred with this.
- Finance strategy principles would be incorporated in the planning for next year and the action would be closed.

The Board **NOTED** the action log and agreed for all the Integrated Performance Report Actions to be grouped together as one action.

06/01/22 Chief Executives Report

On behalf of the Trust NM welcomed DH as the new Trust Chair.

NM noted the Omicron variant Covid wave had a significant impact on the Trust however thankfully there was now a sustained downward trend in the community although the impact on hospital services was continuing. The hospitals were pressured due to staff absenteeism as a result of Covid however most of the elective programme was continuing. NM thanked staff for their continued endeavours.

NM informed the Board of the impact on staff of the mandatory vaccine for Covid due to be implemented and the extremely emotive impact this was having on staff.

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

07/01/22	Integrated Performance Report (IPR) / Trust Improvement Plan

GM informed the Board of the three performance risks which were being monitored through the Trust Improvement Plan whilst the Integrated Performance Report was being reviewed and reassessed.

Recovery of elective care: Progress had continued, and GM thanked the teams involved. Due to the Covid surge in January there was a risk of 100 patients breaching 104 weeks in January however action plans were in place to deliver the revised trajectory of zero 104-week breaches by the end of March 2022. The independent sector as well as in house capacity would be used to deliver the recovery plan. GM noted there had been no deterioration with patients waiting longer than 52 weeks which was positive.

Diagnostics: There had been a deterioration in diagnostics due to staff absences particularly in non-maternity ultrasound which had now been mitigated with additional sonographers. Additional capacity for endoscopy had been secured in the independent sector and the ability to undertake additional insourcing in house at Wycombe in the evenings and at weekends to clear the longer waiting patients.

Cancer: A lot of work had been undertaken with the clinical leads of the six tumour sites which were driving the challenged performance. Action plans and trajectories had been developed and were supported by the Finance and Business Performance Committee. The Trust was working closely with the Thames Valley Cancer Alliance (TVCA) for recovery by October 2022.

Urgent and Urgent and Emergency Care pathway: January had been particularly challenging due to staff absences and the need for Covid and non-Covid pathways. There were four main areas of focus; reducing patients through the Emergency Department (ED) by using the non-admitted pathway; reducing the length of waiting in ED; additional capacity for patient flow and receiving patients quickly in handovers from ambulances.

GM highlighted the bed gap of 35 beds and the work to mobilise additional capacity at Wycombe and Same Day Emergency Care (SDEC) unit in addition to using the Olympic Lodge which was due to go live on 31 January. The Urgent Treatment Centre (UTC) model was being used at the front door and was seeing 80/90 patients a day. This was proving to be a real success and of benefit for patients.

Operational Reset week had taken place whereby partners were onsite to review some of the longer stay patients with the aim of moving patients on with a focus on medical wards. The learning was being incorporated into the improvement plan.

SS queried the impact the urgent treatment centre model had made on the those waiting a long time in ED. GM explained the patient experience had improved and the waiting times had reduced which would improve the 4-hour waiting standard.

SS queried the support required to put in place the learning from the operational reset week. GM noted there would need to be a timely multi-disciplinary approach and working alongside partners. This would all be included in the internal improvement plan.

NG requested assurance staff were being supported during this time of staff shortages to be able to rest. GM assured the Board there was a continued focus on staff wellbeing.

NG queried if there was evidence of health inequalities in the elective recovery programme. DW assured the Board the waiting lists were reviewed monthly to ensure there was inclusive recovery. In addition DW noted the Trust was working with a company to look at comorbidities, ethnicity and deprivation in real time to enable decisions to be made about patients on the waiting list, this would reduce harm and provide a focus on those areas where there was vulnerability. This would be reported to Quality and Clinical Governance Committee.
Action: Report on health inequalities/waiting lists to Q&CG (DW)

Regarding the performance trajectory DA queried how much the current Covid Omicron surge had pushed back the recovery timeline and whether the timelines were realistic. GM noted the Trust was on track on the trajectories and a revised timeline had been agreed with the regulators due to the Covid surge.

RJ requested the Board received reporting on community metrics. NM noted this would be included in the IPR.

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

QUESTIONS FROM THE PUBLIC

There were no questions from the public.

08/01/22 Estates Strategy 2022-2025

AW noted the Estates Strategy was an enabler to deliver the Clinical Strategy which had previously been approved by the Board. AW informed the Board the risks were managed through the Corporate Risk Register for which the Board had oversight. The key risk related to the Wycombe estate with concerns related the Tower which were under investigation.

The Strategy would move the Trust to achieving compliance, noting the risks and was separate to the application to the redevelop the estate.

The drivers of deficit behind the strategy would be taken back to the next Finance and Business Performance Committee (F&BP).

AW noted the link to the net zero strategy which was included in the estates strategy.

RJ queried how the Trust would raise the capital over the 5-year period to achieve the strategy and how the Trust would be engaging with the regulator to achieve funding. AW explained there would be a collective effort including engagement with the Integrated Care System and regulators and the strategy set out what was required. RJ requested the Trust had a plan B if funding was not successful. AW noted this was being worked through.

JL questioned the priority for spending the capital. AW noted a single plan would be drawn up with the digital strategy. AW noted the prioritisation was worked through at the Capital Management Group.

MJ noted the clinical staff would be assured to see this strategy and queried what the strategic oversight of the estate was. AW noted the Trust had applied to redevelop the site and the different options were being worked through with clinicians and estates at the Space Committee.

NM noted the clinical strategy, estates and digital were all linked together and were part of the planning process. DH highlighted the options of non-estates purchases be considered.

AW noted the Trust no longer leased buildings for clinical use.

AH highlighted the patient experience and low satisfaction rate for access and wayfinding in the report and queried if there were some inexpensive ways of improving this experience

for patients. AW noted maps and better information for patients before they arrive was being worked through.

The Board **APPROVED** the Estates Strategy 2022 – 2025.

09/01/22	Finance and Business Performance Committee Chair's Report

NG presented the report and noted the Committee had received assurance at the meetings in December 2021 and January 2022.

The Board **NOTED** the report.

10/01/22	Monthly Finance Report

BJ noted as of month 9 the Trust had a £1.5m deficit and was on track to break even by the end of the year as required by the regulator. There was currently a strong cash position of £50m which would reduce by the end of the financial year due to the delivery of the capital plan around Estates and IT. Progress had been made around the better practice plan and more progress was likely in the new financial year when the legacy issues would have been resolved.

DH queried if money would come from the CCG to fund the additional care in community which was required. BJ responded noting this would be discussed with the CCG. DH recognised the patient flow was hampered by the difficulties in the care environment. KB referenced the Olympic Lodge which was about to start receiving patients out of hospital for rehabilitation and care before returning to their permanent address. AH recognised the role of the ICS in having a sustainable solution to this healthcare issue. AH noted the step-down policy for rehabilitation in care setting environments which was a system wide solution to help flow through the hospital.

The Board **NOTED** the report.

11/01/22	Quality and Clinical Governance Committee Chair's Report

DA presented the report and noted the following points for information items on the agenda:

- Staffing remained a challenge which would continue while the Covid surge continued.
- CQC Improvement Plan – the Trust was preparing for any inspection and working through any outstanding actions from the previous inspection. It was important to note the plan was about maintaining quality and high standards of care and staff were very focussed.
- Infection Prevention Control (IPC) remained challenged in terms of numbers of staff which was being addressed. The Committee had asked for a focus on hand hygiene compliance.
- Compliance with legislation – in the areas of partial compliance the committee were assured mitigations were in place and where they were fully compliant this would be fully evidenced.

The Board **NOTED** the report.

12/01/22	Strategic Workforce Committee Chair's Report

In the absence of TR, BOK presented the report and noted the following points:

- Staff Survey Results – the full results would come to the March Board however there had been an increase in the response rate which was positive.
- Freedom to Speak up Guardian – there had been increase in the capacity and outreach of the (FTSUG) and there had been an increase in activity which was important as a way of raising concerns which kept patient safety at the forefront.

The Board **NOTED** the report.

13/01/22	Vaccination as a Condition of Employment Update (VCOD)

BOK informed the Board of the new requirement due to be mandated for staff in patient facing roles to be vaccinated. The Trust had set out the steps required for staff to understand how to meet this requirement. BOK noted 94% of staff met the scope of regulations and there were around 300 colleagues who had not received the first vaccine. Conversations were underway with those individuals.

AH recognised the important work of supporting affected individuals and queried if there was joined up work with the engagement and communication teams to mitigate the risks around reputation to the organisation and how colleagues speak up around their concerns. BOK noted the compassionate approach being taken, webinars were being held for all staff and leaders and managers were briefed on the Trust's position. The efficacity and safety of the vaccines had been shared with colleagues over the last 12 months. The responsibility of the Trust to comply with legislation had been shared with colleagues and how this compliance was being worked through. The Trust was engaged with all the staff networks and unions to ensure understanding of the Trust's approach.

NG highlighted the support available for both staff who were unvaccinated and managers who were required to have conversations with those colleagues. NG requested assurance the third-party supplier individuals across the Trust were fully compliant and queried the impact this would have on staffing. BOK noted this was being monitored weekly.

NM queried the risk around not being able to have conversations with individuals by the deadline. BOK explained the impact on the organisation could not be underestimated. The leadership and well-being team were making this a priority.

AW noted the PFI partners and Contractors would be compliant going forward.

The Board **NOTED** the report.

14/01/22	Gender Pay Gap

BOK noted Gender Pay Gap was separate and very different from Equal Pay. There was one extra payment as a bonus which was for the clinical excellence awards and was only payable to Medical Consultants.

There had been a slight improvement (reduction) in the pay gap when compared with 19/20.

BOK noted there was now a woman's staff network to support women through their careers.

SS queried the factors that had contributed to the reduction and what the trajectory was for the action plan to be successful. BOK noted there was a higher proportion of women in those pay bands and there was not a trajectory however it was expected the mean pay gap would reduce.

NM noted it would be helpful to see the drivers of the pay gap as they had not been quantified and queried if there were any residual issues.

DA questioned what the Trust was doing to encourage women to apply for jobs and what the areas of concern were. BOK informed the Board the opportunity for bias in senior role applications had been removed. DA queried what was being done to increase and encourage women to apply for senior roles. BOK recognised more needed to be done and it was around giving women confidence.

MJ questioned if there was a risk around clinical excellence BOK noted this had been fixed for the last 2 years and there had been no indication of when they would change.

A lot of work had been undertaken to encourage newer consultants to put forward an application which would continue.

MJ queried how often the agenda for change roles were revaluated. BOK explained the bandings were reviewed and followed a national framework and the decision was outsourced to ensure consistency.

Action: Quantification of the drivers of the gender pay gap to ensure no further drivers identified/being missed currently (BOK)

The Board **APPROVED** the report for publication on the Trust's external website and the upload of data onto the Government's Gender Pay Gap Reporting Service.

15/01/22	Audit Committee Chair's Report

RJ presented the report and highlighted the Committee had expressed concern on the pace of the on high priority actions. RJ reported the procurement process had started for tendering of the Audit functions.

The Board **NOTED** the report.

16/01/22	Corporate Risk Register

KB explained the CRR was under constant review and two new risks had been approved to be added by EMC and Audit Committee; critical bleep failure whereby the bleep systems at Amersham and Wycombe were antiquated and no longer fully supported and piped airflow whereby there had been a delay in permanently sealing the piped airflow outlet in the PFI building which presented a risk to the completion of a Never Event action plan. In addition, EMC had agreed for the risk of the impact of VCOD on the Trust to be added to the CRR.

Two risks had been agreed for removal from the CRR; the MRI scanner installation and Inadequate Physical Emergency Department environment.

JL noted the risks around having capital for estates and digital and having space to deliver high quality care and good patient experience; the finance position and recovery and the risk around people did not come through in the report. KB noted the report had highlighted the updates in the register and the risks mentioned where on the CRR. Work was being undertaken to align the CRR with the Board Assurance Framework (BAF).

The Board **APPROVED** the risks for addition and removal from the Corporate Risk Register and **NOTED** the updated actions.

17/01/22	Board Assurance Framework

JJ noted there had been an increase risk rating for two risks; digital immaturity and the inability to control out of hospital demand and capacity in primary and social care. There had also been a reduction in overdue actions. Work was underway to ensure greater oversight of the emerging risks from Board Committees and incorporate these in the committee workplans.

RJ noted the progress on the residual risks would be rag rated and future reports would highlight the key areas of risk for the attention of the Board.

The Board **NOTED** the report.

18/01/22	Charitable Funds Annual Trustees Report 2020/21

The Board **NOTED** the report.

19/01/22	Charitable Funds Committee Chair's Report

The Board **NOTED** the report.

20/01/22	CQC Improvement / Action Plan

KB noted two must do actions from the previous inspection remained open; action 7 would shortly be closed and action 12 had been intentionally left open for close monitoring.

The Board **NOTED** the report.

21/01/22	Infection Prevention & Control Report

JL queried the number of nosocomial infections in the later waves compared to wave one. KB explained this was still being monitored, noting this current variant was different and the learning had been taken from wave 1.

The Board **NOTED** the report.

22/01/22	Safe (Safest) Staffing

RJ noted it was important to close the gap around appraisals. BOK assured the Board the amount of compliance was higher than in the report.

The Board **NOTED** the report.

23/01/22	Compliance with Legislation

RJ asked for assurance the closed actions had been reviewed to ensure nothing was missing.

AW noted regarding the estates actions there were periodic reviews which provided evidence the gaps had been closed and this was a continuous process to ensure oversight with full documentation and this was reported to F&BP.

NG noted her surprise the Trust did not have a lead for mental health. KB noted this was being reviewed and work was underway, an update would come back to Board.

NG expressed concern on how Health and Safety was reported to the Board. JJ noted work was underway to improve the Board's oversight.

Action: Improved board oversight of health and safety reporting (JJ)

Action: Regular review of monitoring of estates compliance gaps at F&BP (AW)

The Board **NOTED** the report.

24/01/22	Compliance Certificate

The Board **NOTED** the report.

25/01/22	Board attendance record

It was noted SS had been present for the Strategic Workforce Committee meeting on 10 January and MJ had been present at the Quality and Clinical Governance Committee on 14 December and 19 January.

The Board **NOTED** the report.

26/01/22	Private Board Summary Report

The Board **NOTED** the report.

27/01/22	Risks identified through Board discussion

JJ noted the risks identified through Board discussion as follows:

- Emergency Department crowding and impact on ability to deliver patient care noting an improved performance since Urgent Treatment Care opening
- Performance and trajectory for key recovery metrics
- Wycombe estates; 70% being over 30 years old with concern regarding the Wycombe Tower for which an investigation is ongoing
- Capital burden of Trust particularly related to estates and digital immaturity
- Workforce challenges related to the pandemic including the potential impact of Vaccination as a Condition of Deployment (VCOD)
- Board oversight of health and safety reporting
- Pace on high priority actions raised by Internal Audit

28/01/22	Any other Business

There was no other business.

29/01/22	QUESTIONS FROM THE PUBLIC

There were no further questions from the public.

Date of next Meeting: Public and Private Trust Board Meeting: 30 March at 9am

Subject	Action Summary	Owner	Assignee	Target Date	Status	Update
Integrated Performance Report	Board presentation on Community; Integration and Service Development to be scheduled	Chief Nurse	Chief Nurse	30/03/2022	Propose Close	Covered within Operating Plan 2022/23 - on March 2022 Public Board agenda
Integrated Performance Report	Revised IPR to contain the following: - Staff Resilience Risk - Key Strategic Metrics - Diagnostic and Cancer Waits	Chief Operating Officer	Chief Operating Officer	26/01/2022	Propose Close	The new version of the IPR was agreed in February 2022 and is now operational. The report incorporates feedback from stakeholders and includes metrics around staff resilience, diagnostics and cancer standards
Patient Story	Take forward learning from children's services re: integration into adult services	Chief Nurse	Chief Nurse	30/03/2022	Propose Close	Preseted at February Learning Forum (regular forum across all divisions)
Compliance with Legislation	Improved Board oversight of Health & Safety Reporting	Chief Commercial Officer	Trust Board Business Manager	29/06/2022	InProgress	Due for completion end Q1

TRUST BOARD MEETING IN PUBLIC
30 MARCH 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 four fantastic winners of our Trust CARE value awards for January (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).

Over the last few weeks, we have watched the shocking and disturbing events that have unfolded in Eastern Europe and my heart goes out to all those directly impacted and their friends and family. The events are distressing for us all and I would encourage each of us to take care of ourselves and to reach out if further support is needed. Please also take the time to look out for and support others who may be finding the situation particularly difficult to watch.

I would encourage anyone who wishes to make a donation to support the people of Ukraine to do so. The Buckinghamshire Council website links to an appeal that has been launched by the UK's Disasters Emergency Committee (DEC) to help Ukrainians fleeing the conflict in Ukraine. At the Trust, we have also supported co-ordination of key items for donation to be transported to Ukraine, at the Olympic Lodge, which closed on 11 March.

This is a difficult and troubling time for our colleagues who are still dealing with the additional pressures of the COVID-19 pandemic. We have increased the well-being support available to our people, including provision of two additional well-being days that can be taken in addition to annual leave. We held a well-being webinar on: 'Supporting our colleagues with their children's anxieties developed and exacerbated by the COVID-19 pandemic' and following the success of this, we will be holding a second webinar on: 'How to support your child during current world events' which will be led by a consultant Clinical Psychologist for children and a Clinical Psychologist in the community paediatric service.

Due to the threat of the Omicron variant and the increase in the vaccination programme, a Level 4 National Incident was declared on 13 December 2021 and the NHS still remains at Level 4. COVID-19 cases in Buckinghamshire are currently very high and despite restrictions recently being reduced across the UK, there is currently no change to our guidance at the Trust. The safety of our patients, residents and colleagues remains our priority and social distancing, personal protective equipment (PPE) and self-isolation measures still apply. This includes the requirement for colleagues, patients and visitors to wear a surgical face mask in healthcare settings. In light of the Living with COVID-19 plans published by the government, national visiting guidance is being revised but, in the meantime, our current visiting policy with restrictions remains in place.

The COVID-19 vaccines are a key part of our plans to keep people safe and well. We are now running vaccination clinics for 12-15 year-olds, as well as 5-11 year olds who are immunosuppressed. A fourth vaccine or a spring booster has also been recommended by the Joint Committee on Vaccination and Immunisation (JCVI) for those aged over 75 or those with a weakened immune system. Following the success of the first specialised vaccination clinic, the Trust has arranged a second session this month, for people in Buckinghamshire who have a learning disability or who are autistic, and their family members.

The outpatient pharmacy at Stoke Mandeville hospital is relocating to a purpose-built pharmacy situated between the outpatient and emergency departments on Wednesday 30 March. The current outpatient pharmacy in the Mandeville Wing will be closed from 30 March and will reopen with reduced opening times from 4 April.

Following his introduction in my last report, I am delighted to officially welcome Raghuv Bhasin to the Trust and to his first Trust Board meeting. Raghuv joined us earlier this month as Chief Operating Officer and has since been meeting with a number of colleagues and partners. Once again, I would like to thank Gavin MacDonald for his support and leadership through this challenging interim period. Gavin will be leaving us at the end of March and we wish him all the best.

I am also pleased to welcome Ian Roddis to the Executive team as our new Interim Chief Digital and Information Officer. Ian has been working in the Trust as a Digital Director, with Ross Fullerton. Ross will also be leaving us at the end of this month and I am grateful for all his support.

I would like to officially congratulate David Williams who started a new role as Executive Lead for the BOB ICS Acute Provider Collaborative, last month. I am thankful to David for all his hard work as Director of Strategy and particularly on leading on the development of the new Trust 2025 Strategy. Dan Leveson, Deputy Director of Strategy, will continue to support the development of the strategy and the health inequalities programme.

The Care Quality Commission (CQC) conducted an unannounced inspection at the Trust last month to inspect surgical and medical pathways at Stoke Mandeville and Wycombe hospitals. Earlier this month, the CQC also carried out an inspection of the Trust's leadership and governance, using the 'Well-led' framework. We are awaiting reports of these inspections and I expect to be able to share further details in my next report.

We have been working on the Trust's operational plan for 2022/23. We have developed a planning framework that aligns individual workstreams and national operating plan guidance with our strategic priorities and a draft version of the plan, including financial and workforce plans was submitted to BOB ICS this month, to be incorporated into the overall ICS plan. The final operating plan is due for submission to the ICS on 28 April 2022.

Performance and recovery

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 and we have successfully been reducing the number of patients with extended wait times.

Urgent and emergency care remains very busy which is reflected in Emergency Department performance - both in the Trust, and also nationally across the country. We have taken a number of actions to address challenges, including opening escalation capacity and the intermediate care facility at the Olympic Lodge. However, the impact of COVID-19 on domiciliary care and care home capacity means that we have not been able to discharge patients as quickly as we would like to. Daily huddles have commenced to plan the efficient use of resources and improve the patient experience as well as to discuss all patients reaching a 12-hour wait, to address issues and optimise care pathways.

Following a successful 'Operation Reset week' run in January, when we increased the number of patients that we were able to safely discharge, we ran another similar operation in February. The aim of these weeks was to ensure that our assessment areas, such as surgical assessment, same day emergency care and the emergency assessment unit could operate as assessment areas rather than becoming additional inpatient wards. This enabled us to improve patient flow by ensuring our patients were treated in the most appropriate place, which in turn improved their experience. At the same time, we focused on helping patients to return home or discharged them to one of our step-down community services as quickly as it was safe to do so. This freed up acute beds for those who needed them most which is vitally important as we continue to experience exceptional capacity challenges.

Cancer performance against the 2-week wait and 62-day standard was not delivered last month. However, there was a reduction in the overall backlog by 209 patients. Improvements for cancer patients are being delivered through the cancer recovery plan which is being monitored through the Cancer Recovery Group and Trust Board.

The overall size of the elective waiting list is reducing, with further work required to continue this trend over 2022/23. Long wait patients continue to be prioritised for appointments and this is reducing those waiting over 52 weeks to be seen. There was a further decrease in patients waiting over 104 weeks in February, with a plan to offer all appointments by the end of this month. The next area of focus is to aim for no patients to be waiting over 78 weeks for treatment, by October 2022.

In collaboration with the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS), the Trust participated in a dedicated theatre plan to reduce ophthalmology inpatient backlogs for cataract, oculoplastic and strabismus surgery (adults and paediatrics) and improve long wait times in these services. Overall, the Long Waiter Initiative was a success for the service and wait times were able to be improved significantly in focused areas. 92% of the cataract long waiter backlog was reduced and there are no longer patients waiting more than 104 weeks in any of the specialities. The team is working towards having no patients waiting more than 90 weeks by the end of this month.

In the community, overall face to face contacts have increased gradually for most clinical services. In the Rapid Response Integrated Care (RICC) team, an increase in face to face and non face to face activity has been recorded. The Trust community length of stay mirrors the national community benchmark.

Learning
In January we recorded four instances of *clostridioidies difficile* infection and five in February. We reported zero instances of MRSA bacteraemia infection in the same months. In January we recorded 341 births and 339 in February; in the same months we recorded 92 and 99 deaths, respectively. There have been zero never events reported since October 2021.

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 January and February we recorded 51 and 62 formal complaints respectively. 53 excellence reports were received in January and 57 in February.

The following is an example of the personal care we aspire to deliver at all times:

*"*** has worked tirelessly for the Adult Community Healthcare Teams for many years. A lot of the best work structures and best practice throughout the 8 teams owes a debt to *** as a pioneer and innovator of gold standard and safe working systems. *** has dedicated her skills and knowledge to making our lives better and the lives of our patients and community better.*
*Many do not know the impact *** has had through our Community service, from introducing unqualified district nurses to the teams to support care to supporting policy and training developing for the band 3 and 4 community healthcare assistants to administer insulin to people in their own homes. *** has met many challenges and complex problems with humour and determination."*

People
On 31 January, the government announced its intention to revoke the regulations making coronavirus (COVID-19) vaccination a condition of deployment in health and social care, subject to consultation and parliamentary process. On 1 March, the government published an update following the consultation that it will bring forward regulations to revoke COVID-19 vaccination as a condition of deployment. This means that there is no longer a mandatory requirement for staff working in healthcare settings to be vaccinated. This will come into force on 15 March. We know that this issue has been a cause of anxiety and difficulty for many colleagues over the past few weeks and months and we are offering bespoke advice and support to help with this.

There have been a number of recent additional pressures on colleagues and the well-being of our people remains a key priority in the Trust. The well-being team has extended its service to provide further outreach support to our hospital and community sites over the coming weeks and is offering additional drop-in sessions. The new health and well-being centre at Stoke Mandeville hospital will open in the first week of April. This brings together all occupational health and well-being services into a dedicated space. We are increasing capacity with additional counsellors and physiotherapy resource and behind the centre, the well-being garden is also being developed.

This month we have launched Project Wingman, at Stoke Mandeville hospital and Wycombe hospital. This is run by a well-being charity that supports healthcare staff. Converted double decker buses provide a space in which colleagues can enjoy a short amount of time away from their workspace to recharge their batteries in an inviting environment.

To support colleagues with their physical health, we have installed two health check kiosks that confidentially measure weight, body mass index, body fat content, heart rate and blood pressure. Answering a series of optional lifestyle questions also calculates a 'well-being age' for comparison to actual age and prompts the user to take appropriate further action depending on results. This is a regional health and well-being initiative, supported by the ICS.

The second week of February was National Apprenticeship Week, during which a number of webinars were held to provide people with further information on the different clinical and non-clinical apprenticeships we offer at the Trust. These were aimed at different groups of people, including colleagues, managers, parents, carers and Allied Health Professions (AHPs). We have had a total of almost 600 new apprentice starters at BHT since the apprenticeship levy was introduced in 2017.

We celebrated National Careers Week over 7 - 12 March where we aimed to inspire the young people who will become the next generation of our workforce. Colleagues represented the Trust at the Buckinghamshire Skills Show 2022, the county's largest career event with over 120 businesses and 4,500 attendees looking for information on their future career path. Thanks to their passion and enthusiasm, the Trust was awarded the Best Stand award by the judges. Well done to everyone involved.

I am very pleased to share that we have been selected as 1 of 23 exemplar sites for the NHS England and NHS Improvement (NHSE/I) People Promise programme which focuses on reducing attrition across all employee groups. Recognising we are entering a period of increased attrition nationally and that there is no single solution to improving retention, the programme has been developed to test the hypothesis that to improve the experience of our people, a cultural transformation is required. The programme launches in April and guided by quality improvement principles, as an exemplar site, we will adopt, spread and integrate a 'bundle of interventions' into everyday working practices and ensure that we have optimal delivery of all the People Promise themed areas embedded across the organisation. After the programme, a national report will be produced to evaluate outcomes and provide feedback to include details of which actions are best enabled at organisational level and which are best implemented at system level. As leaders, our behaviour sets the tone within our teams and in being a People Promise exemplar site, we are demonstrating our commitment to the People Promise and to making our organisation the best possible place to work.

We were delighted to launch our One Team, One Goal Awards 2021 last month, to mark the start of Kindness Week. Our annual awards seek to highlight and showcase all the great work colleagues have done over the last year. There are 11 award categories to choose from this year, including the new People's Award for Personal and Compassionate Care. I would encourage our patients and service users to submit an entry, anyone can nominate any individual or team and the awards are for our colleagues, volunteers and contractors. Winners will be announced at an awards ceremony in May 2022.

Proud to be BHT

The Trust marked LGBT+ History Month 2022 in February. Our BHT Belonging staff network hosted events to celebrate, including a virtual lunch and a discussion on this year's LGBT+ History Month theme: 'How are members of the LGBT+ community portrayed in Art and the Media?'.

Inclusion and reducing health inequalities is a key part of the Trust strategy. We launched free community health checks for people of South Asian heritage within the local community, which started in January. The health checks are part of a research study to understand why some conditions are more common in this community. South Asian heritage people have twice the risk of cardiovascular disease and three-times the risk of diabetes compared to other Europeans. These differences are not explained by 'classic' risk factors, including insulin resistance and obesity, or known genetic factors. Volunteers aged 25 to 85 of Pakistani, Indian, Bangladeshi and Sri Lankan heritage are being encouraged to take part to provide information, undergo tests and give samples during a 90-minute assessment carried out by Wycombe Hospital's clinical research team. They will receive a report about their results and be referred to NHS care if the assessment identifies any concerns.

On 4 February, we celebrated 78 years since the National Spinal Injuries Centre (NSIC) was founded. The NSIC has an internationally renowned reputation for its pioneering work, treating adults and children from across the world. The Centre is also the birthplace of the Paralympics. Professor Sir Ludwig Guttmann, who founded the National Spinal Injuries Centre in 1944, used sport inpatient rehabilitation programmes. He later founded a competition for paralysed men and women to coincide with the opening ceremony of the 1948 Olympic Games in London.

The physiotherapy team at Amersham Hospital is incredibly proud of the new, upgraded hydrotherapy pool and is excited to welcome patients for treatment. The pool area was decommissioned in 2018 to allow for an extensive upgrade of the pool and facilities. Trust non-executive director Tom Roche attended a ceremony on 18 February to officially cut the ribbon and re-open the pool. There are many benefits of aquatic therapy that can now be offered to our patients.

Last month, the Health Visiting service Baby Friendly Initiative (BFI) accreditation was re-assessed and the department retained their award and accreditation. Despite the pressures of the last two years, the team has managed to keep the children and families they work with at the centre of what they do and most importantly, this is reflected in the experience of the parents they support. Very positive feedback was received from the assessors and of particular note is that the team received an incredibly high score of 98% from mothers reporting that staff are always kind and considerate.

Also related to our children's services, the National Neonatal Audit Programme (NNAP) conducts analysis on six audit measures for 2020 data, as part of its annual reporting process, and I was delighted to receive notification of our high outlier status. Stoke Mandeville hospital has been identified as outstanding for the audit measure: follow up at two years of age. The Trust received 95.5% for this measure against the average result for England and Wales of 68.4%.

I am pleased to share that our Blood Sciences department has been accredited by UKAS, the UK's national accreditation service. The team has been doing some fantastic work and it is great that patients now have the added assurance of the quality and efficiency with which their blood tests are being processed.

Congratulations to Sharon Leigh who represented Speech and Language Therapy (SLT), the National Spinal Injuries Centre and AHPs at an international conference in Lyon earlier this month. Sharon, alongside SLT peers from three spinal centres, were selected to share a poster at the conference for home mechanical ventilation and respiratory care. The poster presents the results of an audit, looking at the management of silent aspiration in acute spinal cord injury. This was a great opportunity for Sharon to showcase the work of SLTs in this specialist area, to an international audience.

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.

January 2022

Category	Name	Role	Nomination	Nominated by
Collaborate	Glen Quanico	NSIC Staff Nurse	When I was new in the unit, Glen was my mentor and had shown me how things are done properly. Glen was everybody's "go to" person for help most especially in acute and difficult situations. He was very patient and generous of his time in guiding me through in St. Andrews. He had been in the unit for more than 20 years now. He believes in teamwork and team effort. He is a team player ever since. He believes that within the team, members should support and encourage each other. Furthermore, Glen sets a clear goal, has an open mind on things and has a clear communication and effective decision making that for me are the foundation relevant to "collaborating together as a team".	Staff member
Aspire	Vytaute Mickeviciute	Senior Occupational Therapist, Stroke Early Supported Discharge	Vyta is a rotational band 6. Shortly after the start of her rotation, the permanent band 6 Occupational Therapist left and to date the team have been unable to recruit into that position. This has meant that for the majority of her rotation, Vyta has had to deal with an increased caseload including periods when the team lead has been ill or on leave, meaning that she has had to look after the entire OT caseload on her own. In this time, she has been simply amazing, taking it in her stride and looking at how she could prioritise, work smarter and still see all the patients. This is no easy task given that we often have patients in the very North of the county and in the very South. Like the rest of the qualified staff she also must cover weekend working and is an 'available assessor' once a week which takes up an afternoon of her precious time, reviewing new referrals and conducting initial assessments on new patients. I have never once heard of her complaining about having too much to do and always gets the job done. Although she is often spread very thinly, Vyta has a great sense of humour, is always looking to bolster team spirits and has a huge heart. She will be a loss to the team when she rotates.	Staff member
Respect	Rob Newman	Deputy Security Manager	At 1700hrs A&E reported a high-risk missing female in her twenties who was taken in to Stoke Mandeville Hospital after attempting to take her own life. When this call came in we were near Rob Newman's office and he immediately traced the female through the hospital corridors and then gave us a direction of travel along the Mandeville Road. Very quickly we were able to find this female and ensure her safety. Without Rob's commentary on her direction of travel it would have taken ages to check every train line, bridge and bus route in the area. This is the second time in a very short space of time that Rob has helped us with the last being just before Christmas, after a report that a female had been kidnapped in the hospital grounds Rob was able to confirm that it was in fact a female that had run out of her own accord and therefore reduced a lengthy investigation of a kidnap offence. I just wanted to say thank you to Rob and for the support he provides and how efficient he is with the CCTV system.	Police Officer
Enable	Gemma Gear	Dietitian	I would like to nominate Gemma due to the profound positive impact she has had on my life and health and the way she has enabled me to take long-term responsibility for my own health and wellbeing. I was under Gemma's care for 18 months and she always had a very patient and non-judgemental approach to my appointments which gave me the space to be honest about my health and reflect on my progress. This enabled me to recognise what	Staff member

			work I still needed to do, and, in turn, I felt empowered to take responsibility for my health and make suggestions of my own for next steps. I also felt that Gemma had a very effective style of questioning during appointments that enabled me to look at things from a different perspective and come to realisations that I may otherwise not have reached without feeling judged or directed. Gemma's approach was such that I never felt that I was being told what to do but rather that I could take the lead and was responsible for my own health. In turn, this further motivated me to take action to improve my own health. The positive influence Gemma has had on me and my health has been long-lasting. The knowledge and tools that she helped me to develop continue to empower me and I still draw on them over a year since my final appointment. I therefore believe she would be a very deserving recipient of a CARE award.	

Appendix 2 – Executive Management Committee and Transformation Board

Executive Management Committee 18 January 2022 to 15 March 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 18 January 2022.

Quality and Performance
Cancer services performance
Trust Improvement Plan
Performance dashboard
Embedding operational excellence
Operational improvement programme
Non-specific symptoms clinical harm review
Chief Medical Officer office structure
Pathology partnership Memorandum of Understanding (MoU)
Cashing up position
Cancer recovery implementation plan
Community paediatrics harms review audit
Maternity safety report
Quality and safety audit data
Urology update
Discharge arrangements
Pascoe review
Audiology AQP Contract
Remedy Health contract
Non-site specific closure report
ENT consultant expansion
University of Buckinghamshire Medical School acute care fellows
Developing care closer to home
Cardiology Evolve update
Hospital at night
Local Clinical Excellence awards
MRI recovery
Musculo-skeletal (MSK) contract
Progress on cashing up plan
Renewal of benchmarking data contract
Amersham minor operations skin cancer centre
Midwifery continuity of carer
Ockenden review of maternity services: one year on
Quality and safety report
Nursing and midwifery safe staffing report
Safe staffing review
Significant incidents report
Infection prevention and control report

People
CARE awards
Healthcare support worker MoU
Community rehabilitation workforce MoU
Local faith groups project MoU
Nursing associates in health and social care MoU
Pre-preceptorships for AHPs MoU
International recruitment MoU
E-Forms contract
St John's Ambulance volunteers MoU
People Committee meeting minutes
Spring people expenditure
Conduct and standards of behaviour

Money
COVID-19 cost tracking
Elective Recovery Fund (ERF) cost tracking
COVID-19 and ERF expenditure requests
Finance report
Capital plan progress
5-year capital programme

Strategy, Digital, Estates & Commercial
Digital strategy
Provider collaborative MoU
Cyber security compliance
ICS Elective Care Board update
2022-23 operating plan and priorities
Endoscopy scopes maintenance contract
Retained estate 7 facet survey
Digital modernisation proposal
Wycombe tower cladding report
Stoke Mandeville PFI Soft FM contract
Wycombe and Amersham PFI Soft FM contract
Digital maternity funding MoU
IT revenue spend
Shared Care Record MoU
Digital extended reality MoU

Governance
Corporate Risk Register
Board Assurance Framework
MoU process update
Review of complaints process
Review of incident management process
Contract management update
Minutes of the Caldicott and information governance meeting
Quality governance review
Internal audit actions
Lapsed policies and policies due to lapse report
The following policies were approved:

- Business Continuity Policy
- BHT Pol 180 - Medical Appraisal & Revalidation
- BHT Pol 071 (Annexe 10) - Storage of Medicines that require Refrigeration or Freezing
- BHT Pol 071 (Annexe 11a) - Cytotoxic Chemotherapy Policy
- BHT Pol 071 (Annexe 17) - Supply & Administration of Medicines by Registered Midwives

- BHT Pol 071 (Annexe 25) - National Spinal Injuries Centre (NSIC) Non-Cytotoxic Intrathecal Policy
- BHT Pol 101 - Health & Safety at Work Policy
- COVID Medicines Delivery Unit (CMDU) actions
- BHT Policy 152 - Smoke Free Site and Nicotine Management Policy

Transformation Board 03 February 2022 – 10 March 2022

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
Operational planning
Commercial strategy
Contract management
Enhancing the management of tobacco dependence
Diagnostics Deep Dive and Strategy
Community Services Contract Review
Provider Collaborative
High level milestone Q3 update for Trust Board
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

30 March 2022

Agenda item	Place and System Briefing
Board Lead	Neil Macdonald, Chief Executive
Type name of Author	Yasmeen Rabindranath, CEO Business Manager
Attachments	Place and System Briefing, March 2022
Purpose	Information
Previously considered	N/A

Executive Summary

This paper aims to brief the Board on items considered at Buckinghamshire, Oxfordshire, and Berkshire West (BOB) Integrated Care System (ICS) System Leaders Group and Integrated Care Partnership (ICP) Executives meetings to provide an overview on discussions at system and place, over the last month.

Meetings included in the report are as follows:

- BOB ICS System Leaders Group meeting – 02 March 2022.
- ICP Executives meetings – 15 February 2022; 22 February 2022; 25 February 2022; 01 March 2022; 11 March 2022.

The System Leaders Group (SLG) meeting has been included as a system update. This is a monthly meeting attended by partners across BOB ICS, Oxford County Council, Buckinghamshire CCG, South Central Ambulance Service, Oxford Health NHS Foundation Trust, Berkshire Healthcare NHS Foundation Trust, Oxford Academic Health Science Network, Oxford University Hospitals NHS Foundation Trust, Royal Berkshire NHS Foundation Trust, West Berkshire Council, Buckinghamshire Council and Buckinghamshire Healthcare NHS Trust.

ICP Executives meetings have been included as an update on place. The meetings are attended by the Trust Chief Executive, the Chief Executive of Buckinghamshire Council, the Buckinghamshire Council Corporate Director of Adults and Health and the Chief Officer of Buckinghamshire CCG and ICS Executive Lead.

A description and summary of notes is included for each item discussed and respective papers have been added to the reading room on Admincontrol.

Decision	The Board is requested to note the paper

Relevant Strategic Priority

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

Implications / Impact

Patient Safety	Patient safety is considered as part of the core objectives of the Trust, BOB ICS and the ICP.
Risk: link to Board Assurance Framework (BAF)/Risk Register	CEO participation in place and system meetings and subsequent briefing to Trust Board mitigates the risk of potential loss of system leadership due to changes in the Integrated Care System and in

	Buckinghamshire in line with the ICS Design Framework publication. This directly links to risk 4.2 on the BAF.
Financial	This briefing on key discussions across system and place will reduce duplication of work and create an optimum environment for regionally aligned delivery of cost-effective patient care. Financial updates and details of expenditure and funding are also included in the briefing.
Compliance NHS Regulation Good Governance	The paper will support the Board to review the effectiveness of the system of internal control and accountability across system and place.
Partnership: consultation / communication	This paper is a briefing place and system meetings that occurred over February and March 2022 for effective collaboration and working in partnership across system and place.
Equality	Close working and collaboration across the Trust, ICS and ICP will help to reduce health inequalities across the local population.
Quality Impact Assessment [QIA] completion required?	Not required.

Place and System Briefing

Trust Board in Private
30 March 2022

SYSTEM

Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS) System Leaders Group (SLG) 02 March 2022

Item	Lead	Description	Notes	Impact
ICS Lead and Director Update	James Kent, Accountable Officer, BOB ICS	Overview of key system activities over the last month	Recruitment for Integrated Care Board (ICB) non-executive director roles is progressing well. Interviews have been completed, with a view to appointing early-March. The three statutory ICB executive roles are out to national advert. Role descriptions and processes to establish the Board Partner members will be clarified once guidance is received. Work towards Integrated Care Partnership (ICP) Foundation membership and ICB committee structures, including place-based partnerships has also started. We remain in Incident Level 4, though COVID-19 hospitalisation rates remain stable and workforce absences have fallen. Vaccination activity continues to have very high coverage and plans are underway for the new cohorts (children and 4th dose for over 75s / immunosuppressed). Overall, 3.8m vaccines have been delivered over the course of the programme. The ICS is ahead of its plan to improve the 104-week wait position for planned care for the end of March. We are now looking at the 78-week wait national target of March 2023 and are developing a 3-year elective recovery plan. The system has submitted a revised bid for elective capital to NHS	An effective ICB will support the Trust's performance through effective collaboration. Vaccination rates will impact on the Trust's COVID-19 hospitalisation rates are a key defence against COVID-19. Elective recovery and particularly the elimination of 104 week waits, remains a key focus in the Trust. The challenges with UEC are also reflected in the Trust where the department has been particularly busy. Cancer performance has also been a challenge for the Trust, with plans to improve this as part of recovery and the Trust Improvement Plan.

			England and NHS Improvement (NHSE/I) to support recovery. Urgent and emergency care (UEC) remains challenging with at times, a significant number of patients medically fit for discharge. Work is ongoing in Child and Adolescence Mental Health Services (CAMHS) to improve access times. There has been recent positive progress with the neurodevelopmental diagnostic pathways through rapid improvement events across the system. Through Wave 3 of COVID-19, cancer services have been delivered based on clinical prioritisation with 'P2' surgery, radiotherapy and chemotherapy continuing uninterrupted. The greatest challenge remains in the high-volume pathways (lower GI, skin and breast) which are above the pre-pandemic baseline for 2-week wait referral levels. Thames Valley Cancer Alliance (TVCA), on behalf of BOB ICS is leading the plan for cancer in 2022/23.	
Operational Performance Reports: Performance and Finance	Matthew Tait, Programme Director, BOB ICS; Gareth Kenworthy, Director of Finance, Oxfordshire Clinical Commissioning Group (CCG)	Updates on the key aspects of performance and month 9 Finance report	The dashboard links across to the System Oversight Framework (SOF) metrics to establish the formal SOF ratings for individual organisations and the overall ICS. There are 220 metrics (excluding recovery metrices) that are commonly used by the regulator to assess performance. The dashboard demonstrates the pressure on the overall urgent care system and shows planned care activity has continued close to expected levels, although achieving zero 104-week wait patients remains a challenge in some Trusts. Access times for Cancer pathways also remains a challenge across the system. Monthly oversight meetings are held by the regional team to review ICS performance as part of developing SOF process and members of ICS team are now attending these sessions. The deputy SRO will work with the Quality Lead to ensure alignment	The SOF Framework is used by NHSE/I to assess Trust performance and oversight meetings are held. At month 9, the Trust reports a breakeven year to date and forecast position, as per plan. The Trust's elective performance contributes to the overall ICS target that ERF income is dependant on. The Trust has a year to date capital underspend at month 9 and is forecasting to breakeven at year end. The Trust will receive a proportion of the funding received from NHSE/I which will support performance improvement in these areas.

			of this process with ICS and ICB oversight mechanisms as they develop. The ICS financial position at month 9 (December), shows a year to date surplus, above plan and a forecast outturn deficit position, also favourable to plan. A key risk identified to delivery of the financial plan was receipt of the Elective Recovery Fund (ERF) income which was dependant on achieving specific performance and activity targets as an ICS. This risk has materialised due to ICS elective performance being below the target threshold but has been mitigated by CCG underspends. BOB ICS provider capital spend is underspent against plan, with a full year forecast over the capital allocation. Additional funding has been issued by NHSE/I in month 9 for elective recovery, UEC demand and capacity and to support discharge/flow. Expenditure has been forecast for identified projects against the ICS fund to support transformation activities in 2021/22.	
South Central Ambulance Service (SCAS) CQC Report – Safeguarding Concerns	John Black, Medical Director, South Central Ambulance Service	Summary of the actions that SCAS must take in order to comply with its legal obligations	Following a Care Quality Commission (CQC) inspection of the safeguarding arrangements at SCAS NHS Foundation Trust on 24th November 2021, an action plan was created to address mitigations for the points which were identified through the inspection. The Must Do actions, which are necessary to comply with legal obligations largely focus on the themes of governance, education, policy and team structure. The actions were listed in the report as: • The trust must review their safeguarding objectives and strategy.	The CQC are the independent regulator of health and adult social care in England which includes the Trust. From any inspection, there is an opportunity for learning, to ensure continual improvement. The Trust works closely with SCAS and its compliance with legal obligations and completion of the related action plan is in the best interest of the Trust and the local community.

			• The trust must review their safeguarding governance structure and reporting from front line to Board. • The trust must review board oversight of safeguarding at SCAS. • The trust must review their safeguarding policies and polices relating to safeguarding. • The trust must review their safeguarding education provision. • The trust must review the structure of the safeguarding team including roles and responsibilities within the team. • The trust must review their safeguarding team resources, competence, and effectiveness. • The trust must review their IT systems to make sure they are fit for purpose. • The trust must review their safeguarding systems and processes to make sure they keep service users safe. Oversight, assurance and scrutiny will be through Contract, Quality Review Meetings which will monitor the completion of the various actions required. An action plan has been created and accepted by the CQC in response to the findings.	
ICS/ICB Development Update and 18-Month Roadmap	Matthew Tait Programme Director, BOB ICS; Amanda Lyons Programme Director, BOB ICS	Update on the progress of the ICS Development Programme and the 18-month roadmap	Managing responses to Omicron and the vaccination booster programme has impacted on system delivery through January, but progress continues to go well. Non-executive director recruitment is in the final stages of the selection process. The consultation process for the current ICB executives closed in January. Feedback is being considered as part of the ongoing organisational development work. The executive structure has now been finalised and recruitment is underway, with plans to fill posts on an interim basis initially. NHSE/I feedback was received on the draft Constitution and a revised draft has been submitted. Work will continue to develop the functions and	An effective ICS and ICB will support the Trust to deliver the NHS Long Term Plan; improve collaboration with commissioners and other providers; improve performance and make better use of available resources. The ICS strategy development will link into delivery of the new Trust strategy. Ensuring that ICB governance and structures are effective and align to the ICS will be key to success.

			decisions map and the structure of the Board Committees. Following the review by Wilf Williams on the safe transfer of functions, a report has been submitted to the Chief Executive designate and programme executive lead for review, as part of the detailed development plan for ICB structures. ICS strategy development is progressing through discussions with NHS provider directors of strategy, directors of public health and CCG Clinical Chairs. There is an increased focus on internal alignment to the emerging ICB governance and functional responsibility, that will include the assessment of system capacity and capability and development of any mitigating actions required. A public-facing website, which includes a range of information around the ICS transition, has been created to engage with key stakeholders. This is an opportunity for the public to submit ideas and comment on key draft documents. The ICS development roadmap has been further progressed with supporting workstream plans, a set of associated outcomes over time and a set of key risks with mitigating actions. Focus to date has been laying the groundwork for the ICB, including the safe transition of the CCG functions into the ICB, shaping the ICS strategy development and capturing early activity to support the development of place-based partnerships and Provider Collaboratives. The ICS Development Board have reviewed the outlined plan and are supportive of the approach.	
Operating and Financial Planning	Matthew Tait, Programme Director, BOB ICS; Gareth Kenworthy, Director of	Update on 2022/23 operational and financial planning progress	Progress is ongoing with the 2022/23 operational planning process. Weekly system planning meetings commenced in January and will continue until final submission in April. A system level narrative is required to include narrative across the 10 priorities areas.	The Trust's operational plans will be aligned with the ICS plans. This will include planning to meet specific performance targets for elective recovery, cancer and UEC. The 104-week wait target is expected to be met

	Finance, Oxfordshire CCG		Key indicators for 2022/23 planning include performance targets for the following areas: a. Elective b. Cancer c. UEC A number of metrics are compliant with the planning guidance, however further development is required to expand on how the Trusts will achieve the planned trajectories. For financial planning, a proposal has been shared with Trusts setting out a flat cash approach where the funding received from the ICS allocation this year is what would be expected next year, with providers needing to manage inflation, demand and other investment requirements. Working within these envelopes and submitting a plan to breakeven remains the current intention. There are some further elements of funding that have not yet been allocated that may help offset some key elements of risk on a flat cash model and other elements of policy that may require adjustment to the individual funding envelopes. Once the overall level of risk is established, the system will need to take a view on the deliverability of a break-even system plan as part of the operating plan submission.	by Q2 and further work is required to reduce 52 week waits. The Trust will consider the flat cash risks to the financial plan to determine the level of risk and what is able to be delivered.
Hospital Discharge	James Kent, Accountable Officer, BOB ICS	Impact of the Hospital Discharge Programme on discharge flow	The Hospital Discharge Programme (HDP) was established in March 2020, at the start of the pandemic to streamline discharge flow and maximise available hospital capacity. Data from BOB trusts and local authorities has been analysed to assess the impact of the HDP on discharge metrics and economics and reported the following:	A more efficient discharge process will improve patient flow in the Trust and improve patient experience. The Trust will work with the ICS to support improvement of the model going forwards.

			HDP has supported swifter discharges from hospital, but its overall impact has been constrained by prolonged assessments that consume limited Discharge to Assess capacity. Access to HDP capacity has been constrained to a small volume of patients due to the long assessment times and the capacity constraint blocks complex discharges. It was found that HDP in its current form does not make a clear case for value for money. As an interim measure, it has been agreed that the current HDP arrangements will be supported until the end of May to determine the model going forwards. Several changes are proposed to the hospital discharge arrangements to enable further development and optimisation of models, supported by local funding.	
Elective Care Bids and Recovery	David Williams, Executive Lead - BOB ICS Acute Provider Collaborative	Update on the BOB ICS Elective Care Board.	BOB ICS is expected to over deliver on the H2 planning submissions in relation to 104+ waits. The ECB will be monitoring 78+ week waits from March 2022 and are working with providers to track progress against reduction of these, to zero by April 2023. The ECB have signed off the mobilisation of an ICS Theatres Steering Group which will help to improve efficiency and productivity. The ICS Outpatient Steering Group is finalising a workplan which will support delivery of more personalised care in outpatients and reduce follow-up activity by 25% by April 2023.	The Trust is exploring mutual aid to support with remaining 104 week-wait patients, to reduce this number as much as possible by the end of March. The Trust and ICS is expected to sustain this performance in Q1 of 2022/23 and maintain elimination of 104+ week waits by July 2022.

PLACE

Integrated Care Partnership (ICP) Executives meetings: 15 February 2022 – 11 March 2022

Item	Notes	Impact
COVID-19 Update	The progress and effect of the COVID-19 Omicron BA.2 variant which is currently prominent in Northern Ireland is being carefully monitored. The South East and South West of the UK is seeing much higher COVID-19 rates in this wave than the rest of the country. This is thought to be due to the regions having lower rates in the first wave and there being lower testing rates now, compared to earlier waves. The scaling back of the government response, including monitoring was discussed. Importance of Office for National Statistics ONS survey was recognised, which Public Health would like to be continued. The Council COVID-19 resource will be scaled back after the school half-term. National guidance on changes to COVID-19 testing and self-isolation rules in hospital settings is expected. The Council is expecting its workforce to work from home if they are symptomatic and will review social distancing in offices.	The impact and effective modelling of COVID-19 variants and infection rates will help with capacity planning and identification of where additional mitigations may be required. The response to COVID-19 will have a potential impact on Trust services through capacity to treat those affected and the ability to safely staff areas due to workforce absences. Changes to national guidance will be implemented and communicated by the Trust.
Vaccination programme	Care home booster rates have increased and promotional activities took place during half-term, aimed at increasing vaccination of school children, with information for parents on school websites. Maternity vaccinations have also increased and there continues to be a focus on inequalities. COVID-19 4th dose booster vaccinations will begin in the middle of March for individuals aged over 75. There has been good coverage in pharmacies and family centres for the 5-11 year old cohort.	Vaccination rates will impact on the Trust's COVID-19 hospitalisation rates and are particularly important as a response to the current COVID-19 wave. Future vaccination delivery needs to be considered by the Trust as this will require careful planning.

	The government response to revoke the vaccination as a condition of deployment policy for the health and social care sectors, following the consultation and the impact of this was discussed.	Revocation of the government regulations requiring vaccination as a condition of deployment for healthcare workers will impact some of our workforce, though we continue to promote the benefits of vaccination.
System capacity	The extension of Discharge to Assess funding has been requested by local authorities to ensure effective transition to new models. Although Discharge to Assess has been evaluated as not achieving value for money, it adds value in increasing the speed of discharge and enabling hospitals to remain functioning as Medically Optimised for Discharge (MOFD) numbers from hospitals are currently high. Domiciliary care capacity in the community also remains limited with several care homes closed due to COVID-19 outbreaks and many not accepting new admissions. A new optimal model for discharge was discussed which includes the principles of moving people from hospital as soon as possible, further short-term care provided through hubs, and the development of a complex patient pathway. Investment in reablement would be required, countered by a decreased investment in other bedded care. Patient tracking and system interoperability would also be required which is being worked on. The Cavendish review has been published. Camilla Cavendish's view is that the NHS would not have the capacity to deliver social care and market management in addition to its current remit. A proposal to integrate all roles with a hospital discharge remit into a single transfer of care hub (team) with a single management model was agreed. The approach is currently being tested in the Olympic Lodge.	An effective Discharge to Assess model will improve Trust capacity, while ensuring that patients are in the most appropriate setting to receive care. This approach would improve collaboration between organisations and should improve discharge processes, improving patient flow in the Trust.
Olympic Lodge	An extension to the use of the Olympic Lodge was proposed to the end of May 2022. As a result of reallocation of resources into the Olympic Lodge, the Council community Occupational Therapy backlogs have increased. It was agreed that these Occupational Therapists will return to the Council at the end of March 2022.	The Olympic Lodge has created additional capacity to support the increased demand for services. This will result in the Trust requiring to arrange alternate staffing and puts pressure on the existing workforce.

ICP Development	Place director interviews are expected in April. The role of the Place Director will be focused on Buckinghamshire but with key relationships with the ICS / ICB, primary care and place partners. The relationship between the Integration White Paper's 'single accountable person' at place and Place Directors in the ICS requires further clarification.	The Place Director will be a key advocate for the Trust's local population in the ICS and ensure effective collaboration at both system and place level.
Integrated Care Centre - outline business case	A proposal to develop a detailed business case for an Integrated Care Centre in Buckinghamshire was discussed. The model is being developed in a number of areas in the country and all options for delivery would be considered. The strategic outline case was approved to progress to a full business case to be developed.	The centre would provide bedded reablement to speed up discharge through Home First, as well as step up beds for the community so would improve patient flow in the Trust.

Meeting: Trust Board Meeting in Public

30 March 2022

Agenda item	Integrated Performance Report
Board Lead	Raghuv Bhasin, Chief Operating Officer
Type name of Author	Wendy Joyce, Director of Performance
Attachments	Trust IPR February 2022
Purpose	Assurance
Previously considered	EMC 22.03.2022 F&BPC 22.03.2022

Executive Summary

This document provides the Integrated Performance Report (IPR) for review and discussion.

Metrics has been aligned to the Trust's three strategic priorities.
The focus of the documents is:

- Performance against national targets and standards
- Risks and actions to address negative variances

The IPR was discussed at the Executive Management Committee on 22 March 2022. Key performance challenges were highlighted as well as areas of strong performance. COVID-19 related staff absenteeism and resultant effect on performance was noted as a significant challenge. Whilst the Friends and Family Test was acknowledged as a national indicator other, more effective, metrics would be explored for use in further reports. The Committee acknowledged a need to continue the development of the IPR with a focus on details and timelines of actions and effective executive summaries.

The IPR was later considered at the Finance and Business Performance Committee. The above areas for focus with further developmental work were reiterated by the Committee in addition to work to integrate the IPR and Trust Improvement Programme (TIP).

Decision	The Committee is requested to consider performance and risk impact

Relevant Strategic Priority

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

Implications / Impact

Patient Safety	Quality and Safety Metrics core part of the IPR
Risk: link to Board Assurance Framework (BAF)/Risk Register	1. Failure to consistently provide outstanding quality care that is compassionate, cost effective & safe, 3. Inability to lead an organisation with the capacity and capability to deliver our best in everything we do, 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
Financial	Financial reporting outlined in the outstanding care section of the report

Compliance CQC Standards Good Governance	Well Led - Operational planning is a statutory requirement of NHS Trusts.
Partnership: consultation / communication	Trust wide staff groups
Equality	Reducing health inequalities is a core part of our strategy and a core part of the planning requirements for the NHS. Health inequalities metrics included in the health Communities part of the IPR.
Quality Impact Assessment [QIA] completion required?	Not required

NHS
Buckinghamshire Healthcare
NHS Trust

Integrated Performance & Quality Report

February 2022

CQC rating (June 2019) - GOOD

Integrated Performance & Quality Report

Buckinghamshire Healthcare NHS Trust

Introduction & Contents

The Buckinghamshire Healthcare Trust Integrated Performance and Quality Report is aimed at providing a monthly update on the performance of the Trust based on the latest performance information available and reporting on actions being taken to address any performance issues with progress to date.

The contents of the report are defined by the NHS System Oversight Framework for 2021/22, the Trust's three strategic objectives and the Trust Improvement Programme.

Integrated Performance & Quality Report

Buckinghamshire Healthcare NHS Trust

Executive Summary

The Trust has continued to maintain its full range of clinical services throughout the recent Covid Surge.

The urgent care pathway remained pressured in February due to staff absenteeism, COVID admissions to hospital, emergency care attendances back to pre-covid levels and an increase in bed occupancy. The high occupancy levels were related to an increase in the medically fit for discharge (MFOD) patient numbers because of pressures in the care market.

To address the challenges for the Urgent Emergency Care (UEC) pathway the Trust has implemented several actions including opening escalation capacity and an intermediate care facility at the Olympic Lodge. However the corresponding decrease in bed occupancy and MOFD numbers has not yet been delivered due to the impact of Covid on domiciliary care and care home capacity.

The Urgent Treatment Centre (UTC) continues to provide benefits for patients going through the non-admitted pathway with over 95% of patient being treated within 4 hours of arrival.

The organisation established several workstreams with supporting governance for urgent and emergency care under the Trust Improvement Programme to improve ambulance handover and total waiting time in the emergency department, improve quality and safety and patient flow and strengthen site management processes.

For planned care, a number of challenges have presented in terms of staff and patient availability and patient choice which impacted on performance in February and into March. However the Trust remains on plan to deliver the trajectory of no patient waiting over 104 weeks on a planned care pathway by the end of March.

The Trust diagnostic position against the DM01 compliance target improved in February by 7.92%. This remains a work in progress with expansion of endoscopy capacity and non-obstetric ultrasound expecting to contribute to an improvement in the waiting time for a diagnostic procedure.

Cancer performance against the 2-week wait and 62-day standard, was not delivered in month, however, there has been a reduction in the overall backlog by 209 patients. Improvements for cancer patients is being delivered through the cancer recovery plan which is being monitored through the Cancer Recovery Group and a quarterly report is due to be presented to Board in April 2022.

Integrated Performance & Quality Report

Buckinghamshire Healthcare NHS Trust

SPC Charts

Metrics are represented by Statistical Process Control (SPC) charts, with target and latest month's performance highlighted.

These SPC charts are based on over four years' worth of data to show pre, during and post Covid (where back data is available).

SPC charts are used to monitor whether there is any real change in the reported results.

The two limit lines (grey dotted lines) around the central average (grey solid line) show the range of expected variation in reported results based on what has been observed before. New results that fall within that range should not be taken as representing anything different from the norm. i.e. nothing has changed.

However, there are certain patterns of new results which it is unlikely will have occurred randomly if nothing has changed on the ground. For example a run of several points on one side of the average or a significant change in the level of variability between one point and the next.

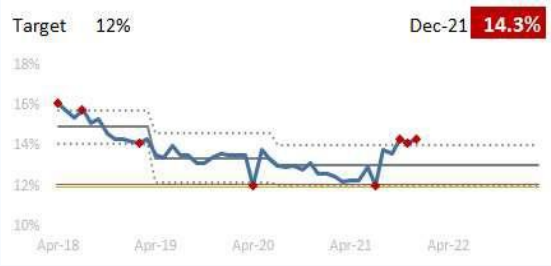
In these charts, where it looks like there has been some kind of change in the variability or average result in the reported data, the limits and the central line have been adjusted to indicate when it appears - statistically - that the change happened. This should be a prompt for users of the chart to look for factors which may have effected the change in the reported data. These may have been changes in the way things were done or external factors e.g. bad weather causing more accidents and therefore an increase in demand/change in case mix.

Likewise, if there is no change in overall average result or variability this suggests that actions taken to improve performance have not had the desired effect.

Either way, users of the charts should take care not to directly attribute causal factors to changes in the charts without further investigation.

Target lines are also plotted on the charts. This allows users of the charts to see whether targets can be expected to be achieved consistently, whether achievement in the current month is due to common cause or special cause variation or whether the target cannot be achieved unless there is a change in the process.

e.g. target line is just under the lower limit line for this indicator showing that it will not be achieved consistently without a change to the process.



Many of the target lines are shown in red and green to indicate which side of the line should be aimed for.

For example, in this case, points lying above the target line would be rated as red; points below would be rated as green.

Where it has not been possible to display the target line like this due to variations in the target, it has been denoted as follows

Integrated Performance & Quality Report

Buckinghamshire Healthcare NHS Trust

Key to Variation and Assurance icons

Variation

Special cause of improving nature due to (H)igher or (L)ower values.

This indicates that special cause variation is occurring in a metric, with the variation being in a favourable direction. (L)ow special cause concern indicates that variation is upward in a metric where performance is ideally above a threshold. e.g. ED or RTT performance. (H)igh special cause concern is where the variance is downward in a metric where performance is ideally below a threshold. e.g. Pressure ulcers or falls.

Common cause - no significant change.

Special cause of concerning nature due to (H)igher or (L)ower values.

This indicates that special cause variation is occurring in a metric, with the variation being in an adverse direction. (L)ow special cause concern indicates that variation is downward in a metric where performance is ideally above a threshold. e.g. ED or RTT performance. (H)igh special cause concern is where the variance is upward in a metric where performance is ideally below a threshold. e.g. Pressure ulcers or falls.

Assurance

'Pass' - variation indicates consistently (P)assing the target.

'Hit and Miss' - variation indicates inconsistently passing and failing the target.

'Fail' - variation indicates consistently (F)ailing the target.

		Assurance		
		Pass	Hit and Miss	Fail
Variance	Special Cause - Improvement	Special cause of an improving nature due to (H)igher or (L)ower values. Variation indicates consistently passing the target.	Special cause of an improving nature due to (H)igher or (L)ower values. Variation indicates inconsistently hitting or missing the target.	Special cause of an improving nature due to (H)igher or (L)ower values. Variation indicates consistently failing the target.
	Common Cause	Common cause - no significant change. Variation indicates consistently passing the target.	Common cause - no significant change. Variation indicates inconsistently hitting or missing the target.	Common cause - no significant change. Variation indicates consistently failing the target.
	Special Cause - Concern	Special cause of a concerning nature due to (H)igher or (L)ower values. Variation indicates consistently passing the target.	Special cause of a concerning nature due to (H)igher or (L)ower values. Variation indicates inconsistently hitting or missing the target.	Special cause of a concerning nature due to (H)igher or (L)ower values. Variation indicates consistently failing the target.

Integrated Performance & Quality Report

Buckinghamshire Healthcare NHS Trust

Overall Performance Summary

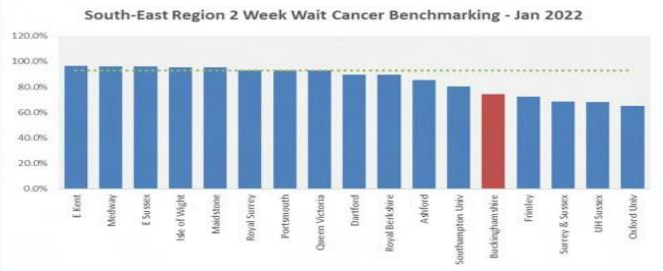
	February 2022	Assurance: Pass	Assurance: Hit and Miss	Assurance: Fail
Variance	Special Cause - Improvement	Nursing and Midwifery vacancy rate Open pathway 78 week breaches	Health Visitor appointments - 14 days Sickness - mental health Occupatient health - management referrals response time Corporate Induction	Non-Admitted clock stops Diagnostic activity levels Diagnostic compliance Endoscopic patients waiting > 6 weeks
	Common Cause	Overall size of the waiting list Open pathway 52 week breaches Theatre utilisation Outpatient appointment disruption Medication incidents as SIs Hospital Standardised Mortality Ratio (HSMR) Patient safety alerts completed late VTE Assessments Extended perinatal mortality Stillbirths per 1,000 cases Stillbirths total cases Pre term births <37+0 weeks Trust vacancy rate	Zero LOS admissions Discharges by 5pm Admitted clock stops Admitted patients booked Non-admitted patients booked Cancelled elective operations Cancer wait times - 2 Week Waits Cancer treatment levels - 31 day treatments Incidents reported Medication incidents Number of Falls Pressure Ulcers SIs declared Never events Patient safety alerts received / disseminated MRSA bacteraemia infections C Difficile infections Treatment escalation plan compliance Cardiac arrests Early Warning Score compliance Complaints received Friends and Family test - response rate Community contacts Telephone contacts Community average Length Of Stay Community urgent 2 hour response Sickness - musculoskeletal FTSUG outreach	ED 4 Hour performance Open pathway 104 week breaches Elective activity Outpatient activity delivered remotely Outpatient follow ups Outpatient DNA rate Outpatients not cashed up Outpatient letters to GPs within 14 days Cancer wait times - 104 days Non-endoscopic breaches Complaints outstanding at 90 days Friends & Family test - positive responses Average time to replace vacancies Data security awareness training Statutory training Referrals into OH and Wellbeing - stress Priority 2 patients waiting longer than 4 weeks
	Special Cause - Concern	Employee relations cases closed	Medically Fit for discharge 21 day LOS - Acute 21 day LOS - Community Incidents that are low/no harm	12 Hour waits in ED Ambulance handovers within 15min, 30min & 60min Cancer wait times - 62 day pathway Cancer Performance - 62 day pathway Cancer screening Faster diagnostic standard (28 days) Turnover rate Sickness

Integrated Performance & Quality Report

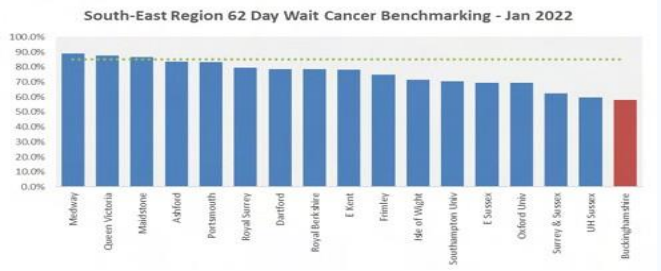
Buckinghamshire Healthcare NHS Trust

Benchmarking Summary for South-East Region

9th out of 16 (Jan 2022 was 8th)



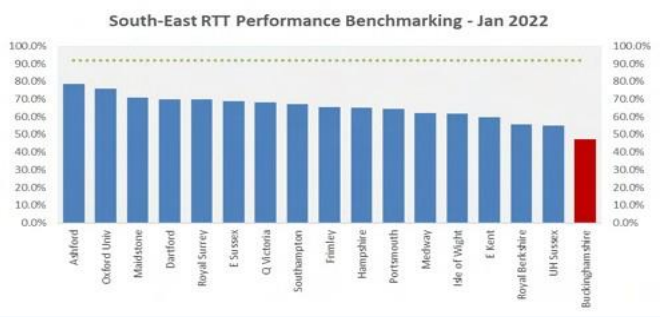
13th out of 17 (Dec 2021 was 12th)



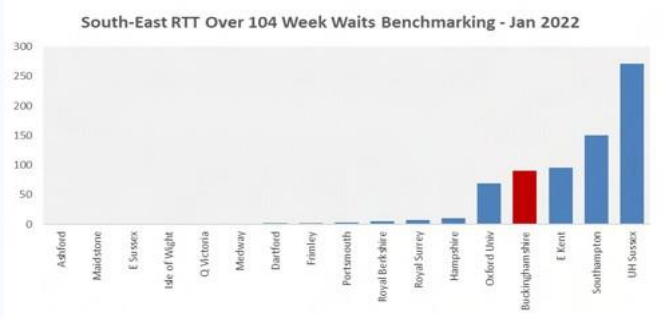
18th out of 18 (Dec 2021 was 18th)

Note: *Frimley Health & Portsmouth Hospitals do not report 4 Hour performance as they are part of the Clinical Services Review*

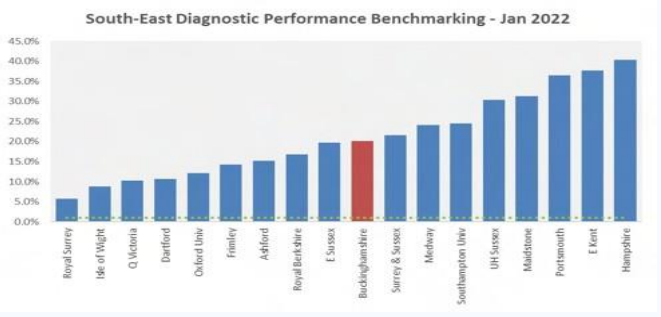
Note: *Hampshire does not report 2 week waits peformance as they are part of the Clinical Services Review*



17th out of 17 (Dec 2021 was 8th)



15th out of 18 (Dec 2021 was 14th)



10th out of 18 (Dec 2021 was 4th)

Source: NHS England - https://www.england.nhs.uk/statistics/statistical-work-areas/

Outstanding Care

Operational Standards - Urgent & Emergency Care

Buckinghamshire Healthcare NHS Trust

Long waits in ED

SDEC has opened for medical referrals, this is GP heralded Emergency Department (ED) and reducing attendance in A&E.

A UTC pathway has opened in Stoke Mandeville ED, and this allows a navigation process to ensure patients are diverted to the correct receiving areas.

SEC has opened for medical referrals; this is GP heralded ED and receives diverted patients from the main ED area.

Implemented a front door rapid assessment where we have teamed a nurse and clinician to see all ambulant patients on attendance at ED.

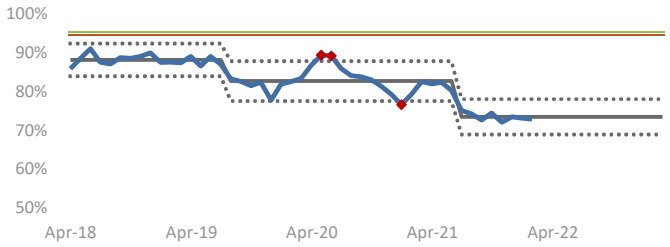
The emergency and rehab service have revised the usage of EOU. This supports efficient and timely referrals into the area and again promotes flow through ED.

Daily huddles have commenced to plan efficient use of resources and patient benefits. Also, daily 12 hour meeting to discuss all patients reaching 12 hour wait and optimising care and pathways.

ED 4 hour performance

The percentage of patients spending 4 hours or less in ED from arrival to departure over all in month departures from ED.

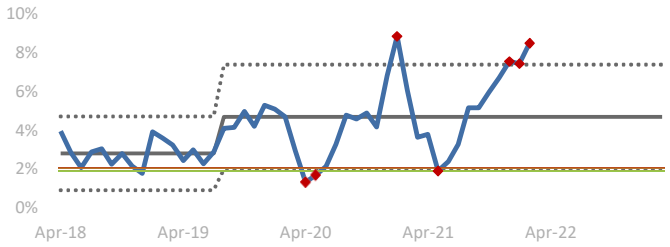
Target 95% Feb-22 **73.0%**



12 hour waits in ED

Percentage of patients spending more than 12 hours in ED from arrival to departure (out of all types departures in the month).

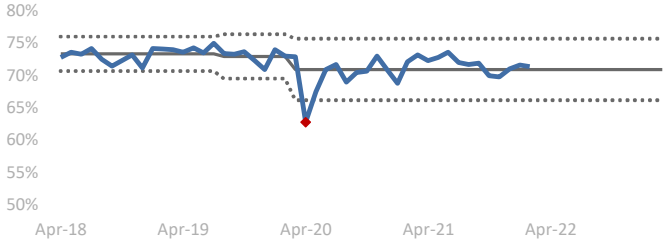
Target 2% Feb-22 **8.5%**



Zero LOS admissions

The percentage of emergency admissions spending less than 24 hours in hospital (out of all emergency admissions in month).

Target N/A Feb-22 **71.4%**



Oversight metric — Target — Exception report available

Outstanding Care

Operational Standards - Urgent & Emergency Care

Buckinghamshire Healthcare NHS Trust

Ambulance handovers

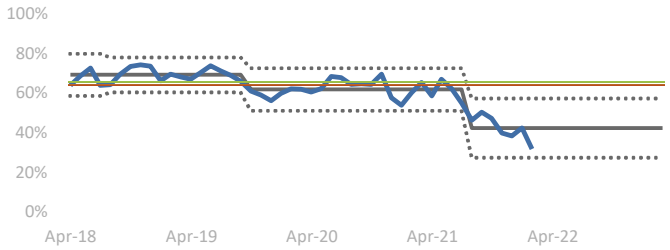
We have HALO supporting ambulance handovers and trialling a roaming rapid assessment service, particularly required when there is no capacity in the ambulance offload area.

We continue to optimise learning from previous experiences and work with the ED team to improve ambulance handover times.

Ambulance handovers within 15 mins

The percentage of ambulance handovers during the month taking 15 minutes or less, over all handovers in the month.

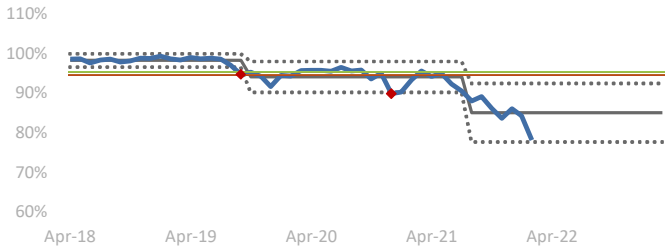
Target 65% Feb-22 **32.0%**



Ambulance handovers within 30 mins

The percentage of ambulance handovers during the month taking 30 minutes or less, over all handovers in the month.

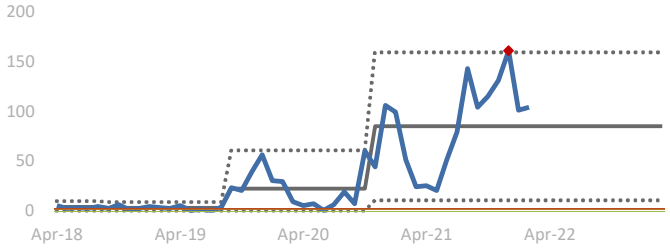
Target 95% Feb-22 **78.2%**



Ambulance handovers over 60 mins

The number of ambulance handovers in the month taking longer than 60 minues.

Target 0 Feb-22 **104**



Oversight metric Target Exception report available

Outstanding Care

Operational Standards - Urgent & Emergency Care

Buckinghamshire Healthcare NHS Trust

Medically Fit for Discharge
We have undertaken a point prevalence study to understand every patient in every bed and reasons for delay. We have engaged our social care and CCG colleagues for timely discharge.

21 day LOS - Acute
There is an intensified focus to expedite patients moving to the correct care. However, COVID infections have impacted on the ability to move patients leading to a longer length of stay in some areas.

Discharges by 5pm
Every day patients who can be discharged early the following morning are identified. The aim is to have golden discharges which is 10 patients before 10a.m. This will increase the flow between ED and wards.

Medically fit for discharge

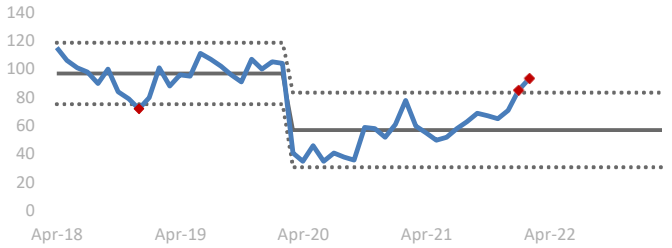
The number of patients in hospital who are medically fit for discharge. Snapshot taken at month end.

Target N/A Feb-22 **109**

21 day LOS - Acute

Count of patients in an acute bed at the end of the month who have a total length of stay of more than 21 days.

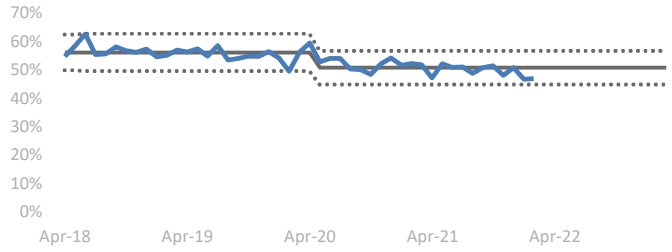
Target N/A Feb-22 **93**



Discharges by 5pm

Proportion of inpatients discharged between 5am - 5pm of all discharges. Excludes maternities, deceased and patients not

Target N/A Feb-22 **46.9%**



Oversight metric Target Exception report available

Outstanding Care

Operational Standards - Elective Recovery

NHS
Buckinghamshire Healthcare
NHS Trust

Size of waiting list
January saw a rise in the number of patients waiting for first review, which is a result of a rise in referrals. This is a similar trend to previous years.

The overall size of the waiting list is reducing compared to September 21, with work to do to continued this trend through 2022/23.

Open pathway 52 week breaches
Long waiting patients continued to be prioritised for appointments and this is seeing benefits in reducing those waiting over 52 weeks.

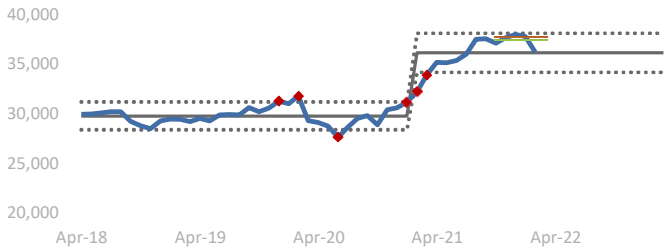
Open pathway 78 week breaches
Focus in 2022/23 is for no patients to be waiting over 78 weeks by October. The number is reducing, and this will be expedited in April 22.

Open pathway 104 week breaches
February has seen another decrease in patients waiting over 104 weeks, with a plan to offer all appointments before the end of March 22.

Overall size of the waiting list

The number of incomplete RTT pathways (patients waiting to start treatment) at the end of the reporting period.

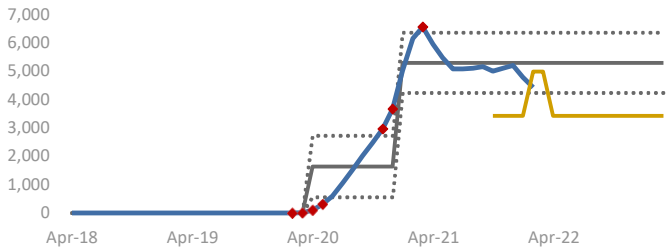
Target 37,590 Feb-22 **36,240**



Open pathway 52 week breaches

Number of patients waiting over 52 weeks on an incomplete RTT pathway at the end of the month.

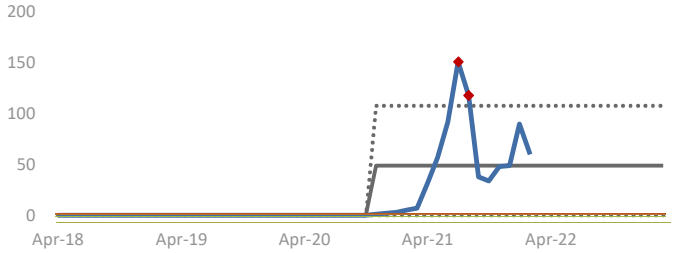
Target 4,990 Feb-22 **4,429**



Open pathway 104 week breaches

Number of patients waiting over 104 weeks on an incomplete RTT pathway at the end of the month.

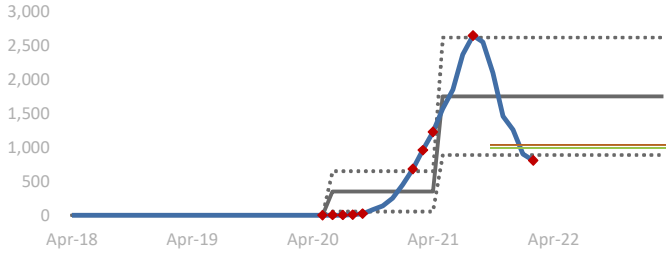
Target 0 Feb-22 **60**



Open pathway 78 week breaches

Number of patients waiting over 78 weeks on an incomplete RTT pathway at the end of the month.

Target 1,018 Feb-22 **812**



Oversight metric Target Exception report available

Outstanding Care

Operational Standards - Elective Recovery

Buckinghamshire Healthcare NHS Trust

Open pathways by weeks wait
The Trust continues to monitor the profile of the waiting list, identifying areas with greater demand. This allows the Trust to plan activity against demand and reduce the overall time patients are waiting.

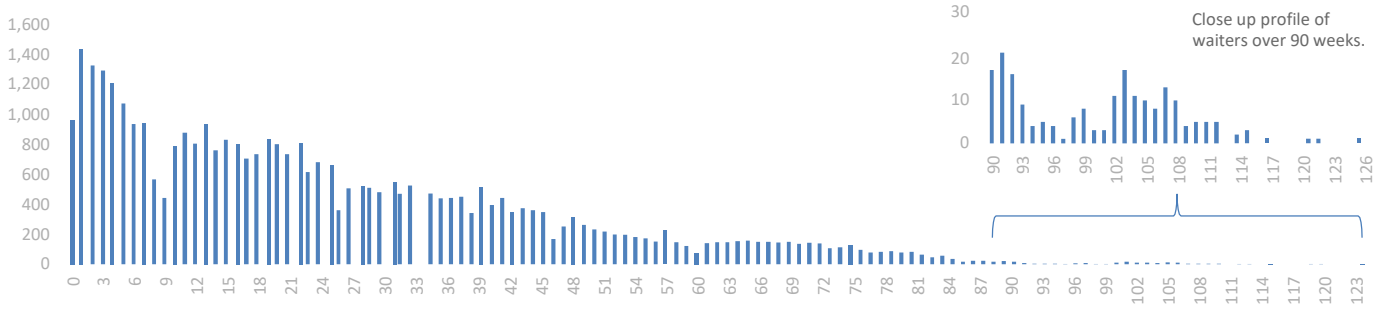
The profile shows small numbers waiting over 90 weeks, all of which have appointments and will be treated very soon.

Priority 2 patients by weeks wait
All patients awaiting treatment are allocated a clinical risk assessment, and P2 patients should be booked within 4 weeks of the decision to treat. The P2 profile evidences this is not the case for all patients, and we are working to ensure all are offered an appropriate appointment. The Trust is still experiencing patient choice to defer their treatment, and this is managed carefully with clinical input to ensure the patient does not come to harm.

The Trust are working to reduce the number of P2 patients waiting longer than necessary.

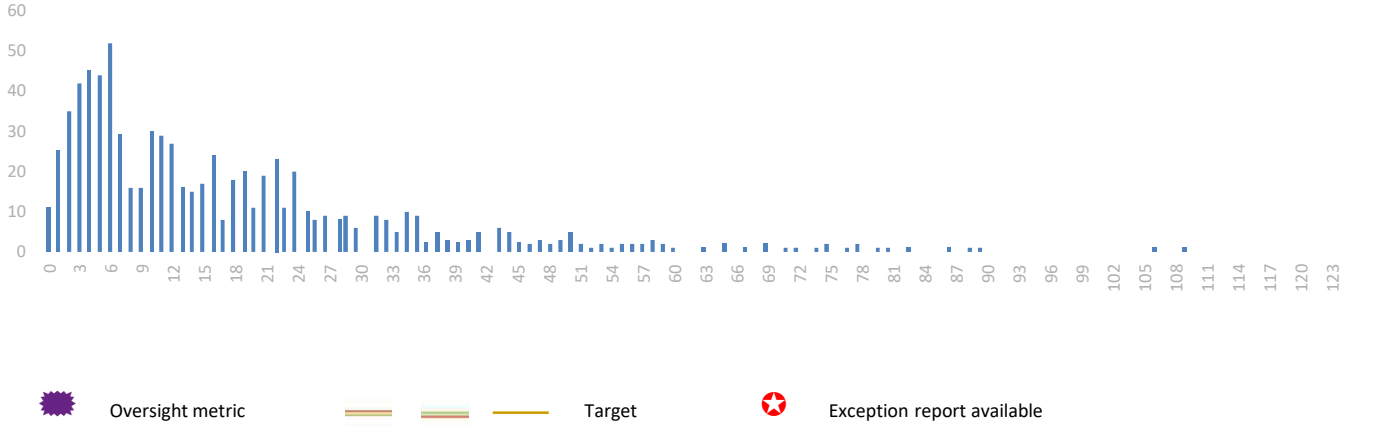
Open pathways by weeks wait

The number of incomplete RTT pathways (patients waiting to start treatment) at the end of the month (Feb-22) by weeks waited.



P2 patients by weeks wait

Number of category P2 patients waiting by wait band at the end of the month. (Feb-22)



Outstanding Care

Operational Standards - Elective Recovery

Buckinghamshire Healthcare NHS Trust

Elective Recovery activity
The Trust has seen a decline in activity levels during the pandemic period and are now working to increase back to 2019/20 levels. Infection control regulations are still in place which does impact recovery, but it is expected this will not be the case from April 22 and activity will begin to rise to pre-pandemic levels.

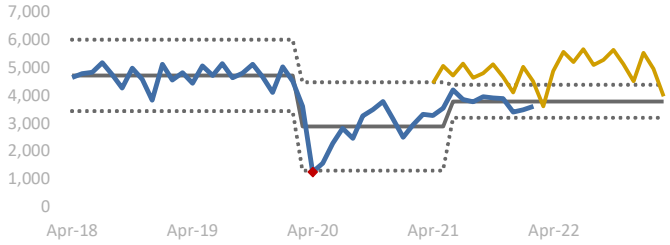
Admitted clock stops
The reduced number is in line with a lower level of activity in January. Clock stops, or treatments, indicate the number of patients treated on admission and is an accurate measure of the number of patients the Trust is treating per month. This is a key metric for recovery of performance in 2022/23 and will increase alongside activity.

Non-Admitted clock stops
Many medical patients are treated at outpatient appointments and metric evidences BHT are above 2019/20 levels. This will assist in reducing waiting times and aids increasing patient satisfaction.

Elective Activity

The number of elective inpatient and day case admissions during the month.

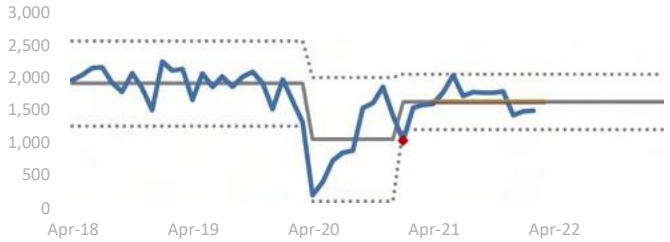
Target 4,515 Feb-22 **3,615**



Admitted clock stops

Number of patients with an RTT admitted clock stop during the month.

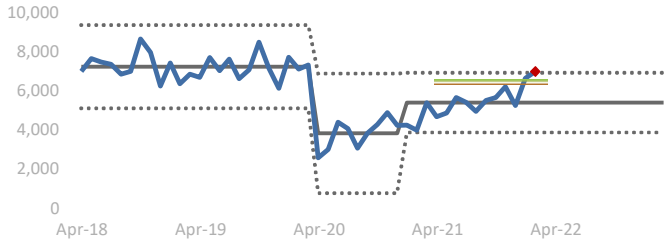
Target 1,620 Feb-22 **1,486**



Non Admitted clock stops

Number of patients with an RTT non-admitted clock stop during the month.

Target 6,411 Feb-22 **6,959**



Oversight metric Target Exception report available

Outstanding Care

Operational Standards - Elective Recovery

Buckinghamshire Healthcare NHS Trust

Outpatient activity delivered remotely
More outpatient activity has been delivered remotely during the pandemic. This has proven to be successful and benefits patients as they do not need to attend the hospital. BHT intend to continue this work and expand to deliver 25% of all outpatient activity virtually.

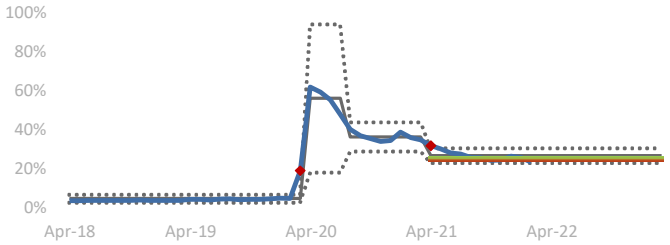
Various methods of virtual delivery are under development, focussing on online delivery which will offer options for patients to participate in consultations.

Outpatient follow ups
2021/22 has seen a recovery of patients receiving outpatient follow up appointments. We aim to keep follow up attendances under 2019/20 level and develop non-face to face options to give patients choice and flexibility.

Outpatient activity delivered remotely

Percentage of all outpatient activity delivered remotely via telephone or video consultation.

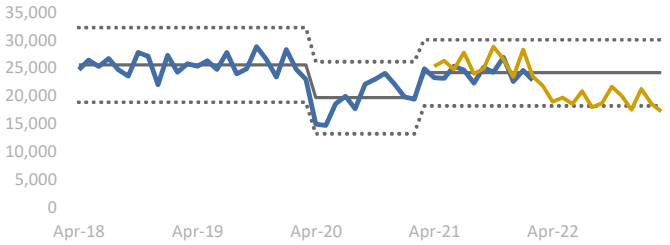
Target 25% Feb-22 **23.3%**



Outpatient follow ups

Number of outpatient follow up attendances during the month.

Target 23,622 Feb-22 **22,875**



Oversight metric Target Exception report available

Outstanding Care

Operational Standards - Elective Recovery

Buckinghamshire Healthcare NHS Trust

Priority 2 patients waiting longer than 4 weeks
P2 patients indicate those who have a measure of clinical risk if not treated soon. The higher number on the waiting list indicates a capacity challenge and this is managed through performance meetings.

We are currently seeing a greater number which are being booked with an aim of reaching 4 weeks post the decision to admit the patient.

Admitted and Non-admitted patients booked
The percentage booked indicates how many patients on the waiting list have agreed their admission for treatment date or first outpatient date. This is improving and is balanced between patients assured they have a treatment or appointment date and only booking up to a 6 weeks ahead. Booking further increases the possibility of cancellations, which is not beneficial for patients.

The aim is to increase the percentage rather than achieve a fixed target.

P2 patients waiting longer than 4 weeks

Number of category P2 patients on the admitted waiting list waiting over 4 weeks from decision to admit at month end.

Target N/A Feb-22 **688**

Admitted patients booked

Percentage of admitted waiting list patients at month end who have a future TCI date booked. Excludes future cancellations.

Target N/A Feb-22 **14.9%**

Non admitted patients booked

Percentage of non-admitted waiting list patients at month end who have a future appointment date booked (not cancelled).

Target N/A Feb-22 **27.1%**

Oversight metric Target Exception report available

Outstanding Care

Operational Standards - Elective Recovery

Buckinghamshire Healthcare NHS Trust

Theatre utilisation
Work to improving planned density time continues to take place. Weekly meetings between booked admissions and services have started.

Number of lists per day as well as any concerns or feedback around theatre lists are now picked up via daily elective management huddles.

Service manager for Theatres and pre assessment has started to work with all teams to review forward look of theatre lists several days in advance to highlight risks or concerns to see how we can improve rather than waiting for tri weekly booking density reports to be produced.

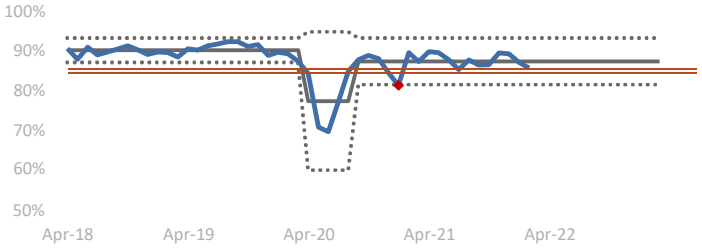
Cancelled elective operations
Upon review of cancellations, breakdown below:

- 8 of these related to surgeons either having to self isolate due to family members testing Covid positive, or had to leave due to personal emergencies.
- 2 cases were performed on the ward rather than in theatres.
- 2 Covid swabs were unavailable on the day of surgery.
- 5 were due to theatre lists overrunning. This is being addressed through a number of various workstreams
- 1 cancellation related to a hole in the set.

Theatre utilisation

Total run time of theatre lists as a percentage of total planned time.

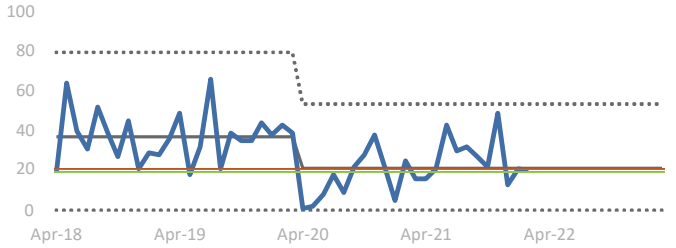
Target 85% Feb-22 **85.8%**



Cancelled elective operations

Number patients cancelled due to elective, non-clinical, hospital initiated cancellations on the day of procedure.

Target 20 Feb-22 **20**



Oversight metric Target Exception report available

Outstanding Care

Operational Standards - Elective Recovery

Buckinghamshire Healthcare NHS Trust

Outpatient Did Not Attend rate
The Trust is still experiencing a higher than target DNA rate. This is improving with the implementation of reminder text messaging, but patients continue to inform us of sickness causing non-attendance.

Outpatient appointments not cashed up
Recording the outcome of clinical attendances (cashing up) is very important to ensure we know if the patient is treated and, more importantly, we know what the patient needs next. We have therefore set a target of all but 2% of less to be cashed up by the end of the month. There is a small number who require a second clinician advice before cashing up.

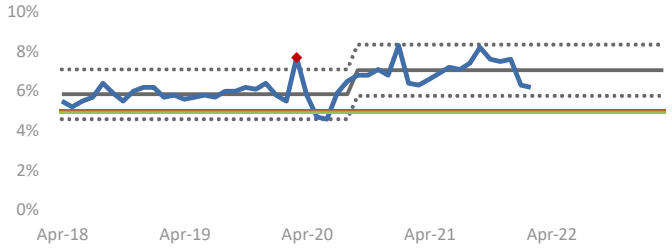
Outpatient letters to GPs within 14 days
The Trust recognise it is important for GPs and patients to receive timely correspondence from clinical appointments. Clinicians tend to dictate their letters immediately or soon after appointments and each Division is responsible for ensuring the letters can be produced and sent within 14 days.

Recovering the letter turnaround time is a priority for Divisions and this will be part of our monthly performance reviews.

Outpatient DNA rate

Percentage of patients who did not attend outpatients over all outpatient attendances and DNAs during the month.

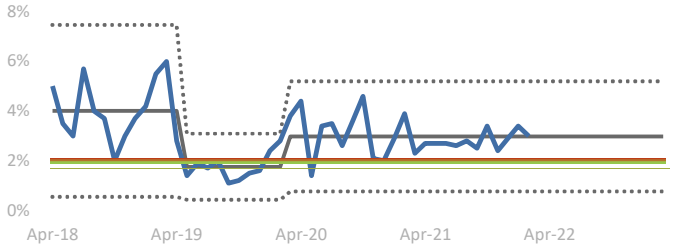
Target 5% Feb-22 **6.2%**



Outpatients not cashed up

Percentage of outpatient appointments in month not cashed up by 5th working day of month end.

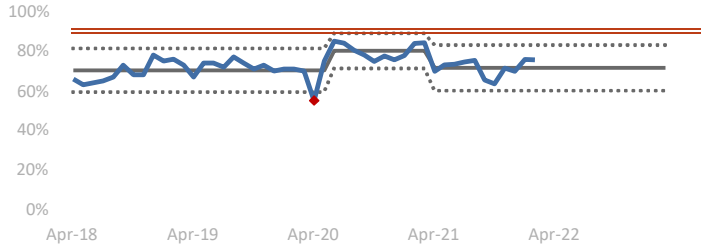
Target 2% Feb-22 **3.0%**



Outpatient letters to GPs within 14 days

The percentage of GPs that received an outpatient letter within 14 working days of patient's outpatient attendance.

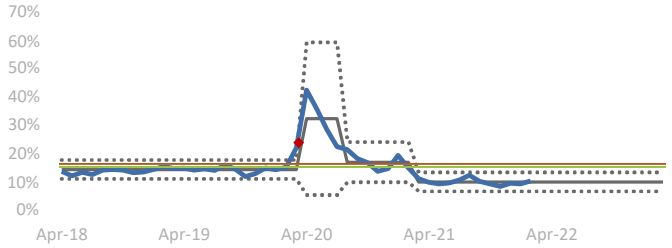
Target 90% Feb-22 **74.7%**



Outpatient appointment disruption

Percentage of hospital cancellations over all OP attendances, hospital cancellations and DNAs during the month.

Target 15% Feb-22 **10.5%**



Oversight metric — Target — Exception report available

Outstanding Care

Operational Standards - Elective Recovery

Buckinghamshire Healthcare NHS Trust

Cancer Wait times - 62 day pathway
The number of cancer 62 Day open pathways increased to 62 in January. January performance was 45.0% against a target of 85%.

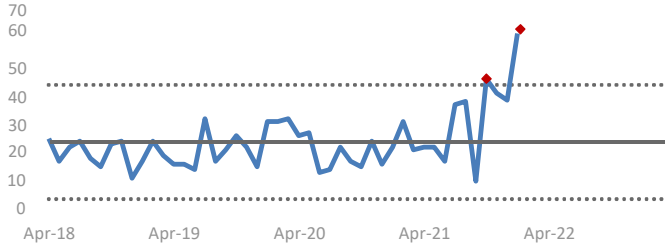
2WW
The January percentage of urgent referrals for suspected cancer seen within two weeks fell to 74.2% against a target of 93%.

104 days
The number of cancer patients waiting 104 days or more from referral in January increased to 14 against a target of none.

Cancer Wait Times - 62 day pathway

The number of cancer 62-day open pathways waiting > 62 days after an urgent suspected cancer referral at month end.

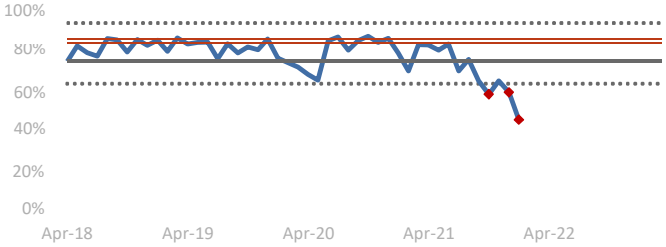
Target N/A Jan-22 **62**



Cancer Performance - 62 day pathway

The percentage of patients treated in month within 62 days over all patients treated in month. For 62 day pathway patients.

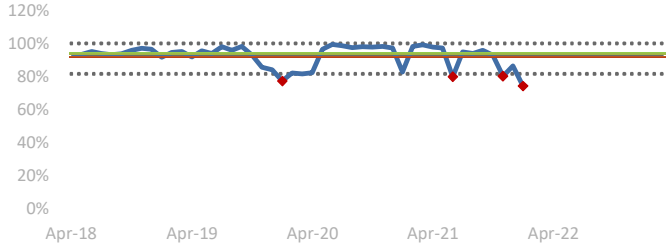
Target 85% Jan-22 **45.0%**



Cancer Wait Times - 2WW

Percentage of urgent referrals for suspected cancer to first outpatient attendances within 2 weeks.

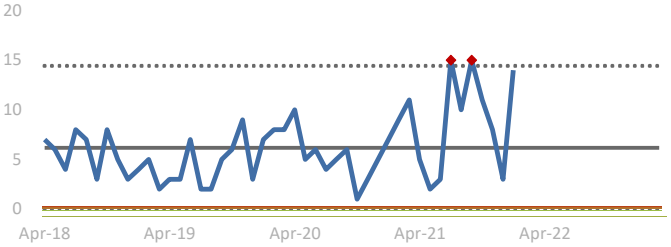
Target 93% Jan-22 **74.2%**



Cancer Wait Times - 104 days

The number of cancer patients waiting 104 days or more from referral to first treatment at month end.

Target 0 Jan-22 **14**



Oversight metric Target Exception report available

Outstanding Care

Operational Standards - Elective Recovery

Buckinghamshire Healthcare NHS Trust

Cancer treatment levels – 31 day treatments
January performance against the 31 day to first treatment standard was 157 patients. We achieved 58.6% against a target of 96%.

Faster diagnostic standard (28 days)
January performance against the 28 days Faster Diagnostic Standard was achieved at 58.2% against a target of 75%.

Cancer screening
January performance achieved at 45.8%, against a target of 90%.

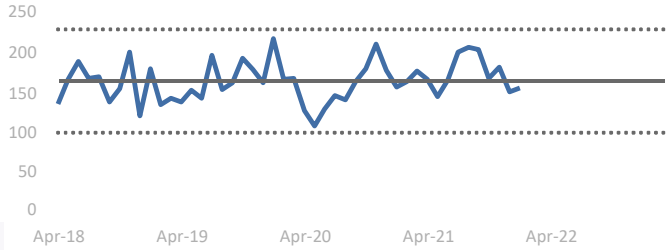
Actions being taken
Prioritisation of key actions and cross-cutting interventions required to achieve greatest impact.
Redirecting resource to support validation – senior leadership and validation expertise.
Establish sustainable workforce solution within Cancer Performance Management.
Establish capacity at each stage of the pathway to ensure capacity is right for demand.

Governance
Cancer Recovery Group - Oversight and Escalation
Increased rigour and compliance:
- 2ww daily huddles – capacity challenges resolved
- PTL daily meetings – visibility and escalation of actions

Cancer treatment levels - 31 day treatments

Number of patients receiving first definitive treatment, following a diagnosis, within the month, for all cancers.

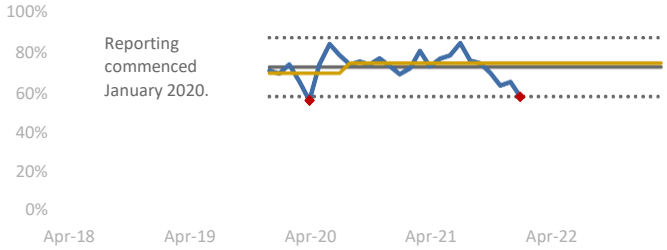
Target 0 Jan-22 **157**



Faster diagnostic standard (28 days)

Percentage of patients receiving a diagnosis/ruling out for cancer or a decision to treat within 28 days following referral.

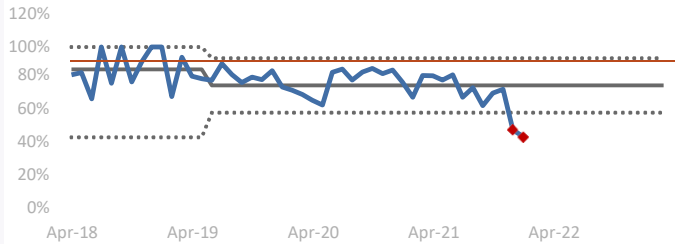
Target 75% Jan-22 **58.2%**



Cancer screening

Percentage of the NHS Cancer Screening Programmes' urgent referrals for suspected cancer starting first treatment <62 days.

Target 90% Jan-22 **45.8%**



Oversight metric Target Exception report available

Outstanding Care

Operational Standards - Elective Recovery

Buckinghamshire Healthcare NHS Trust

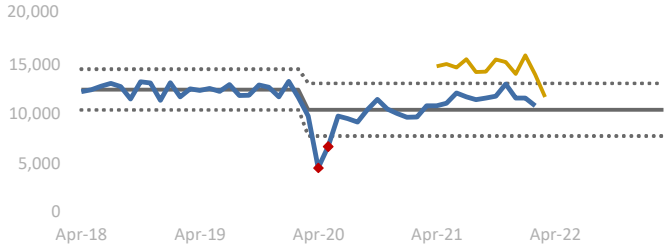
Diagnostics activity
We have had new MRI scanners and increased IPC cleaning regimes which had lengthened scan times, and we have decommissioned an MRI scanner for replacement which has reduced capacity significantly.

Diagnostic compliance
Due to equipment issues and covid related illnesses, we are behind trajectory in MRI and U/S, however we have extra sonographers and a mobile MRI scanner coming on line to reduce the waiting times and get us back on trajectory.

Diagnostic activity levels

The number of diagnostic tests or procedures carried out in the period. Based on DM01 definitions.

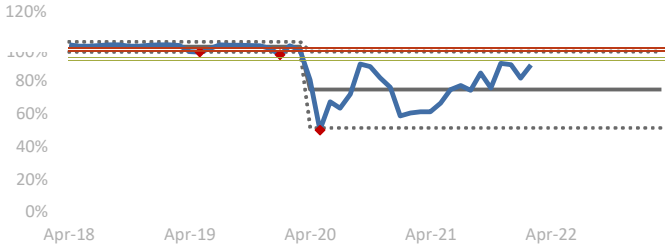
Target 13,675 Feb-22 **10,533**



Diagnostic compliance

The number of patients waiting more than 6 weeks at month end for Imaging or Physiological Measurement tests.

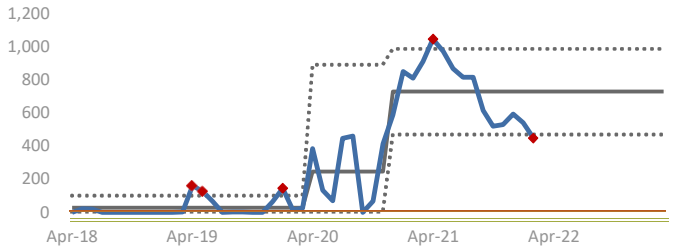
Target 99% Feb-22 **87.9%**



Endoscopic patients waiting > 6 weeks

The number of patients waiting more than 6 weeks at month end for an Endoscopic procedure.

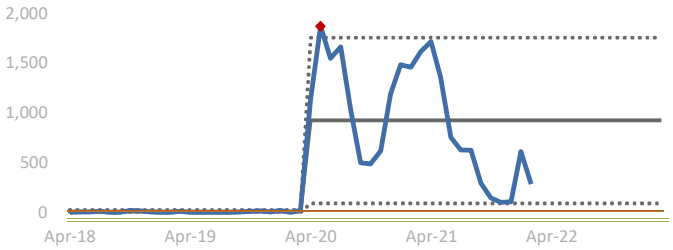
Target 0 Feb-22 **448**



Non-endoscopic DM01 breaches

The number of patients waiting more than 6 weeks at month end for Imaging or Physiological Measurement tests.

Target 0 Feb-22 **285**



Oversight metric Target Exception report available

Outstanding Care - Exception Report

Operational Standards - Elective Recovery

Buckinghamshire Healthcare NHS Trust

Exception Report - February 22

Metric	62-Day	2WW	FDS	104	31-Day	Screening
Target	85%	93%	75%	0	96%	90%

Cancer performance

Lead: Shanil Patel

New reasons for under performance

January Performance:

62-Day (Tumour) - 45.0%
Reasons for under performance - Diagnostics elements of pathway delayed e.g TP Biopsies, Diagnostic scans, delays with Pre-Op assessments, theatre capacity, patient choice/OMICRON isolation/sickness.

2WW - 74.2%
Reason for under performance - driven primarily by insufficient Radiology capacity to support Breast 2WW clinics, hence a high number of breaches.

FDS - 58.2%
Reason for under performance - inconsistency from service areas polling below 14 days, this narrows the window for patients to be diagnosed within 28 days.

104 days - 14 patients
Reason for under peformance - long waiters greater than 104 days, driven by lengthy delays to diagnotics and treatment (surgery), knock on effect from 62-Day breaches.

31-Day - 58.6%
Reason for under performance - driven by diagnostic delays to decision to treat to first treatment within 31 days.

Screening - 45.8%
Reason for under performance - driven by insufficent diagnostic capacity to enable screening cohort patients to be seen in time.

Improvement actions and timeline

Improvement actions and timeline are in line with the Trust Improvement Programme/Cancer Recovery Group supported by PRISM consultancy.

Recovery and implementation plans are in place to support long term recovery throughout 2022.

There is particular and immediate focus to reduce the number of 104 day long waiters and 62-103 cohort to improve 62-Day and 104 performance.

It has been raised numerous times that services are challenged to meet any significant improvements in the short term, an escalation policy for 2WW huddles & PTLs is now in place, alongside oversight from DDs, GMs and Clinical leads. Daily escalation PTL meetings are now in place at 8am each morning to tackle longest waiters.

A number of business cases have been submitted to support workforce challenges in Radiology, Cancer and support services.

Work on an improvement trajectory is in progress and to be published after executive agreement.

Outstanding Care

Operational Standards - Quality & Safety

Buckinghamshire Healthcare NHS Trust

Incidents reported
Incidents reporting has improved year on year with increase number of reported incidents on DATIX in February 2022 compared to previous month. Majority of incidents reported were of low harm, no harm or near misses which indicates of a good reporting culture within the organisation.

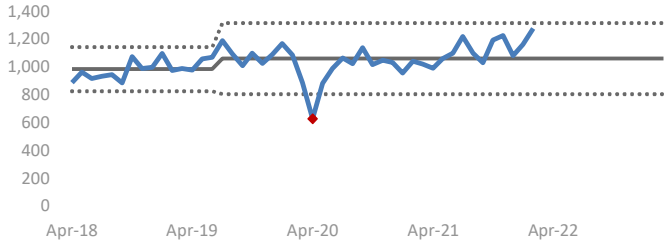
Feb 2022 figure of 1280 incidents shows a 10% increase which is slightly higher than the average increase of 2% increase every month.

Incidents of no/low harm combined
Feb 2022 figure 96.9% shows a slight decrease in low and no harm incidents. There has been an increase in reporting within A&E by staff around patient flow and waiting times within the department.

Incidents reported

Total number of incidents reported on DATIX during the month.

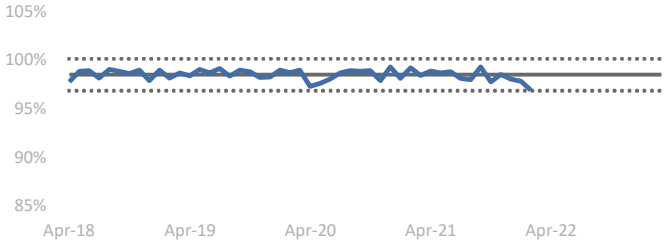
Target N/A Jan-22 **1162**



Incidents that are low/no harm

Percentage of incidents classed as low or no harm in the month - over all incidents reported.

Target N/A Feb-22 **96.9%**



New Datix update

When the new Datix v14 (from v10) goes live next month, in April 22, there may be further changes to incidents figures and an increase in low/no harm incidents is anticipated. The new Datix v14 is an intuitive system which will easily allow users to input new incidents and track investigations.

In readiness for the upgrade to v14 Datix, April 1st, it is proposed that there is a Patient Safety Team workstream to review all overdue no and low harm incidents, and themes provided to drive QI projects. The incidents can then be closed and archived (retrieval available).

Oversight metric Target Exception report available

Outstanding Care

Operational Standards - Quality & Safety

Buckinghamshire Healthcare NHS Trust

Medication incidents
February 2022 has seen an increase in reporting to 95 which is in line with the monthly average for the last 12 months.

No medication incidents have been declared as SIs and the harm rating has remained consistent.

Falls
The number in-patient falls for BHT was 103 Trust wide which was a decrease from the 114 reported in January. The rate of falls per 1,000 bed days was also lower reducing from 5.7 to 5.2.
Majority of falls incident were of low harm or no harm to patient. No inpatient falls declared as serious incident in Feb 2022.

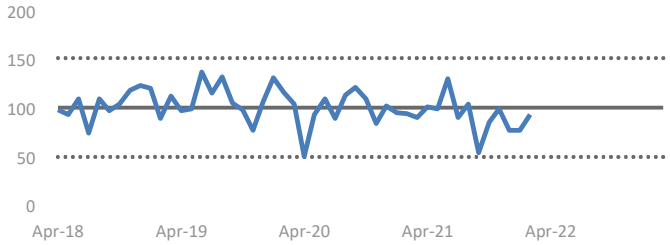
All falls are scrutinised for any opportunity to improve practice and reduce harm while encouraging patients to be mobile and independent.

We continue with our Quality Improvement Plan at the Falls Group, supporting the ownership within the Divisions of their root cause analysis (RCAs) and the learning specific to their ward areas. We are continuing to review equipment, audit mandatory training and develop a bespoke Falls Leaflet for the Trust.

Medication incidents

Total number of medication incidents reported on DATIX during the month.

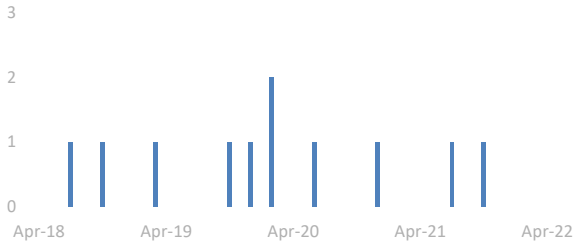
Target N/A Feb-22 **95**



Medication incidents as SIs

Total number of medication incidents reported on DATIX that have been declared as Serious Incidents during the month.

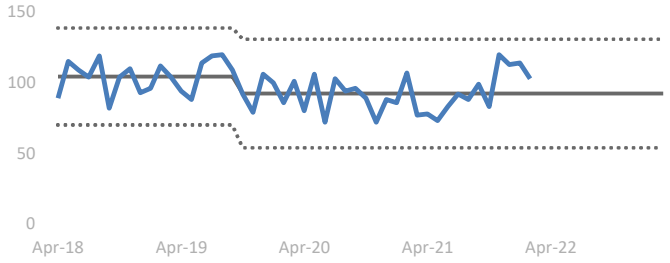
Target N/A Feb-22 **0**



Number of falls

Total number of patient falls reported on DATIX.

Target N/A Feb-22 **103**



Oversight metric Target Exception report available

Outstanding Care

Operational Standards - Quality & Safety

Pressure ulcers
The Tissue Viability team continue to investigate and sign off all Datix for pressure ulcer (PU) incidents.

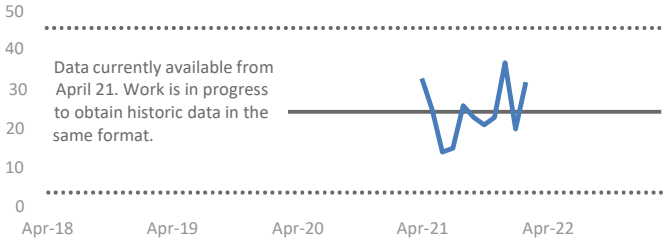
No Category 4 PU reported in Feb 2022 and one Category 3. Root cause analysis conducted on Cat 3 PU and the results will be presented to the SI panel and PU Steering Group for any learning and action plan monitoring.

Ongoing quality improvement project which includes targeted action plan to further reduce hospital acquired pressure ulcers numbers to areas with the highest incidents.

Pressure ulcers - category 2

Number of acquired category 2 pressure ulcers.

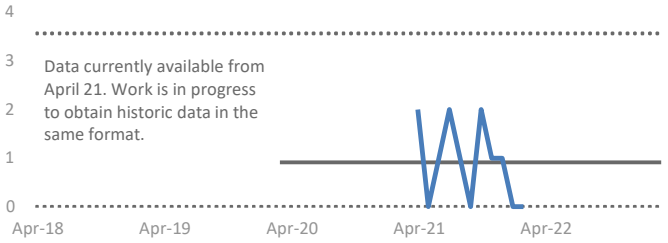
Target N/A Feb-22 **32**



Pressure ulcers - category 3

Number of acquired category 3 pressure ulcers.

Target N/A Feb-22 **0**



Pressure ulcers - category 4

Number of acquired category 4 pressure ulcers.

Target N/A Feb-22 **0**

Oversight metric Target Exception report available

Outstanding Care

Operational Standards - Quality & Safety

Buckinghamshire Healthcare NHS Trust

SIs declared/confirmed
There were 8 SIs declared in Feb 2022. Of these 8 incidents, 3 were related to HOHA Covid-19 outbreaks, 2 of which occurred in January 22.

The Trust has reviewed its SI process in February 2022.
A new Serious Incident Executive and Divisional Management (SIEDM) panel has been established with its first meeting in March 2022.

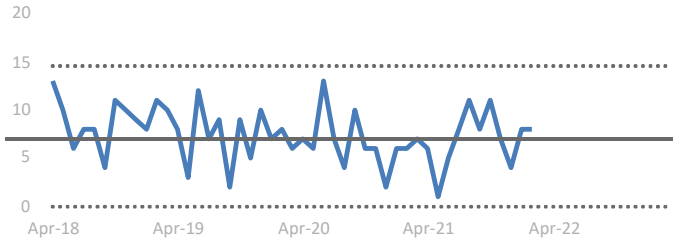
Never Events
Never Event target of zero achieved.
No new Never Events reported since October 2021.

HSMR
The Hospital Standardised Mortality Ratio remains "as expected" and is monitored via the Mortality Reduction Group Meeting.

SIs declared

The total number of Serious Incidents declared during the month.

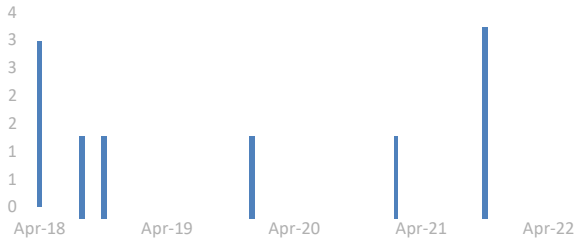
Target N/A Feb-22 **8**



SIs declared as never events

The total number of Serious Incidents declared as Never Events during the month.

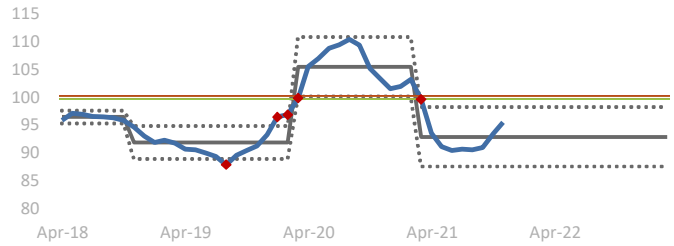
Target N/A Feb-22 **0**



HSMR

Hospital Standardised Mortality Ratio

Target 100



Oversight metric Target Exception report available

Outstanding Care

Operational Standards - Quality & Safety

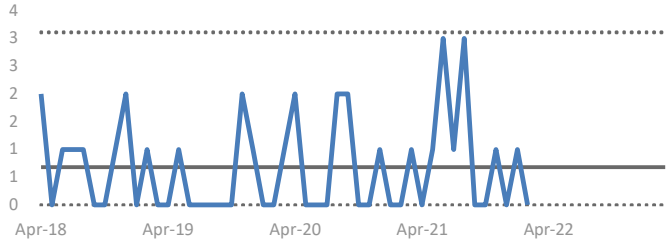
Buckinghamshire Healthcare NHS Trust

Patient safety alerts
No Patients Safety Alerts received in February 2022. The Trust continues to achieve its target with regards to assessment, dissemination and closure of safety alerts actions.

Patient safety alerts received

The total number of patient safety alerts received in month.

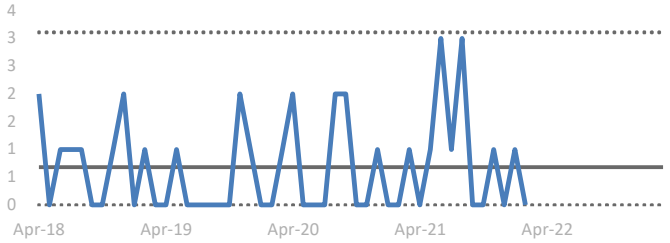
Target N/A Feb-22 **0**



Patient safety alerts disseminated

The total number of Patient Safety Alert disseminated to target audience in 2 working days in month.

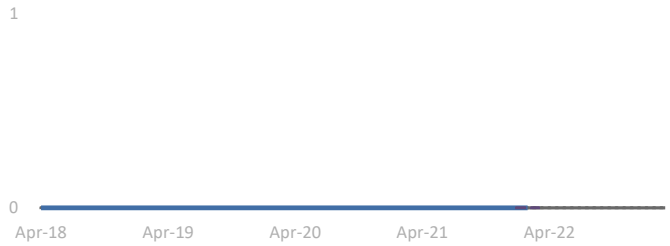
Target N/A Feb-22 **0**



Patient safety alerts completed late

The total number of Patient Safety Alert action not completed before due date

Target N/A Feb-22 **0**



Oversight metric Target Exception report available

Outstanding Care

Operational Standards - Quality & Safety

Buckinghamshire Healthcare NHS Trust

MRSA BSI
No MRSA bacteraemia reported for the month of February 2022.
The Trust continues to monitor compliance on management of intravenous line management through the Tendable App audit conducted by Matrons and ward managers.

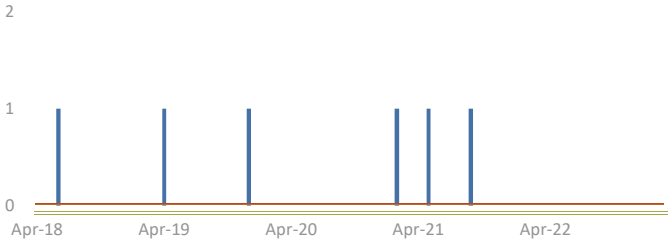
Tendable App audit results are presented to the Quality and Clinical Governance Committee and discuss during the senior nurses and midwives daily safety huddle as part of the Big 4 Safety messages.

Clostridioides difficile infections
As of February 2022, the Trust reported a total of 52 CDI cases which is below the annual target of no more than 61 cases in 2021/22.

MRSA bacteraemia

Number of hospital acquired MRSA bacteraemia infections during the month.

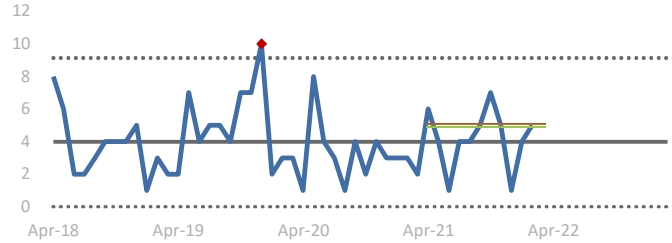
Target 0 Feb-22 **0**



Clostridioides difficile

Number of hospital acquired Clostridiodes difficile infections during the month.

Target 5 Feb-22 **5**



Oversight metric Target Exception report available

Outstanding Care

Operational Standards - Quality & Safety

Buckinghamshire Healthcare NHS Trust

VTE
VTE assessment continues to be compliant against the target of 95%.
Engagement with Junior doctors, regular VTE teaching and a prompt on the discharge summary to include thromboprophylaxis has seen a steady reduction in the number of HAT cases with a drop from 50 (Mar-Jun 21) to 29 (Sep-Dec 21).

Treatment Escalation plan
Compliance is at 91% and an increase from Jan 2022. TEP compliance will also be reported as part of the NEWS Escalation Audit to be presented at Q & S in March.

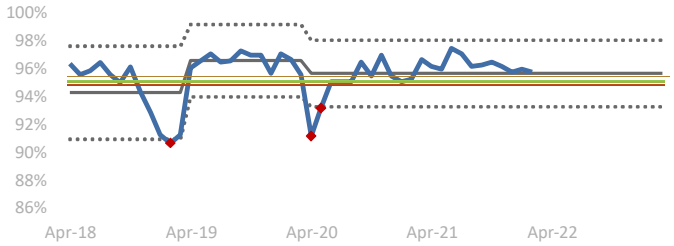
Cardiac arrest
Cardiac arrests are monitored by the Resuscitation Service. Each cardiac arrest is reviewed by a multidisciplinary panel of Consultants and Senior Nurses, any recommendations made by the panel are provided to governance leads, M & M leads, directorate leads and the clinical area in which the arrest occurred.
The cardiac arrest review panel meets every two months.

Early Warning Score
Data extracted from careflow vitals in the form of an Eobs Dashboard demonstrates compliance with observations complete is consistently > 99%. This will be monitored monthly.

VTE assessment

The percentage of patients aged 16 and over, admitted within the month, assessed for risk of VTE on admission.

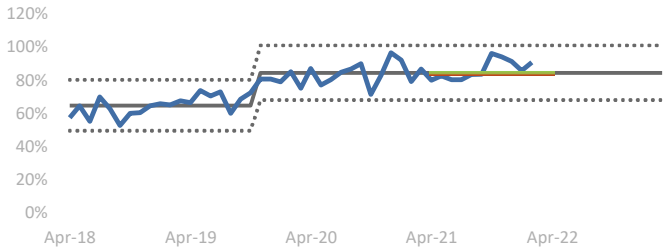
Target 95% Feb-22 **95.8%**



Treatment escalation plan compliance

Treatment Escalation Plan completion rate based on documentation audit conducted via Tendable app.

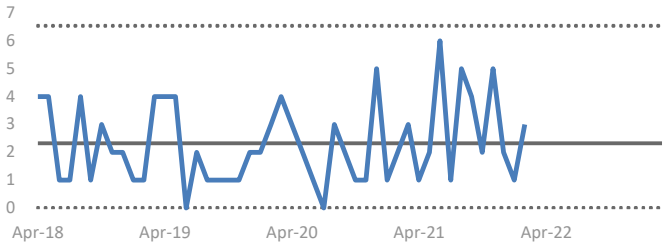
Target 84% Feb-22 **91.0%**



Cardiac arrests

Total number of 2222 cardiac arrest calls in month.

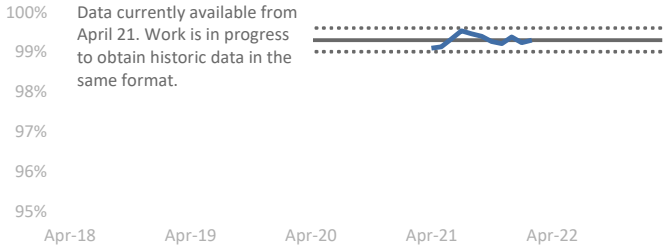
Target N/A Feb-22 **3**



Early warning score

Percentage compliance with early warning score (EWS) completion.

Target Awaiting target Feb-22 **99.3%**



Oversight metric Target Exception report available

Outstanding Care

Operational Standards - Quality & Safety

Buckinghamshire Healthcare NHS Trust

Complaints received
Increase in the number of complaints received in Feb 2022 in comparison to previous month. Operational pressure due to capacity identified as contributory factor.

Complaint response rate within 25 days
Percentage of 25 day complaints responded to within 25 working days has fallen in February to 41%. Operational pressure and staff availability contributed to the delays in receiving divisional response in the allotted timeframe.

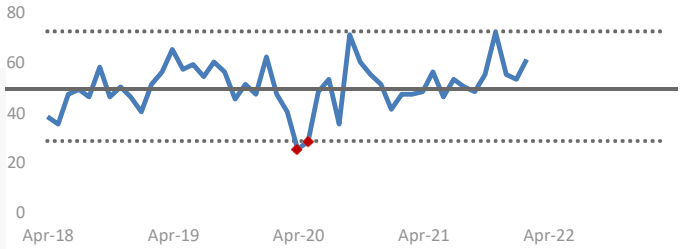
Complaints process review to streamline the process to ensure the Trust is able to provide timely, consistent, and high-quality responses.

Complaints outstanding at 90 days
No complaints waiting over 90 days in Feb 2022.

Complaints received

Number of complaints received during the month.

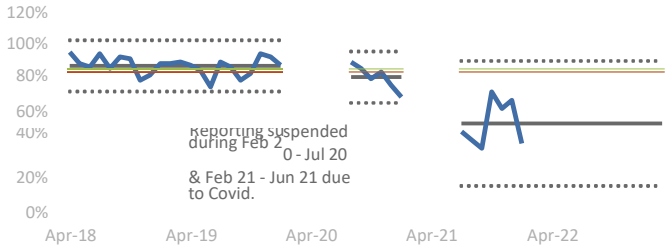
Target N/A Feb-22 **61**



Complaint response rate

Percentage of complaints responded to within 25 days of receipt.

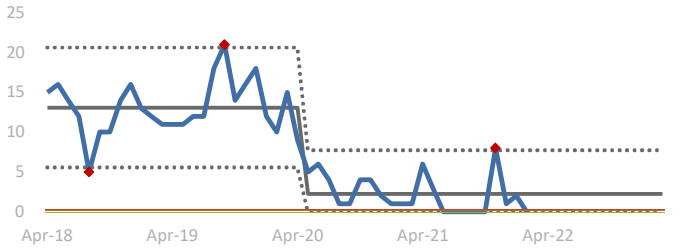
Target 85% Jan-22 **41.0%**



Complaints outstanding at 90 days

Number of complaints still open after 90 days.

Target 0 Feb-22 **0**



Oversight metric Target Exception report available

Outstanding Care

Operational Standards - Quality & Safety

Buckinghamshire Healthcare NHS Trust

Friends and family Test
Ratings have not achieved the target of 95% since the introduction of the Envoy digital platform removed bias from the collection of responses.

Approval ratings for ED have reduced from last month to a lower score of 67.5% for February 2022.

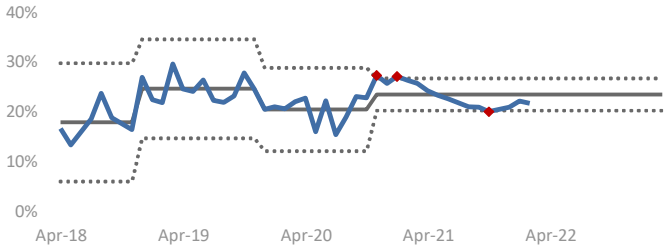
Approval ratings for inpatient areas remain low at 88.6% due to continued restrictions on visiting due to the Omicron variant.

Collaborating with the QI team to develop one patient focused improvement each month as part of teams QI quality Boards.

Friends and family test - response rate

The proportion of eligible patients responding to FFT for inpatients, maternity, A&E, OP and community combined.

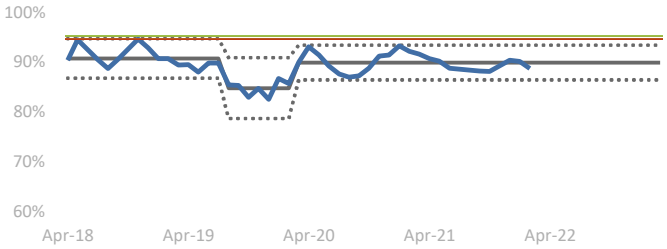
Target Awaiting target Feb-22 **21.7%**



Friends and family test - positive responses

The proportion of positive responses (of all responses) to FFT for inpatients, maternity, A&E, OP and community combined.

Target 95% Feb-22 **88.7%**



Oversight metric Target Exception report available

Outstanding Care

Operational Standards - Quality & Safety

Buckinghamshire Healthcare NHS Trust

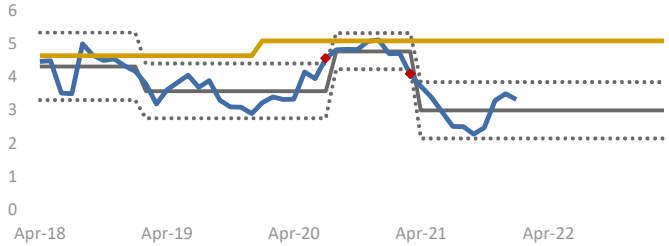
Extended perinatal mortality
The extended perinatal mortality rate is below the national benchmark by 1.8 per 1000 births.

Stillbirths
The stillbirth rate is below the national benchmark by 1.1 per 1000 cases.

Extended perinatal mortality

Extended perinatal mortality per 1,000 cases.

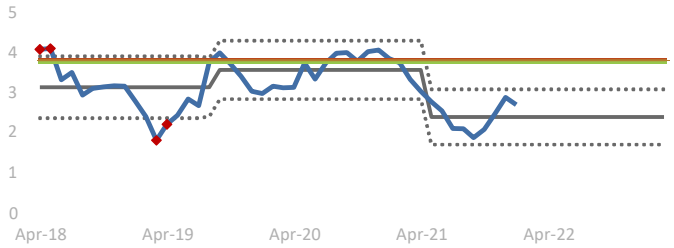
Target 5.10 Jan-22 **3.3**



Stillbirths - per 1,000 cases

Stillborn at 24 weeks or later per 1,000 cases.

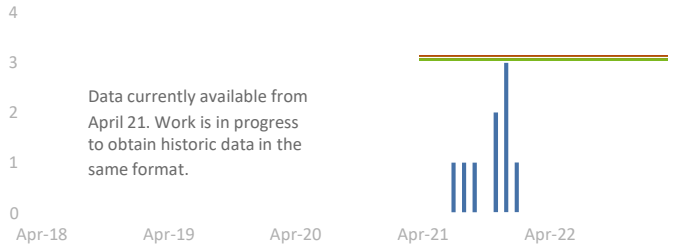
Target 3.8 Jan-22 **2.7**



Stillbirths - total cases

Number of cases of stillbirths at 24 weeks or later.

Target 3.10 Jan-22 **1**



Oversight metric Target Exception report available

Outstanding Care

Operational Standards - Quality & Safety

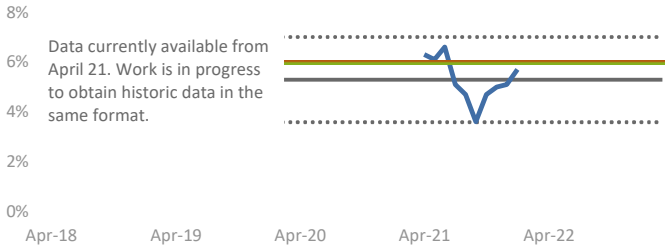
NHS Buckinghamshire Healthcare NHS Trust

Pre-term birth rate
The overall pre term birth rate is below the national target.

Pre term births <37+0 weeks

Percentage of pre term births at < 37+0 weeks - over all births during the month.

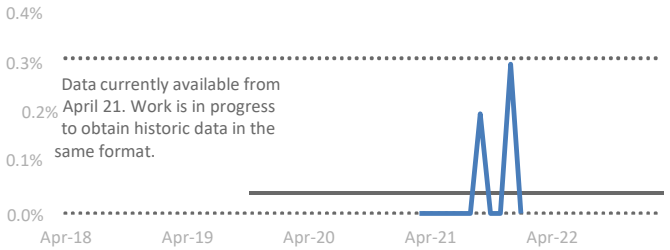
Target 6% Jan-22 **5.7%**



Pre term births 16 - 23+6 weeks

Percentage of pre term births between 16 and 23+6 weeks - over all births during the month.

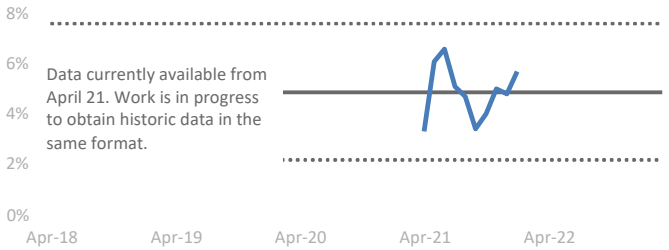
Target N/A Jan-22 **0.0%**



Pre term births 24 - 36+6 weeks

Percentage of pre term births between 24 and 36+6 weeks - over all births during the month.

Target N/A Jan-22 **5.7%**



Oversight metric Target Exception report available

Outstanding Care - Exception Report

Operational Standards - Quality & Safety

Buckinghamshire Healthcare NHS Trust

Exception Report - February 22

Complaint response rate

Lead: Anthony Banton

New reasons for under performance

25 day complaint response ratings remained low at 41% for January-22.

Out of 41 complaints classified as 25 day in Jan-22 there were 19 complaint responses that were not prepared in time from our divisional teams due to operational pressure.

25 day complaint response ratings have not achieved the target of 85% since the re-introduction of monitoring in July 21 .

Improvement actions and timeline

Weekly monitoring of 25 day complaints using bespoke tracker.

Weekly/Daily follow up for all due 25 day complaints by complaints team & Patient Relations Manager.

Complaints Officers follow up individual cases daily.

Daily Follow up to divisions usig tracker - overdue complaint responses sent to HoN daily by DCN.

Streamline complaints process and implementation of newly approved complaints flowchart and response template.

Improvement trajectory

Target	Mar-22	Apr-22	May-22	Jun-22	Jul-22
85%	65%	70%	80%	85%	90%

Outstanding Care - Exception Report

Operational Standards - Quality & Safety

Buckinghamshire Healthcare NHS Trust

Exception Report - February 22

Friends and family test - positive responses

Lead: Amarjit Kaur

New reasons for under performance

Approval ratings for ED remain low at 67.5% for February.

Approval ratings for inpatient areas below the target of 95% this correlates with the increased restrictions in visiting due to the Omicron variant.

Ratings have not achieved the target of 95% since the introduction of the Envoy digital platform removed bias from the collection of responses.

Improvement actions and timeline

Planned introduction of ward dashboard to include FFT, currently piloted at Wycombe Hospital inpatient wards.

Organisational focus on improving patient flow through ED.

Programme of meetings with key colleagues and teams to promote use of FFT data for you said/we did improvements.

Development of new quality boards for wards in liaison with QI team to include you/said we did monthly improvement.

Patient experience committeee establishment to bring organisational focus to improving patient experience. Relaunch of My Name Is campaign.

Improvement trajectory

Target	Mar-22	Apr-22	May-22	Jun-22	Jul-22
95%	91%	91%	91%	92%	92%

Healthy Communities

Partnership and Engagement

Buckinghamshire Healthcare NHS Trust

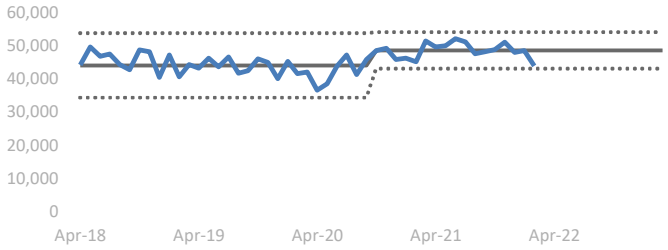
Contacts
The drop in contacts in this last period are due to sickness, annual leave, vacancies and some under reporting by the Health Visitor (HV) teams. Work is underway to improve the capture of contacts with a simplified process in RiO. The roll out to Rio Virtual will also support this work.

Health Visitor appointments - 14 days
A NBV deep dive commenced Nov 2021 in response to a 69% compliance in Q3. Some delays were due to underreporting, vacancies and sickness the HV teams. A tracker was introduced for capturing the reasons for missed 14 days visits. This provided a platform for team lead escalation for support and a better understanding of why visits were delayed including COVID, parent choice, transfer in and outs and staff shortages. We will continue to monitor but can report that compliance has improved in Dec, Jan and Feb.

Contacts

Total number of attended contacts in the month.

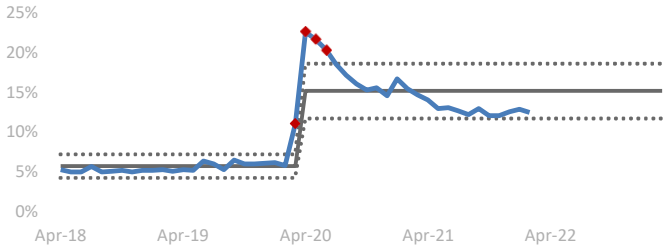
Target N/A Feb-22 **44,033**



Telephone Contacts

Percentage of attended contacts conducted by telephone - over all attended contacts in the month.

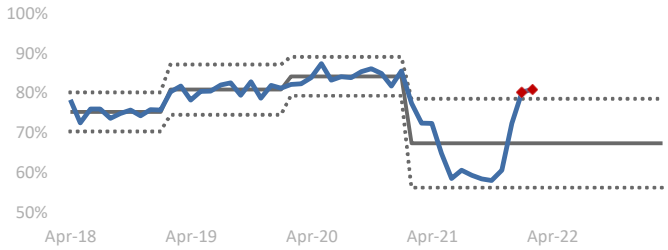
Target N/A Feb-22 **12.5%**



Health Visitor appointments - 14 days

Percentage of new baby reviews carried out within 14 days of birth - over all births in the month.

Target Awaiting target Feb-22 **81.0%**



Oversight metric Target Exception report available

Healthy Communities

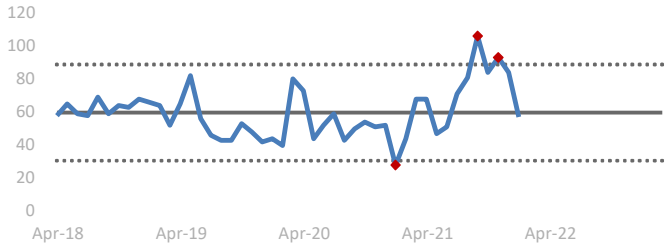
Partnership and Engagement

Buckinghamshire Healthcare NHS Trust

Community hospital admissions

Total number of patients admitted to a community hospital.

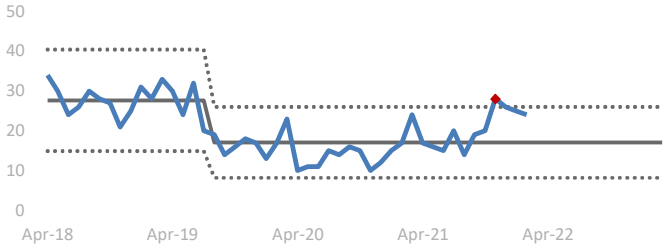
Target N/A Jan-22 **57**



21 day LOS - community hospitals

Count of patients in a community bed at the end of the month who have a total length of stay of more than 21 days.

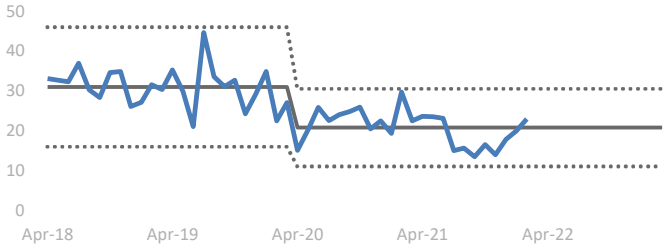
Target N/A Feb-22 **24.0**



Average LOS - community hospitals

Mean length of stay in a community bed for patients discharged from a community hospital during the month.

Target N/A Feb-22 **23.0**



Oversight metric Target Exception report available

Healthy Communities

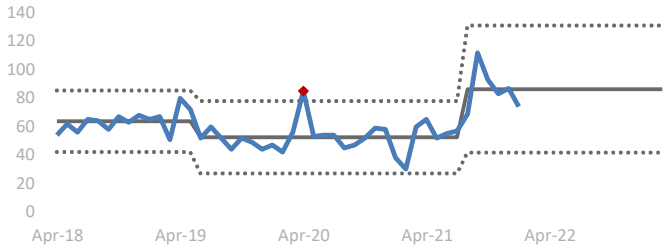
Partnership and Engagement

Buckinghamshire Healthcare NHS Trust

Community hospital discharges

Total number of patients discharged from a community hospital.

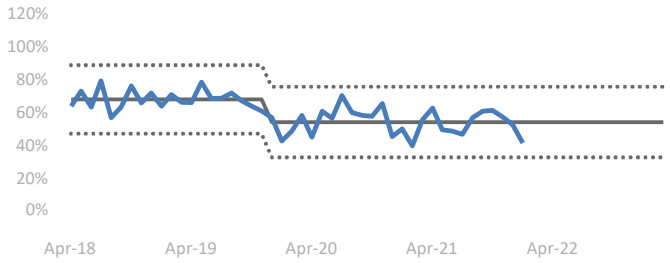
Target N/A Jan-22 **74**



Discharges home

The percentage of patients discharged home from a community hospital - over all discharges in the month.

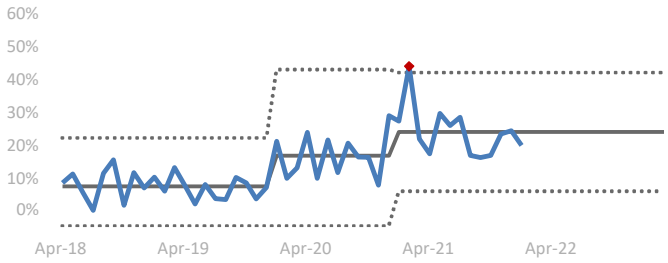
Target N/A Jan-22 **50.0%**



Discharges to residential/care home

The percentage of community hospital discharges to a residential/care home - over all discharges in month.

Target N/A Jan-22 **24.3%**



Oversight metric Target Exception report available

Healthy Communities

Partnership and Engagement

Buckinghamshire Healthcare NHS Trust

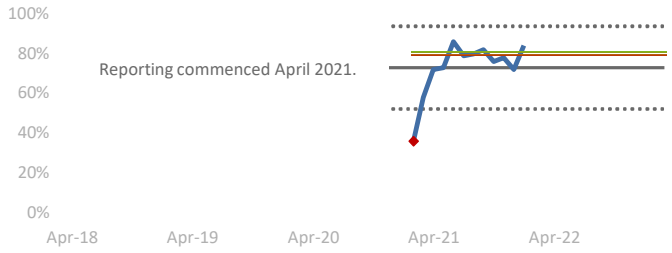
Urgent 2 hour response

A 2 hour response is typically required when a person is at risk of admission (or re-admission) due to a sudden deterioration in their health and wellbeing (clinical condition, illness or social crisis) and likely they will attend hospital without intervention to prevent further deterioration and to keep them safe at home.

Urgent 2 hour response

Target 80%

Jan-22 **84.0%**



Oversight metric Target Exception report available

A Great Place to Work

Ensuring our people are listened to, safe and supported

Buckinghamshire Healthcare NHS Trust

Nursing and Midwifery Recruitment

Our international nursing recruitment programme for 21/22 has been successful, with the final 20 arrivals in early March – bringing the total to our 238 target. We have seen continued success in international nursing recruits gaining their NMC UK registration, with 217, out of 218 that landed before February 22, now working as registered nurses. We will continue the success of our international nursing with a new programme to recruit 120 overseas nurses in financial year 2022/23.

Turnover

Turnover is at 14.4% (a 0.3% reduction from January 22) against a revised target of 13.5% by the end of March 22. This increased attrition reflects the national position.

We are one of twenty three exemplar sites for the national 12-month People Promise Retention programme, launching in April 2022.

The Trust Agile working policy and resources continue to gain momentum to support retention.

Increased internal opportunities for jobs and education are highlighted through BHT today, to enable colleagues to remain in BHT and develop or change career.

Temporary Staffing

Our temporary staffing resource remains important, allowing us to ensure safest staffing levels for patient care, when managing vacancies and sickness within the organisation. As part of the BOB and Frimley ICS temporary staffing programme, a weekly oversight process is in place to provide system-wide oversight of temporary staffing pressures and individual Trusts' proposed mitigations. The benefit is effective and pragmatic responses to local issues, without system wide escalation of costs.

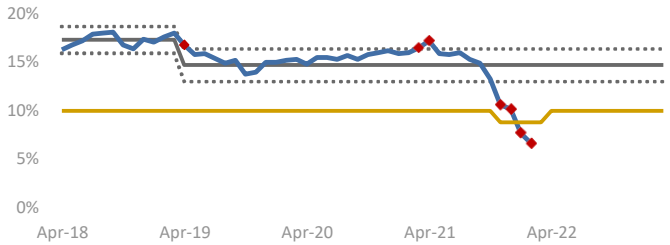
Recruitment

The streamlined recruitment team processes, which led to the significant improvement to our time to recruit for December is still effective, however the greater volume of recruitment levels in Jan and Feb saw an increase in time to recruit to 54 days. We have successfully moved to 'batch recruitment' for Health care support workers, with 53 being recruited 4 events since January.

Nursing and midwifery vacancy rate

% number of vacant N&M FTE positions in Trust vs number of N&M FTE positions (occupied and vacant) in the Trust.

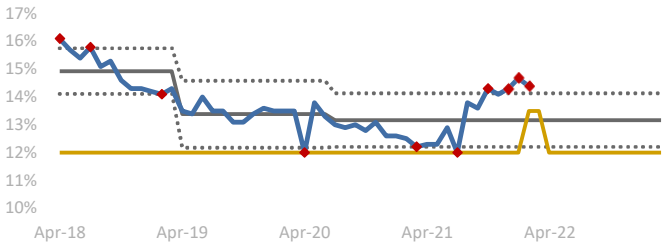
Target 8.8% Feb-22 **6.7%**



Turnover rate

% number of FTE staff that have left the employment of the Trust compared to the total FTE staff employed by the Trust.

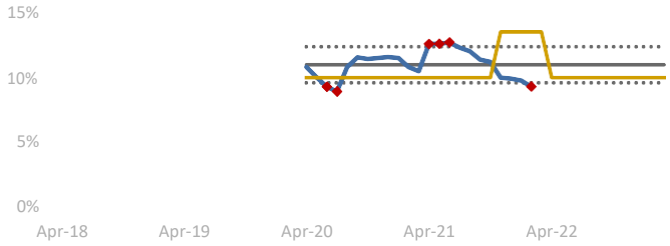
Target 13.5% Feb-22 **14.4%**



Trust overall vacancy rate

% number of all vacant FTE positions in Trust vs number of all FTE positions (occupied and vacant) in the Trust.

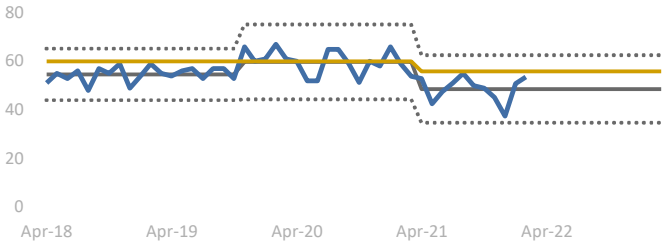
Target 13.5% Feb-22 **9.3%**



Average time to replace vacancies

Total average elapsed days to replace vacancies with staff starting in those roles.

Target 56 Feb-22 **54**



Oversight metric Target Exception report available

A Great Place to Work

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Buckinghamshire Healthcare NHS Trust

Sickness
We have seen an overall downwards trend in absence across the Trust in February 22, but a slight increase in musculoskeletal (MSK) and Mental Health absences – which remain our key areas of focus for support to mitigate the need to take absence, or to support to reduce the length of absence.
In early March COVID-19 related absence is beginning to rise again (reflecting the national trend) with an average of c15 new COVID-19 positive colleagues each day and also c8 per day going through isolation exemption via Occupational Health protocol, using national guidance.
The availability of our workforce is monitored daily and managed through the Trust incident reporting structure and temporary staffing resources used to fill required shifts for safest staffing levels.

Focus on health & wellbeing: Thrive@BHT
Centralised and coordinated support and interventions (from across the People Directorate - HR, OH, Education, Leadership teams) continues to address some of the key drivers identified from exit interviews, wellbeing team conversations and HR Business Partner feedback.

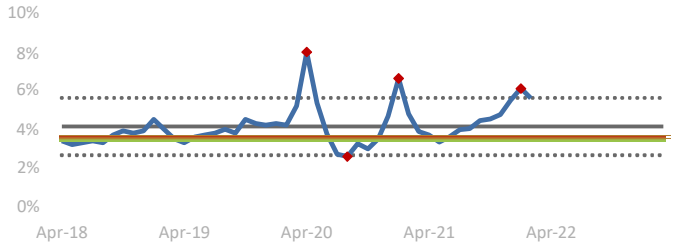
Vaccinations – COVID-19 booster and seasonal flu
At the end of February 22, uptake for COVID-19 first dose was c97%, booster was c80% and 64% for seasonal flu vaccine.

The government legislation to mandate COVID-19 vaccinations for patient facing colleagues (except where medically exempt) that was proposed to be in place from 1 April was taken to a public consultation and subsequently rescinded by government, taking effect from 15 March 22. The Occupational Heath, HR and Wellbeing services continue to support colleagues impacted by this.

Sickness

% total working hours lost because of sickness absences compared to the total working hours undertaken by the Trust.

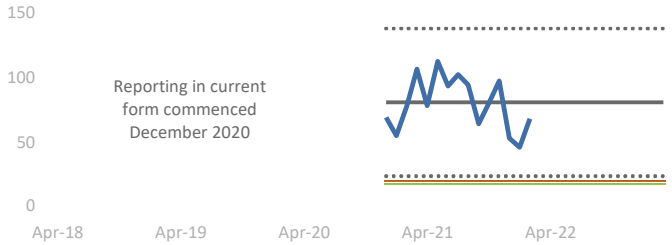
Target 3.5% Feb-22 **5.6%**



Referrals into OH and Wellbeing - stress

Referrals into Occupational Health and Wellbeing for stress per month.

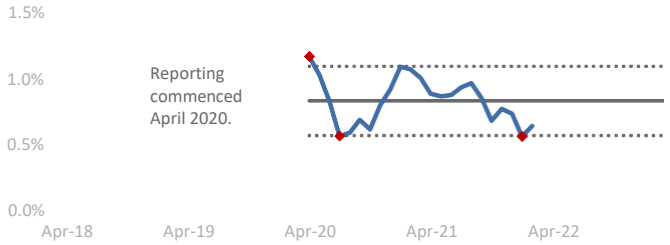
Target N/A Feb-22 **69**



Sickness - mental health

% total working hours lost because of sickness absences due to mental health illnesses compared to the total working hours.

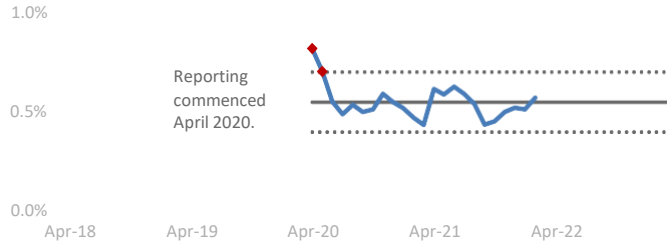
Target 0.0% Feb-22 **0.7%**



Sickness - musculoskeletal

% total working hours lost because of sickness absences due to MSK illnesses compared to the trust total working hours.

Target N/A Feb-22 **0.6%**



Oversight metric Target Exception report available

A Great Place to Work

Ensuring our people are listened to, safe and supported

Buckinghamshire Healthcare NHS Trust

Occupational Health (OH) and Wellbeing
Our KPI for management referrals into Occupational Health was impacted due to both Vaccination as a Condition of Deployment and volume of referrals. We are working to address this through improved processes. Efficiencies will come from our move into a dedicated and refurbished OH and Wellbeing HUB at Stoke Mandeville hospital in April 22. This will bring 3 teams together so we will have economy of scale and more resilience to cover peaks in activity.

We continue to run a separate COVID-19 team within OH to offer support and advice in the management of both illness and exemptions, to ensure a safe return to work.

We have put further resourcing into the Wellbeing team, to extend both our counselling provision and our pro-active psychological wellbeing outreach support across the whole organisation. We have also extended our 'drop in' availability and developed service focussed wellbeing interventions in key clinical areas, following the success of this approach in ITU.

Employee relations
We continue to embed the "just culture" approach in our employee relations processes. This includes updating our policy in the last year, introducing behavioural agreements and introducing a pre-formal process triage.

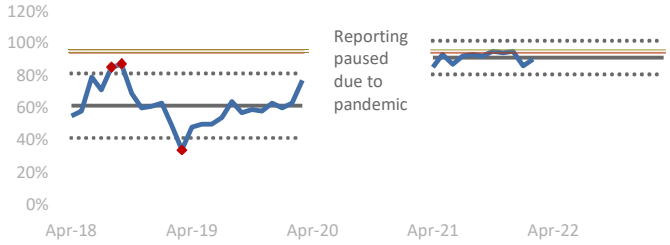
FTSUG
The FTSUG team outreach team is proving successful, providing greater access to support for colleagues. The team and their work directly support our people priorities of safe, supported and listened to.

Number of contacts made by the team in February shows recovery to pre Omicron levels as anticipated. The team has now achieved 3071 staff contacts in 9 months.

Occupational Health Management referrals

Occupational Health Management Referrals – first appointment offered within 10 working days of receipt.

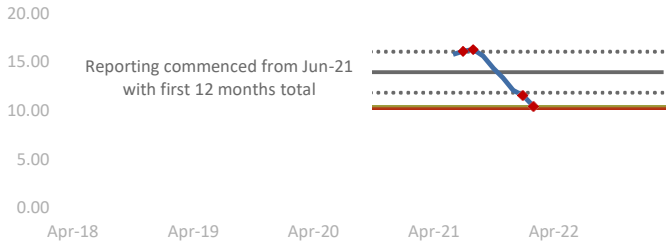
Target 95% Feb-22 **90.0%**



Employee Relations Cases Closed

The number of Employee relation cases closed per 1000 staff rolling total of previous 12 months

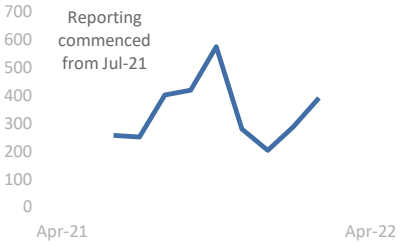
Target 10.40 Feb-22 **10.46**



FTSUG outreach contacts

Freedom To Speak Up Guardian Outreach contacts within month.

Target N/A Feb-22 **392**



Oversight metric Target Exception report available

A Great Place to Work

Ensuring our people are listened to, safe and supported

Buckinghamshire Healthcare NHS Trust

Data Security awareness training
The trust aims to achieve the required 95% DSP toolkit mandated compliance during the reporting year. Compliance is monitored via the Information Governance and Risk & Compliance meetings. NHSD nationally commissioned audit of the DSP toolkit commences on 1 March 2022.

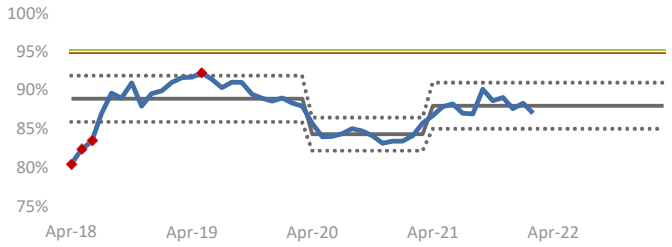
Statutory training
Levels of compliance had been on a upward trend during 2021, after a national change in requirements during financial year 2020-21. We reached 88.7% in October 2021, with a trajectory to be at 90% by December. Rates continue to increase (despite a small dip in February) as we become compliant with a more up to date Safeguarding training standards.

Corporate induction
Our induction programme is a key priority for safe recruitment into the organisation and a high quality, successful induction is a positive influence on future retention.

Data security awareness training

The percentage of eligible staff members being up to date with data security awareness training. Snapshot at month end.

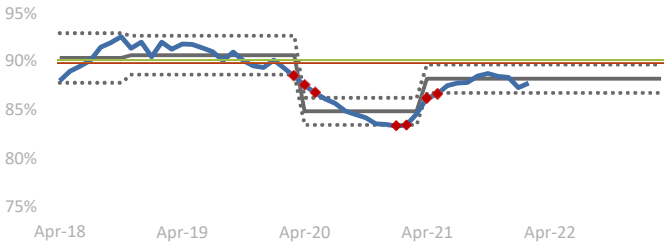
Target 95.0% Feb-22 **87.1%**



Statutory training

The percentage of eligible staff members being up to date with statutory training. Snapshot at month end.

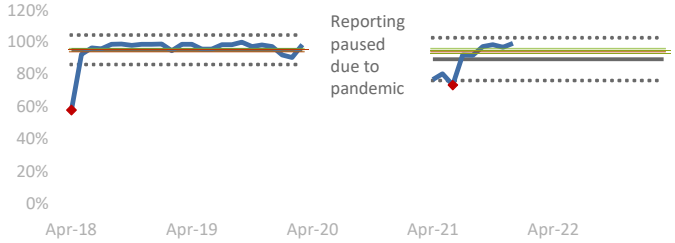
Target 90.0% Feb-22 **87.8%**



Corporate induction

Percentage of staff attending corporate induction within 3 months of joining the trust.

Target 95% Dec-21 **99.2%**



Oversight metric Target Exception report available

A Great Place to Work - Exception Report

Ensuring our people are listened to, safe and supported

Buckinghamshire Healthcare NHS Trust

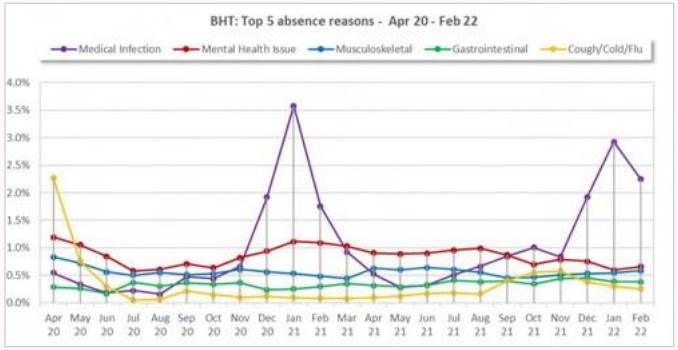
Exception Report - February 22

Sickness

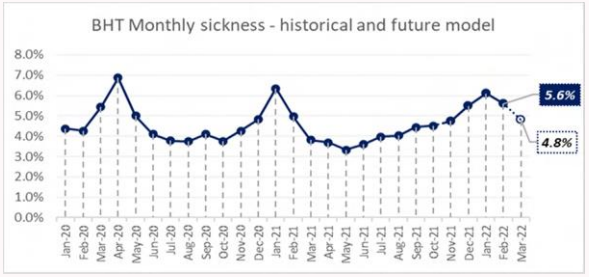
Lead: Karon Hart, Deputy Director for Workforce and Wellbeing

New reasons for under performance

1. Total Sickness absence. Covid-19 cases continue to impact total sickness absence, after a decline in all sickness, we are now seeing an increase in COVID-19 related sickness (reflecting national trend) and other communicable diseases.
2. S10 Sickness absence (Mental Health and Stress) referrals into OH and Wellbeing remain high, but this is a positive indicator of individuals seeking support and enabling us to proactively prevent sickness absence, or support an earler return to work.
3. Musculoskeletal (MSK) sickness absence. Continued demand in MSK referrals through Occupational Health. 2/3 rds for long term sickness absence, 1/3rd short term. Nurses make up the highest staff group affected at just under 1/3 of all referrals.



Improvement actions and timeline



1a. Automatic referrals from Good shape (First Care) into dedicated Covid-19 OH team for triage and actions
1b. Dedicated isolation exemption protocol with Occupational Health (OH) and Infection prevention and control (IPC) teams . This is reviewed with each change in government guidance.
1c. COVID and Flu vaccination boosters to reduce the risk of infection in the workforce. Proposed legislation regarding mandatory vaccines revoked, but we continue to provide advice,support and vaccinations .
1d. Working to increase return to work compliance to ensure the most up to date sickness absence records and that colleagues are appropriately supported in their return to avoid further absence.

2a. We continue to support stress and mental helath proactively and reactively, resonding promptly to calls/emails. Our focus on increasing our proactive out-reach support, especially to clinical areas has been accelerated since additional resource started in Feb 22. Extended outreach now includes all other sites in addition to SMH, we continue to receive very positive response and engagement from those who would not otherwise have spoken to us.We have increased our coucilling capacity to ensure we do not have waiting lists for support.

3a. One dedicated senior Physiotherapist in OH in place, an additional Physio recruited (joining May 22) to undertake more proactive prevention work.. Display Screen Equipment policy is under review to support with focus given to home working. Development of MSK videos being deleloped for the Trust. We are also working collaboratively on developing reasonable adjustments support and 'ability passports'.

3b. The sickness management Task & finish group started on 10 March will complete their actions by the end of March.

A Great Place to Work - Exception Report

Ensuring our people are listened to, safe and supported

Buckinghamshire Healthcare NHS Trust

Exception Report - February 22

Turnover

Lead: Karon Hart, Deputy Director for Workforce and Wellbeing

New reasons for under performance

The graph above shows turnover rates across the whole Trust since April 20, reflecting the impact of Covid-19 during the winter/spring of 2020-21 and continued pandemic pressures into 21/22. We are working to a revised target of 13.5% by the end of March 22 and in February 22 we are at 14.4%.

Leavers information from completed leavers forms and exit interviews are collated monthly and inform our retention intiatives. 12% of total leavers were retirees, but nearly 1 in 4 of these are returning to the organisation and we continue to focus on the retire and return option to keep the experience and skills this group of colleagues can offer.

Improvement actions and timeline

NHSEI Retention prog. We have been selected as 1 of 23 exemplar sites for the new NHSEI "Looking After Our People" National People Promise Retention Programme launching April 22. Via national funding recieved , BHT are recruiting for an 8a Retention Manager to support this programme.

Trust Agile working policy and resources, launched in Sept 2021, continues to gain momentum and is being embraced well within teams. National guidance about working from home and organisational guidelines about continuing to work from home where possible is delayed full implementation.

Retire & return is a key focus**.** We have retirement workshops to support flexible options for people to continue working (possibly reducing band and/or hours). The abatement clause (which would impact some retirees returning, in terms of hours they can work) has been extended to October 22.

Focus on early intervention
Lack of opportunities. Regular BHT Today articles help to ensure all colleagues know about the job and educational opportunities available internally, so if people want to develop or change career we can support that within BHT.

Focus on health & wellbeing: Thrive@BHT
More centralised support (from HR, OH, Education, Leadership teams) continues to address some of the key drivers from exit interviews.
The Wellbeing team have extended their outreach programme with drop ins in key areas (e.g. A&E, ICU) and outreach to all other sites with a weekly programme of outreach communicated via BHT Today
REACT training continues supported by BOB wide delivery, MHFA training and extension of TRiM Practitioner training increase in-reach/in the moment peer-to-peer wellbeing support.

Meeting: Trust Board Meeting in Public

30 March 2022

Agenda item	2022-23 Operating Plan
Board Lead	David Williams, Exec Lead – BOB ICS Acute Provider Collaborative Barry Jenkins, Chief Finance Officer
Type name of Author	Daniel Leveson, Deputy Director of Strategy Karon Hart, Deputy Director of Workforce and Wellbeing Debbie Hawkins, Head of QI and Transformation Isobel Day, Director of Delivery Aneel Pattni, Deputy Director of Finance Andrew Murphy
Attachments	2022-23 Operating Plan
Purpose	Approval
Previously considered	EMC 15.02.2022 F&BPC 22.03.2022

Executive Summary

The enclosed is a summary version of the full Operating Plan for 2022/23 which was discussed at the FBPC on 22nd March 2022.

The plan aligns individual workstreams and national operating plan guidance with our strategic priorities.

The slide deck contains the following key sections:

- Delivery and impact plans – including high level objectives and milestones
- Activity plans – currently being drafted to show how activity levels for next financial year
- Workforce plans – that include narrative required for the ICS and when available will include workforce numbers
- Finance plan – that includes assumptions, risks and sensitivities with detailed financial plan currently under development
- Improvement Plans and Business case prioritisation – to demonstrate areas for improvement or investment to deliver efficiency targets

Following discussion at the Finance and Business Performance Committee meeting, it was agreed that a separate session would be arranged for the Non-Executive Directors to go through the detail of the plan as well as to address concerns related to the stretch-targets and risks to delivery.

There will be further iterations to align activity, finance and workforce and divisional budget positions before the final plan is approved. The Board is asked to note progress and delegate final approval to the FBPC on 20th April 2021 pending final BOB ICS submission of plans on 28th April 2022.

Decision	The Board is asked to discuss the plan, note progress and delegate final approval of the Operating Plan 2022/23 to the Finance and Business Performance Committee.

Relevant Strategic Priority

Outstanding Care ☒	**Health Communities ☒**	**Great Place to Work ☒**	**Net Zero ☒**

Implications / Impact	
Patient Safety	Delivering patient safety is a core part of our quality plan and major contributor to our first strategic priority – to provide outstanding, best value care
Risk: link to Board Assurance Framework (BAF)/ Risk Register	1. Failure to consistently provide outstanding quality care that is compassionate, cost effective & safe, 3. Inability to lead an organisation with the capacity and capability to deliver our best in everything we do, 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
Financial	Financial settlements for 2022-23 are yet to be agreed.
Compliance Select an item. Select CQC standard from list.	Well Led - Operational planning is a statutory requirement of NHS Trusts.
Partnership: consultation / communication	We are working with the ICS to ensure we submit a plan as part of the system.
Equality	Reducing health inequalities is a core part of our strategy and a core part of the planning requirements for the NHS. Understanding people living in deprived areas and people with protected characteristics often have the worst health and care outcomes. The final plan will outline our work in this area.
Quality Impact Assessment [QIA] completion required?	Individual cases for transformation and business cases linked to additional investment will require QIA and EQIA assessments.

Buckinghamshire Healthcare
NHS Trust

2022-23 Operating Plan

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

2022-23 Operating Plan: Key Performance Indicators

Programme	Performance Measures
Urgent and Emergency Care	Reduce 12 hour waits in ED (<2%). Eliminate ambulance handover delays of over 60 mins. 95% handovers within 30 minutes. & 65% handovers within 15 mins. Urgent treatment centre attendances and SDEC Attendances. Reduce delayed discharges (at least 50%) See also integrated communities.

Programme	Performance Measures
Planned Care	30% more elective activity by 2024/25 10% more elective activity by March 2023. Eliminate 104 week waits by July 2022. Zero 78 week breaches by March 2023. Zero 52 week breaches March 2025. Reduce outpatient follow-ups by minimum 25% by March 2023. 5% outpatient attendances moved to Patient-initiated follow-up (PIFU) pathways by March 2023. Deliver 16 advice and guidance requests per 100 outpatient first attendances. Increase utilisation of iS to improve outcomes and reduce waiting lists (% utilisation of core contract)

Programme	Performance Measures
Planned Care (Cancer)	Improve performance against cancer standards: 62-day urgent referral to first treatment 28-day faster diagnosis standard 31-day decision-to-treat to first treatment. Extend coverage of non-specific symptom pathways to at least 75% population coverage by March 2023. 65% of urgent cancer referrals for prostate, colorectal, lung, oesophago-gastric, gynaecology and head/neck meet time pathway milestones. Maximise uptake of targeted lung health checks and low dose CT scans to meet agreed trajectories. Cancer screening compliance with three-year cycle.

Programme	Performance Measures
Diagnostics and Medicines Management	Diagnostic activity level 120% of 19/20 activity. Pathology and imaging productivity improvement of at least 10% by 2024/25. Endoscopy waiting times. Diagnostic compliance <1%

Programme	Performance Measures
Integrated Communities	Virtual wards (40-50 per 100k population by Dec 2023). At least 70% of Urgent Community Response within 2 hours (by Q3). Reduce community waiting list. Anticipatory care plan in line with national model by Q3 2022.

2022-23 Operating Plan: Must Do's

By March 2023 we must have:

Improved people's access to diagnostic tests and test results

1. Improve diagnostic capacity (community diagnostics)
2. Work in pathology and radiology networks
3. Use digital technology to speed-up test reporting

Ensured people receive timely planned care treatments

1. Improve theatre capacity and utilisation
2. Transform outpatients
3. Improve booking and scheduling

Ensured people receive urgent and emergency care in the right place, at the right time

1. Extend UTC and enhance SDEC
2. Transform ED workforce and bed models

Improved access to integrated community care to help people in their homes or get them home quickly and safely

1. Improve care in people's homes (Ageing Well and Virtual Wards)
2. Integrate discharge service (Get me home)

Getting it done requires focus on a small number of initiatives overseen and delivered by our internal capacity, with external support only brought in where we do not have the capability ourselves.

We will be successful when we embed **quality improvement** throughout the organisation and realise the benefits of **digital transformation** and **new workforce models**.

2022-23 Operating Plan: Planning Timetable

Milestone	Target date
Business Planning Guidance issued to Divisions	Complete
SDU level activity baseline position shared	Complete
Financial Strategy workshops take place	Complete
Investment requirements to deliver baseline activity plan submitted	Complete
Outputs of financial strategy work provided	Complete
Check and challenge sessions held with Divisions to ensure deliverability	From 21/02/22
Reconciliation of financial strategy output including efficiency and transformation programme aligned to investments requested	11/03/22
Operating plan including first draft budget setting aligned to activity plans submitted to EMC	11/03/22
EMC review operating plan	15/03/22
Activity and performance, workforce, finance and narrative DRAFTs submitted to ICS (midday)	17/03/22
Divisional plans signed off by EMC	29/03/22
Review and approval of financial plan at Trust Board	30/03/2022
Trust plans signed off by F&BP	20/04/22
Board Away Day	April
FINAL submission of plans to ICS (midday)	28/04/22

Buckinghamshire Healthcare
NHS Trust

2022-23 Operating Plan: Delivery Plans & Impacts

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

Our Vision, Our Priorities

2022-23 BHT Operating Plan Framework

Vision

Priorities

Drivers

Enablers

Provide outstanding, best value care

Clinical Strategy

- Urgent and Emergency Care
- Planned Care
- Diagnostics and Medicines Management
- Integrated Communities
- NSIC and Rehabilitation
- Quality Plan
- Financial Plan

Take a leading role in our community

Health and Wellbeing Strategy

- **Health Inequalities**
  - Start Well
  - Live Well
  - Age Well
- **Partnerships**
  - ICS
  - Community (BC, PCNs)
  - Others
- Employment
- Net zero carbon

Ensure our people are listened to, safe and supported

People Strategy

- Recruitment and Resourcing
- Culture and Leadership
- Supporting our staff
- Workforce planning and development
- Productivity

- Estates Plan
- Digital Plan

2022-23 Operating Plan: Urgent and Emergency Care

We wish to …	Deliver outstanding, best value care
This will require …	Preventing admissions and improving flow
Change in this area will happen by …	1. 2 hour Urgent Community Response (Ageing Well) 2. Revised models and capacity for both medical and surgical assessment outside of emergency department 3. Improving patient flow in the hospital through changes in our ward based processes, including SMH has the correct bed base and necessary medical cover 4. Ensuring we have the correct critical care capacity
This will have the benefit of …	People will spend less time in the Emergency Department Residents will have better access to urgent care outside of hospital People living with frailty or long-term conditions will spend less time in hospital People will be admitted to hospital at the right time and place People will return home after a hospital admission as quickly as possible
We will know we've succeeded when …	There will be no 12 hour waits in the Emergency Department There will be no ambulance handover delays over 60 minutes We will comply with the Criteria to Reside framework We will have reduced the length of stay and achieved better value for the taxpayer

2022-23 Operating Plan: Planned Care

We wish to …	Deliver outstanding, best value care
This will require …	Expanding planned care capacity in a sustainable way
Change in this area will happen by …	1. Improving booking and scheduling processes and capacity including pre-operative assessment 2. Transforming outpatients services with a focus on digital changes 3. Improving theatre productivity, delivering 470 procedures per week 4. Opening a skin cancer centre in Amersham and delivering tumour site improvement trajectories 5. Working in an ICS provider collaborative for ENT, ophthalmology & orthopaedics
This will have the benefit of …	Improved attendance rates and reducing appointment cancellations Improved access to specialist care and advice by phone or video Fewer unnecessary outpatient follow-up appointments Fewer people waiting for planned procedures and faster access to cancer treatments Better patient and staff experiences Improving the value unit of each elective procedure
We will know we've succeeded when …	We deliver 10% more elective procedures than in 19/20 (30% in 23/24) We eliminate 104 week waits (except for patient choice) We deliver at least 25% fewer outpatient follow-up appointments than 19/20 We deliver 62 day and 28 day faster diagnosis standards At least 5% outpatient attendances have been moved to PIFU pathway We deliver 16 advice and guidance requests per 100 OPFAs

2022-23 Operating Plan: Diagnostics

We wish to …	Deliver outstanding, best value care
This will require …	Giving patients and earlier diagnosis
Change in this area will happen by …	1. Delivering community diagnostic centre in Amersham 2. Improving pathology by adopting new digital technologies and working with other providers in a network 3. Improving access to radiology and tests by working with other providers in a radiology network and agree major equipment replacement plan 4. Deliver a sustainable model for endoscopy, including a capital solution
This will have the benefit of …	Reducing waiting times for diagnostic tests Improving productivity in pathology and radiology Earlier diagnosis will lead to better patient experiences and outcomes Reducing loss of equipment downtime in radiology
We will know we've succeeded when …	20% more diagnostic tests than 19/20 10% productivity improvement in pathology and radiology by 24/25 Compliance with diagnostic waiting time targets

2022-23 Operating Plan: Integrated Communities

We wish to …	Deliver outstanding, best value care
This will require …	Working with partners to create new models of out of hospital care
Change in this area will happen by …	1. Increasing the number of virtual wards in the community 2. Along with Buckinghamshire Council, move to a single intermediate care (Home First) model, including creating a case for an Intermediate Care Centre. 3. Through our community hubs programme, expand the volume of community-based clinics and deliver a model of anticipatory care
This will have the benefit of …	People with frailty and long-term conditions will live independently at home People with frailty and long-term conditions will have shorter stays in hospital There will be fewer delayed discharges There will be fewer emergency attendances and admissions for people with frailty and long-term conditions
We will know we've succeeded when …	We will deliver 40-50 virtual beds per 100k population (261) At least 70% of urgent community responses are within 2-hours There will be 50% less delayed discharges There will be fewer emergency attendances and admissions from care homes There will be fewer people waiting for community services (adults and children)

2022-23 Operating Plan: NSIC and Rehabilitation

We wish to …	Deliver outstanding, best value care
This will require …	Rehabilitating people to their full potential
Change in this area will happen by …	1. Continuing the transformation in NSIC and providing reduced delays in discharge and rapid access to specialist care 2. Reducing delays for community rehabilitation services 3. Creating the case for a centre of excellence for rehabilitation
This will have the benefit of …	Better outcomes for people with spinal cord injuries Access to integrated care to improve outcomes for people Reduce duplication and variation between rehabilitation services Early intervention and rehabilitation to support people to live independently at home or in their communities Reduce length of hospital stay National and international reputation for research, innovation and education Creative an inclusive community feel to aid people's recovery and return home
We will know we've succeeded when …	NSIC transformation plan delivered by March '24 – timely access to specialist care Plan for centre of excellence including pathways, workforce, estates agreed by March '23 Work begins to establish a centre of excellence in April '23

2022-23 Operating Plan: Quality Plan

We wish to …	Deliver outstanding, best value care
This will require …	Making our services as safe as possible
Change in this area will happen by …	1. Demonstrating we are a responsive and learning organisation 2. Creating a ‘Just Culture’ and using Appreciative Inquiry as a key improvement tool 3. Ensuring that our people are as safe as possible at work 4. Having effective ‘ward to board’ governance structures 5. Embedding Quality Improvement across all areas
This will have the benefit of …	We will consistently deliver safer care People using our services will consistently have better experiences Clinical outcomes from care will be better There will be fewer hospital acquired infections, falls or other incidents resulting in harm There will better patient and staff satisfaction scores and fewer complaints
We will know we’ve succeeded when …	We have a hospital standardised mortality ratio less than 100 We have upgraded our DATIX system to version 14 Rate of falls is less than 6.8 per 1,000 occupied bed-days There are no MRSA infections There are less than 61 C.Diff infections We reduce nosocomial infections (from 25 Apr-Dec ‘21) 85% of complaints are responded to within 25 days

2022-23 Operating Plan: Healthy Communities

We wish to …	Deliver take a leading role in our communities
This will require …	Focussing on peoples' health, not just their illness
Change in this area will happen by …	1. Ensuring pregnant women have continuity of carer 2. Helping children be ready to start school 3. Working with partners in Buckinghamshire Health and Social Care Academy to improve employment opportunities 4. Delivering our net zero carbon roadmap 5. Reducing inequalities is at the heart of all service change, including how we manage waiting lists, use population health data and provide access to screening 6. Ensure our workforce is as healthy as possible
This will have the benefit of …	Children will get the best start in life People live more of their lives in good health People spend more time in their old-age living independently well at home and less time in hospital Better outcomes in major diseases like cancer and cardiovascular disease for people living in deprived areas More people have access to good jobs Buckinghamshire contributes to economic growth in the region
We will know we've succeeded when- …	Rate of smoking amongst our patients and workforce has reduced Uptake of health checks and cancer screening programmes for people living in deprived communities and minority groups has improved People living in deprived areas and long-term unemployed access employment in health and social care We meet our net zero carbon targets year-on-year Waits for neuro-developmental diagnosis reduce Continuity of carer is the default for people in deprived areas by March '23

2022-23 Operating Plan: A Great Place to Work

We wish to …	Ensure our people are listened to, safe and supported
This will require …	The correct workforce numbers and people are happy at work
Change in this area will happen by …	1. Having plans to maximise recruitment and improve retention, especially in nursing 2. Ensuring we have a compassionate and inclusive culture 3. Supporting our colleagues health and wellbeing 4. Planning and developing our workforce our workforce at service level, including new roles in critical areas such as AHPs, radiographers, specialist nursing and future models of physician-led care 5. Developing our leaders, especially clinical leaders of the future 6. Ensuring our HR processes are timely and responsive
This will have the benefit of …	People will deliver outstanding care for patients and services users People will be happier and healthier at work People will continuously learn and develop We will have a more inclusive workforce where people feel they belong We will be able to recruit and retain the best people We will need fewer temporary staff
We will know we've succeeded when …	Nursing and midwifery vacancy rates are at 8.5% Staff turnover rates for all staff groups are less than 12% Staff sickness rates are less than 3.5% Our Board and senior leadership team reflects the ethnic background of our workforce (24%) Our recruitment processes will be fair, with equal outcomes for all (WRES 1.0) All of our people are using an electronic rostering system We need fewer agency staff and our temporary staffing costs reduce this f/y

2022-23 Operating Plan: Estates Plan

We wish to …	Deliver outstanding, best value care
This will require …	Upgrading our buildings to support the clinical strategy
Change in this area will happen by …	1. Improving Emergency Department facilities 2. Deliver community diagnostics centre at Amersham 3. Complying with statutory requirements, with a plan for services in the Wycombe tower 4. Strategic investments in critical areas, such as endoscopy and acute bed base at SMH 5. Supporting new models of care with our buildings 6. Developing options for long-term strategic investment (HIP)
This will have the benefit of …	Patient flow will be improved after emergency attendances and admissions Women and children will be cared for in suitable environments Maximising the use of our clinical footprint We will engage stakeholders in our case for change and investment in hospitals redevelopment Patient and staff experience will be better
We will know we've succeeded when …	Paediatric A&E is open in winter 2022 Skin cancer centre and minor operations theatre opened in April '23 Endoscopy vanguard operational at SMH CDC business case approved for standard CDC in Amersham by April '23 Business case approved by NHSEI and funding for pre-consultation engagement obtained Buildings compliant with statutory regulations Cleaning, laundry and food costs at peer median by March '23 Clinical utilisation at peer median by March '23

2022-23 Operating Plan: Digital and Technology Plan

We wish to …	Deliver outstanding, best value care
This will require …	Upgrades to our technology and digital culture
Change in this area will happen by …	1. Improving our core technology and systems 2. Procuring, implementing and embedding a new electronic patient record 3. Working with services to adopt new technologies and linking digital change with our quality improvement programme 4. Being able to track patients across the full continuum of their care 5. Embedding the use of the Shared Care Record and using population health data
This will have the benefit of …	More efficient and effective delivery of care Improving processes and reducing duplication Systems across different providers work better together Greater control of their care for patients and their families Ability to monitor peoples health and respond to needs more quickly Able to deliver faster test results and accurate early diagnosis Compliance with cyber security requirements
We will know we've succeeded when …	New data centres and networks are in place Acute EPR is in-place and being used consistently Patient portal is running Every specialty is able to deliver outpatients by video Processes like consent and pre-op assessment are digital

Buckinghamshire Healthcare
NHS Trust

2022-23 Operating Plan: Activity Plans

2022-23 Operating Plan: Activity Planning Assumptions

- Submitted **plans will be compliant** with operating planning guidance requirements
- ICS medium term **elective care strategy will have no impact** on operational delivery within year
- Capital bids for additional capacity to be funded in 2022/23 would not have an impact on activity in year i.e. ophthalmology build
- 21/22 outturn activity will be used as the baseline for urgent and emergency services and community services.
- **Delivery of the stretch targets** within the 2022/23 operating planning i.e. 10% additional elective and 20% diagnostic activity **may require additional investment**

Assumptions are based on the understanding that current activity levels will be positively impacted as:

- Covid will no longer impact productivity and efficiency e.g. through staffing constraints, physical constraints or clinical need i.e. Social distancing/IPC restrictions / expanded critical care capacity
- Physical capacity available (theatres, outpatient rooms et cetera) will be at least equal to that available in 19/20
- Efficiency and productivity plans developed in line with the financial strategy will provide the required detailed actions and expected productivity gains i.e.. Theatre productivity maintained at 85%

Where this is not the case the level of activity expected to be delivered within budget would be adjusted accordingly

Stages of Planned Care: Increasing Activity

Aim to increase elective activity to deliver 2019/20 levels plus 10%
Aim to increase diagnostic capacity to deliver 2019/20 levels plus 20%
Aim to reduce follow up activity by 25%

Buckinghamshire Healthcare
NHS Trust

2022-23 Operating Plan: Workforce Plans

2022-23 Operating Plan: Workforce Planning

Version Two of our data submission builds on the previous flatline submission in Feb'22

It uses the following base line data:

- Mid-year financial establishment (Sep 21)
- Staff in post (Jan 22)
- Bank and Agency usage (Jan 22)

The full assumptions currently applied are detailed on next slide.

Operating Plan Commitments

The modelling, based only on what is currently known, meets or exceeds the operating plan commitments.
Where modelling exceeds, an element can be attributed to the global assumptions applied.

Final submission

More granular assumptions should be available between this submission and the final submission in the key areas of finance & activity and adjustments can then be made to these global assumptions.
Triangulation with final operational and finance plans will be applied once available.

2022-23 Operating Plan: Workforce Planning

- **Attrition** at 12% applied globally with no nuance. Therefore, shows greater growth in 'high turnover' areas of the workforce (e.g. HCA, Nursing, etc).

- **Vacancy fill** is assumed at minimum of 50%, this assumes that fill is on a rolling recruitment basis with a continued level of vacancy due to time delays.

    - All known starters have been included in the modelling against relevant Occ Codes.
    - All known resourcing programmes have been included in the modelling, and therefore affected staff groups have been excluded from the overall assumption on vacancy fill.

- **Temporary staff** reduced at a rate of 50% with a 3 month delay on substantive appointments to allow for handover/induction/compulsory training etc.
    - No further adjustments made to proportion of temporary staffing between bank and agency usage has been modelled.
    - Actual figures from Jan 22 have been used to appropriately attribute Bank & Agency reductions to each professional group.

- **Education** outputs are included in the model in Sept 22 & Feb 23
    - 60% of Direct Entry & 100% of Apprenticeships are assumed to become substantive.

- **Sickness** is not modelled in the numbers, as this would be a double count against temporary staffing usage.
    - An overall reduction in sickness levels would see a temporary staffing benefit that is not in the assumptions modelled.

- **VCOD** impact has not been modelled.
    - This is a potential risk if anything is introduced by other regulatory means.

- **Pension abatement** impact has not been modelled.
    - This would impact Winter 22/23 as currently the stay is in place until Oct 22.

Buckinghamshire Healthcare NHS Trust

2022-23 Operating Plan: Finance Plan

22-23 Budget-setting: Executive Summary

The Draft financial plan for 22/23 has been prepared in draft and currently shows a deficit of £29m. There are additional downside scenario risks outside of the plan in the range of £8m-£10m, which would increase the deficit to £38m if downside risks materialised. In the best case scenario, if additional funding becomes available in line with a genuine “flat cash” offer, this would result in a deficit of £9m.

There are two key drivers for the £29m deficit. Total income has fallen by £20m compared to 2021/22 and an additional £9m of investments have been funded.

NHS Income: Work is being undertaken to review agree the income funding proposal from BOB ICS in relation to income from Bucks CCG, Oxford CCG and Berkshire West CCG. This draft plan is based on the current funding proposal from BOB, issued on Monday 7th February. This indicates a material full-year shortfall (in the region of £20m) against the “flat cash” funding proposal from BOB ICS. Further discussions and negotiation will be required to understand the total funding for BHT in the context of an offer of a “flat cash” envelope (i.e. 22/23 being calculated on the basis of 21/22 H2 x 2) at the overall BOB ICS level. This slide deck includes a bridge from 2021/22 to 22/23 showing the key changes in funding.

Delivery of 22/23 activity trajectories and funding requirement: Activity trajectories have been developed in line with national planning requirements. The analysis to date has identified areas where there are material gaps (shortfalls) between current levels of activity and 22/23 activity planning trajectories. This may create the need for additional short and/or longer term investment in to some specific areas. Work is being undertaken, led by the COO and Director of Business Recovery, to review the trajectories, identify and stress test the requirements for additional funding.

The following slides provide an overview and summary of the 22/23 budget setting key assumptions, key risks and sensitivities, and results from stress testing. A summary of the current BOB ICS position is also provided.

Key Assumptions for 2022-23

Key assumption	Base case assumption
Patient Care activity income	21/22 H2 income (less adjustments) x 2. Current draft position is based on latest proposal received from BOB ICS as of 10th March 2022. Estimates have been applied for Associates, Spec Comm and other NHS income based on 22/23 national planning guidance. Income is subject to further discussion and negotiation before final agreement with commissioners.
Elective Recovery Funding	NHS Contract income offer includes £12.5m Full Year ERF funding, compared to £15.3m plan in 21/22.
Other income	Other income is recovered to at least 19/20 pre-Covid levels. This includes Health Education England, Charitable income, PP income, Rental income and R&D and all other income streams recovering.
Top up funding	BOB ICS has confirmed that Block figure includes Top-up and Covid-19 funding. 22/23 assumes similar levels of funding less an NHSE/I and BOB ICS imposed central reduction in funding for efficiency.
Pay costs	Recurrent full year pay budget (excluding Covid-19 pay costs) as at 30 September 2021. Adjust for pay inflation, estimated pay increment and other pay changes, in line with national settlement and pay awards. Includes allowance for H1 run-rate overspends compared to budget.
Non-pay	Recurrent full year non-pay budget (excluding Covid-19 pay costs) as at 31st March 2021. Adjust for 22/23 non-pay inflation in line with national planning guidance. Includes allowance for H1 run-rate overspends compared to budget.
Depreciation and PDC charges	Depreciation estimated based on full delivery of current year capital programme. Further validation work is required.
Covid-19 expenditure	Remove all Covid-19 expenditure incurred in 21/22. Assume no new or incremental Covid-19 expenditure budget in 22/23. Divisions will be expected to fund incremental Covid-19 related costs through existing budgets. Plan assumes Covid-19 funding is included within the BOB ICS Block funding proposal, i.e. no new incremental funding.
Productivity/ efficiency savings	Productivity, efficiency and transformation £16m target to be confirmed. Remove prior year (21/22) unallocated and underdelivered CIP.
Discretionary business cases and critical investment funding	Funding for investments totalling £9.2m. See slides on business case investment for further details. No additional reserve for in-year business case investment.
Contingency and reserves	£1.2m (c0.2% of costs) reduced from 0.5% recommended per national planning guidance. Sickness and maternity reserve £1m.

2022-23 Summary of key risks and sensitivities

1. **Certainty of income:** As at 11th March, discussions are ongoing to agree patient care activity income from BOB ICS CCG and Specialist commissioners. The current numbers show a £20m shortfall against the £545m FY Plan income for 21/22. We are also awaiting confirmation of income from our Associate CCGs and confirmation of additional income streams linked to business cases and critical investments. In particular, there are risks around recovering Other income and H2 ERF.
2. **Business case and critical investments**: The current draft plan assumes £9.2m revenue expenditure for business cases and critical investments. There are two key risks to this, (a) that further investment will be required in order to mitigate patient safety and operational risks; and (b) although the plan assumes external income to fund this, there is a risk that some expenditure may be committed prior to confirmation of income, exposing the trust to financial risk if expected income does not fully materialise.
3. **Delivery of 22/23 activity trajectories and funding requirement:** At the time of writing, the ICS has not yet confirmed the funding envelope that will be available to BHT to pump-prime such investments. During 21/22, BHT received £25m of additional funding (ERF, TIF, UTF, Capacity funding etc) and it is yet to be confirmed what level of incremental recovery funding will flow in 22/23. The plan assumes c£12m of full year ERF funding, assuming national guidance operational targets are met. The plan assumes no additional ERF related recovery expenditure outside of the divisional budgets.
4. **Covid-19 income and expenditure:** The plan assumes that Covid-19 costs will be contained within 21/22 levels. The Trust no longer receives direct reimbursement funding for Covid-19 incremental costs and therefore, under the current national planning guidance, the Trust will bear the full risk of additional costs arising from any future potential waves of Covid.
5. **Deliverability of productivity efficiencies**: Although the final figure has not been confirmed the draft plan assumes a full year productivity target of £16m. There is risk that divisions continue to overspend against budgets and do not generate sufficient levels of CIP productivity and efficiency savings.

2022-23 First draft submission

It is proposed that the Trust submits a draft plan of a £29m deficit, noting additional net risks of £9m outside of the plan. The table below shows the deficit before and after investments and application of CIP productivity and efficiency savings.

Buckinghamshire Healthcare
NHS Trust

2022-23 Operating Plan: Investment and Efficiency

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

Approach to Improvement, Investment and Efficiency

- For 2022/23, we have integrated our approach to investment decisions and efficiency planning, linking investment to improved productivity and efficiency and the delivery of the Trust's strategic priorities.
- The approach seeks to maximise opportunities to deliver both rapid and sustained improvement in quality, patient care, operational performance and value for money - to help long term sustainability of the Trust, support the Trust's key strategic priorities, and enable current and future investments in quality and operational performance.
- The plans have been developed through extensive engagement with divisions through a series of workshops. The starting point has been a bottom-up review of run rate expenditure to identify opportunities to improve within a given financial envelope - to release efficiencies to fund critical priorities *and* to improve the Trust's overall financial position. The focus has been on defining realistic budgets which aligns activity and performance improvements with the workforce and investment needed to move to sustained delivery which is fully costed.
- The investment priorities identified by divisions (linked to both the delivery of the operating plan and other service pressures) have been scrutinised through this process to validate requirements and financial values, and to ensure value-for-money.
- The key opportunities for improvement developed through this process have informed the Efficiency Plan for 2022/23 and subsequent years (as part of the development of the wider medium-term financial improvement plan). The emphasis has been on productivity improvements as well as cashable savings. This is an ambitious plan concentrated around a small number of transformational initiatives, supported by and integrated with the trust digital and people plan.
- The primary focus to date has been clinical divisions. Further work will be done over the coming months with corporate areas to confirm opportunities for improvement and efficiency. There will also be further scoping of improvements to management/administration processes and systems to support a highly productive clinical organisation.

Key transformation initiatives delivering financial improvement

Front door

Implement an extended UTC and enhanced SDEC at Stoke Mandeville Hospital coupled with a revamped ED workforce to enable improved patient flow and care. This is supplemented by the opening of the new children's urgent care facility which will vastly improve the quality of patient experience. As part of the UEC Transformation Programme, a concerted focus on delivering the front door model will enable material financial improvement.

Theatres

Deliver 29% increase in theatre cases through full utilisation of theatre capacity, increased capacity at Amersham, improved pre-operative and booking processes and in-theatre productivity. This will help to improve performance against the RTT and cancer pathways, and will materially improve the unit cost for theatres services, reducing/removing the need for insourcing/outsourcing and WLIs.

Outpatients

The trust is already broadly achieving 2019/20 activity levels and will continue to increase overall numbers whilst harnessing digital technology to increase the proportion of virtual consultations, streamline pathways and reduce follow up attendances. Central to this change will be the development and application of consistent administrative pathways increasingly supported by technology including robotics. This helps deliver improvements in cancer and RTT pathways, as well as productivity improvements.

Diagnostics

The trust has increased it's physical radiological capacity over the last two years and has plans for the implementation of a diagnostic hub. To deliver the increase required in radiology across all modalities the trust is developing a new workforce model supported by IT to deliver increased productivity, and sustainable staffing arrangements to support the increase of 30% (from 2019/20) over two years. Efficiencies in 2022/23 will be realised through reporting and reduced outsourcing.

Women's & Children's

An in-depth review of the division has been undertaken to align resources to priorities as well as demand and capacity. Digital modernisation is being embraced to further support productivity and efficiency. This will release financial benefits through vacancies.

Integrated Community

Continue to build upon improvements and innovations across the whole of adult community and out-of- hospital care. This multi-year programme seeks to: harness digital technology to implement virtual wards; drive integration with HIT, RICC and Home First teams; develop and implement a fully integrated care model across the system. To enable success, the Trust has started an ambitious programme of workforce transformation which changes the skill mix within and between professions, and seeks to take further advantage of an engaged and loyal local workforce and the opportunities afforded by Bucks Health & Social Care Academy.

Commercial & Property

The Trust has a well developed Commercial Plan which will achieve increased commercial income, with material benefits realised through the PFI contracts.

The Estates strategy will also release buildings-related savings linked to estates rationalisation which seeks to create a fit-for-purpose estate for both patients and staff.

Summary of Investment and Efficiencies

The table overleaf sets out how the Trust has prioritised certain clinical investments in order to stabilise clinical services and support the overall Trust Strategy.

In year investment (circa £6m): During 2021/22 investment has been approved to support critical issues linked to patient safety e.g. investment in medical staffing and ICU. This is included in the v3 financial plan.

Prioritised business cases (£9.25m): In addition, through the process undertaken over the last three months with divisions, £9.25m of investment is recommended for approval as part of the financial plan to support recovery in elective care, cancer and diagnostics and to deliver key strategic priorities. This is summarised in the table overleaf, with itemised recommendations in Appendix A.

Additional investment offset by Efficiency (£4.9m): Through the integrated approach to investment and efficiencies, further investment of £4.9m has been enabled through offsetting with efficiencies of £9m. The net efficiency gain of £4.1m is included in the Efficiency Plan.

Efficiency Plan (£16m): In addition to the net efficiencies of £4.1m, the Efficiency Plan includes a programme to reduce premium agency costs through substantive recruitment (£3m), and £7.2m of Trustwide opportunities. The unidentified efficiency value is currently £1.7m. Further opportunities will be identified over the coming months to mitigate this, including corporate efficiencies.

Residual risk (£5.6m): Some investment requirements are still subject to critical review, with a residual risk of circa £5.6m (see risk slide in Financial Plan). Any confirmed requirements will need accompanying mitigations.

This approach has enabled critical priority areas to be funded in 2022/23, including

- ICU staffing (current bed base)
- Theatres
- Midwifery
- International nursing
- NSIC Transformation
- Radiology

There are a handful of key priorities which are assumed to be funded through CCG/national income from commissioners, incl.

- UTC (FedBucks element)
- Urgent Community Response
- Virtual Wards
- Integrated Hub
- Community Diagnostic Centre

Approach to Improvement, Investment and Efficiency

The table below illustrates the investment and efficiency improvement journey from 2021/22 to the plan for 2022/23

Key transformation initiatives delivering financial improvement

The table below outlines the Efficiency Plan by both Portfolio and Organisational Area. The top section shows the total £16m I&E benefits from the programme, which is currently 89% identified and 57% recurrent, and 86% low or medium risk.

As shown in the previous slides, part of the plan is net of investment required, particularly to support delivery of theatre throughput and productivity; thus the Surgical Division shows a negative cost improvement.

For completeness the estimated net income gain from the additional theatre cases (30% higher than 19/20) is shown as a Productivity gain with an illustrative overall improvement. The financial plan does not count this income as additional, however it is possible that the organisation could gain during the year from cases transferred from other NHS providers.

Delivering the improvement

To deliver the changes the Trust will:

- Concentrate support around the seven priorities on the previous slide, including the transformation, QI, workforce, OD, recruitment, wellbeing, finance team and IT teams.

- Put the Clinical Divisions in charge; they will be empowered and supported to deliver with existing controls and governance streamlined to support this.

- Have a clear plan and stick with it. In-year business cases will not be expected or considered unless directed by the Board (e.g. major programmes with external funding).

- Aim to be self sufficient and design services and workforce to avoid the use of outsourcing, insourcing or any other temporary solutions to operational pressures. This plan is designed to avoid such use; the first call must always be to utilise the internal clinical services. Any decision to do otherwise will be in partnership with the clinical services concerned with a clear exit strategy.

- Where possible deliver internally with external support only brought in for expert support or guidance, with the first call always to the internal support teams. Where external help is used a clear plan will be developed to obviate future need where possible.

- Commit to a clear and consistent narrative with one overall view of the financial position, maintained by all Executives and Divisions.

Appendix A: Recommended Investments £9.25m

Note: Investment requirements relating to the 'Front door' have been modelled in the context of the front door improvement, and are not shown separately in the above table – this includes: ED nursing, VTS doctors, BHT UTC staffing and on call requirements. The proposed front door staffing model is funded in the financial plan.

Meeting: Trust Board Meeting in Public

30 March 2022

Agenda item	Developing Care Closer to Home – Community Hub proposal for Thame and Marlow Hospitals
Board Lead	Raghuv Bhasin, Chief Operating Officer
Type name of Author	Victoria Perkins, Deputy Divisional Director, Integrated Elderly and Community Care David Williams, Director of Strategy & Business Development
Attachments	Community Hubs Proposal
Purpose	Approval
Previously considered	EMC, Buckinghamshire HASC, Bucks CCG Governing Body, Private Trust Board

Executive Summary

The purpose of this paper is to approve to continue to operate Marlow and Thame as community hubs, with no community inpatient facilities, on a permanent basis as part of our strategy to develop care closer to home.

The proposal to pilot community hubs was agreed in 2017. Since 2017 the Trust have been working with system partners to ensure that care is delivered in the right place at the right time enabling residents to remain independent for as long as possible.

The report indicates that the previous inpatient community wards at Thame and Marlow are not suitable for delivering high quality care. The size of the previous wards at 8 and 12 beds respectively do not provide the scale to ensure sustainable staffing and due to the age of the facilities enhanced infection control standards are challenging to meet.

The report provides evidence that the additional services introduced as part of the community hubs as well as to support a 'discharge to assess' model of care have enhanced our ability to provide safe and effective care for patients. The paper outlines plans to develop this model, and the wider development of community health services, further.

The paper provides assurance that the proposals outlined have been developed in conjunction with the Buckinghamshire Health and Social Care Committee (HASC), patients and local stakeholders.

Decision	The Board is asked to:- Approve to continue to operate Marlow and Thame as community hubs, with no community inpatient facilities, on a permanent basis as part of our strategy to develop care closer to home. Note the further development of discharge to assess model and urgent care community response services to ensure safe discharge and to support patients independence close to home

Relevant Strategic Priority

Outstanding Care ☒	**Health Communities ☒**	**Great Place to Work ☐**	**Net Zero ☐**

Implications / Impact

Patient Safety	This proposal provides assurance that systems and services are in place to ensure patients are safely discharged home from an acute episode of care and that as much as possible admission to hospital is avoided through urgent local community assessment services.
Risk: link to Board Assurance Framework (BAF)/ Risk Register	Quality of care 1. Failure to consistently provide outstanding quality care that is compassionate, cost effective & safe – 1.4 inability to control out of hospital capacity in primary and social care
Financial	Proposals highlight a continuation of current community hub model linked to previous business cases. Continued support from Commissioners for discharge to assess and urgent community services models are highlighted in the NHS Operating Plan guidance for 2022/23
Compliance Select an item. Select CQC standard from list.	All
Partnership: consultation / communication	Extensive stakeholder involvement in the community hubs is highlighted in the paper. Buckinghamshire CCG Governing Body have approved the recommendations in November 2021. The Buckinghamshire HASC meeting on 3rd February 2022 discussed the proposal and their response is provided within the report.
Equality	Equality Impact Assessment available on request as part of pilot implementation April 2018
Quality Impact Assessment [QIA] completion required?	Available on request as part of pilot implementation April 2018

DEVELOPING CARE CLOSER TO HOME
COMMUNITY HUB PROPOSAL FOR THAME AND MARLOW
FOR APPROVAL

1. Introduction

The purpose of this paper is to approve to continue to operate Marlow and Thame as community hubs, with no community inpatient facilities, on a permanent basis as part of our strategy to develop care closer to home.

The proposal to pilot community hubs was agreed in 2017. Since 2017 the Trust have been working with system partners to ensure that care is delivered in the right place at the right time enabling residents to remain independent for as long as possible.

The report indicates that the previous inpatient community wards at Thame and Marlow are not suitable for delivering high quality care. The size of the previous wards at 8 and 12 beds respectively do not provide the scale to ensure sustainable staffing and due to the age of the facilities enhanced infection control standards are challenging to meet.

The report provides evidence that the additional services introduced as part of the community hubs as well as to support a 'Home First' model of care have enhanced our ability to provide safe and effective care for patients. The paper outlines plans to develop this model, and the wider development of community health services, further.

The proposals were supported by the private Board in January 2022 prior to being discussed at a Buckinghamshire Health and Social Care Committee (HASC), the recommendations from the Committee are included within the paper.

2. Background

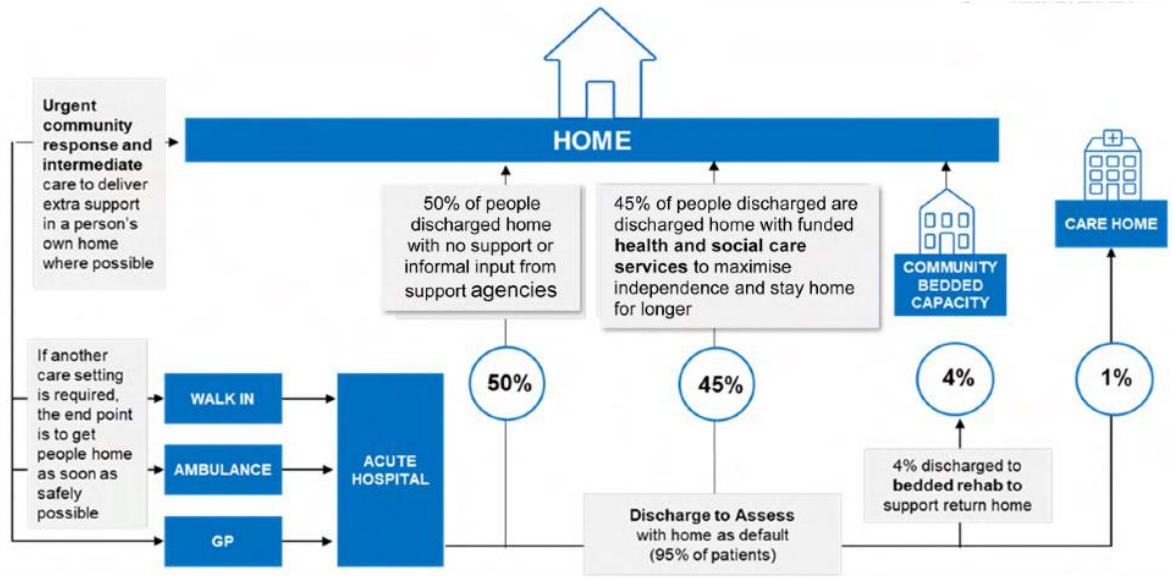
Buckinghamshire is seeing a significant increase in the older population. It is estimated that the proportion of over 85s will increase by 38% in the county from 2022 to 2032.

There is strong evidence that for a frail, older person, a hospital admission can have a detrimental impact on their long-term health. Every ten days spent in hospital leads to the equivalent of 10 years ageing in the muscles of people over 80[1]-. Yet each year, nationally nearly 350,000 patients spend more than three weeks in acute hospitals.

Community bedded capacity provides one of four pathways to support discharge for patients from hospital. These are outlined in a national discharge to assess pathways model along with estimated percentage of patients that require different levels of support.

[1] – Kortebein P, Symons TB, Ferrando A, et al. Functional impact of 10 days of bed rest in healthy older adults. J Gerontol A Biol Sci Med Sci. 2008;63:1076–1081.

Figure 1 Discharge to Assess Pathways Model [2]



3. Thame and Marlow Community Hub Proposal

In 2016 patients cared for under the '*Community bedded capacity*' pathway were delivered in four community hospitals in Buckinghamshire (Amersham, Buckingham, Thame and Marlow). A total of 80 beds. Evidence suggested that at any one time approximately 24 patients would have their needs better met through a different pathway outlined here as '*discharge to assess'*.

The community inpatient wards in Thame and Marlow were undersized (8 and 12 beds respectively) which presented challenges with providing the optimum skillmix of staff to maintain high quality care. A high reliance on temporary and agency staff and challenges with flexing staff led the Trust to assess alternative models to support safe and effective rehabilitation for patients.

Following engagement with patients, GPs, staff, other health and social care organisations, voluntary organisations and local communities, a community hubs pilot was launched in Marlow and Thame in April 2017 to develop and test our vision of providing more care closer to home. The aim was to enable more patients to avoid hospital admission or if a hospital admission is unavoidable, helping them to return home. The number of Buckinghamshire community beds were reduced by 20; 8 beds at Thame and 12 beds at Marlow and an alternative model of care established.

The project also improved access to outpatient and diagnostic care at Thame and Marlow providing clinics closer to local communities.

[2] Hospital and Community Discharge Support, Policy and Operating Model, October 2021, NHSE

Regular updates on the impact of the community hubs in Thame and Marlow have been provided to Buckinghamshire Health and Social Care Committee (HASC) and community groups since April 2017.

4. Impact of the pandemic

The pandemic, and the disproportionate impact on the older generation, has provided further evidence of the importance of helping to keep people healthy and well and providing support and care in local communities. The average weekly duration of strength and balance activity in adults aged over 65 fell by more than one third from 126 minutes (March-May 2019) to 77 minutes (March-May 2020). The proportion of adults over age 65 performing less than 30 minutes of moderate activity per week also rose to 32% from 27% during those periods. Accordingly, Public Health England has predicted that the total annual number of falls could increase by 124,000 (6.3%) in males and 130,000 (4.4%) in females.

The pandemic has highlighted the importance of infection control. The previous community ward spaces at Thames and Marlow provide significant challenges to meet these enhanced requirements.

During the pandemic, some of our outpatient clinics were delivered virtually for the safety of our patients and our colleagues. Going forward, we will continue to offer our patients a choice of virtual or face to face outpatient appointments based on clinical need and patient preference. The Community Assessment and Treatment Service (CATS) was also suspended during the two pandemic waves so that colleagues could be redeployed to support patients in our acute hospitals. These services were re-established in March 2021.

5. How we have developed the care closer to home model since the pilot was launched

Since the community hubs pilot began, additional services have been implemented to support the aim of helping people avoid hospital admissions and supporting safe discharge. Working with partners across the system, we have been working to ensure that care is delivered in the right place at the right time enabling residents to remain independent for as long as possible.

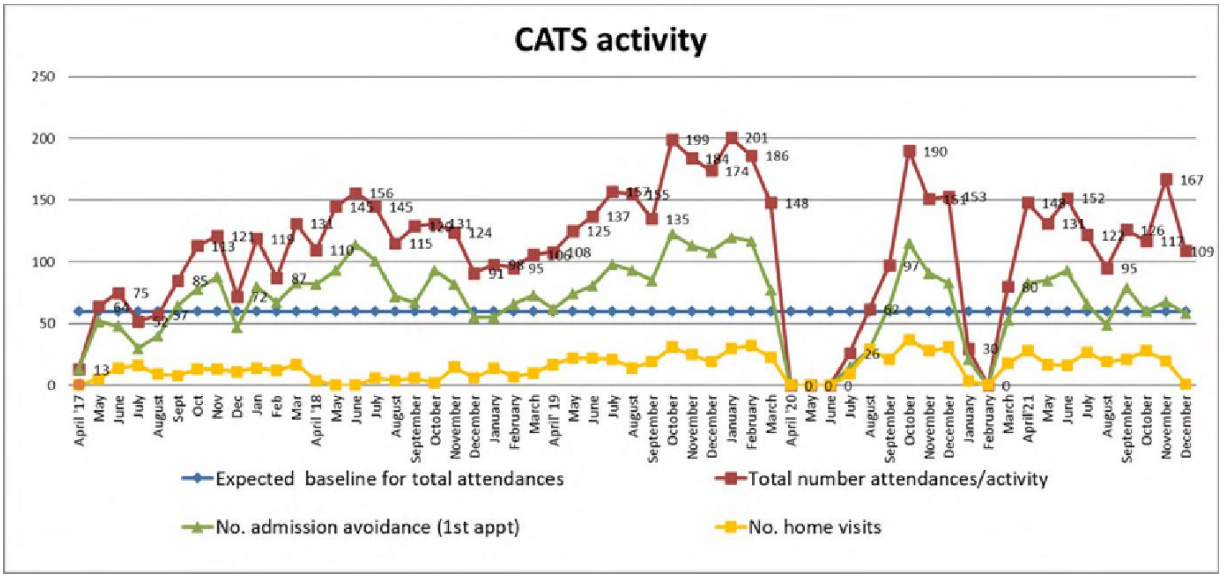
5.1 Urgent Community Response Services

5.1.1 Community Assessment and Treatment Service

The Community Assessment and Treatment service (CATS) is a multi-disciplinary rapid access service with geriatrician, nurse, GP and therapy input, supporting patients stay at home. Over 100 patients a month are seen across the two sites with an estimate of over 80 admissions to hospital avoided per month since March 2021.

The service was suspended at critical points during the covid response to enable re-deployment of specialist staff to support acute colleagues. In between these responses the service recovered quickly and regained its momentum in seeing patients. This is illustrated in the chart below:

Figure 2 CATS Activity April 2017-December 2021



A previous report in October 2018 demonstrated the reduced cost of an attendance at CATs compared to a community inpatient admission. The CATS service was able to see 131 patients in March 2018 compared to 23 community inpatients in the previous March. This demonstrates better value for money for NHS resources in the new model of care.

Following the pilot of the CATS service at Marlow and Thame, a similar service has been established at Amersham Hospital.

5.1.2 Urgent Community Response

Our ability to support patients with urgent needs in the community has been further enhanced by expanding our ability to provide urgent, crisis response care within two-hours and support discharge into the community within two-days.

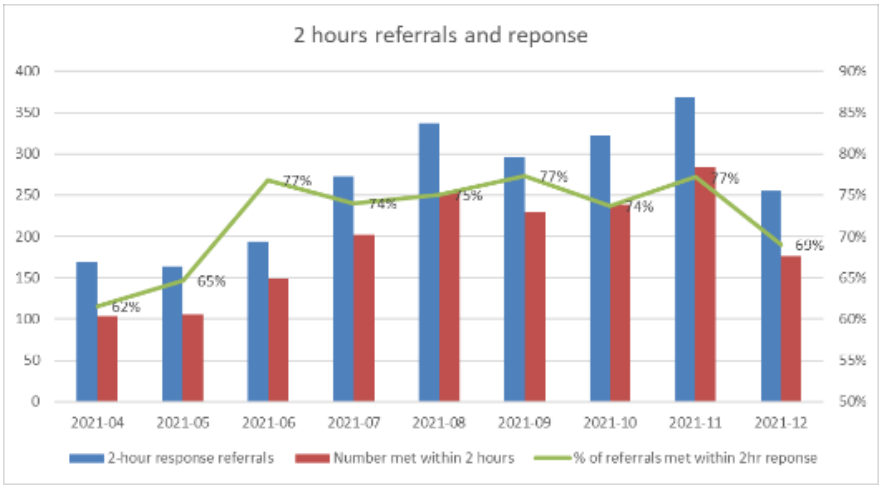
In partnership with social care, a two-hour urgent community pilot between 1 October 2020 and 31 March 2021 across three of the seven Rapid Response Intermediate Care (RRIC) teams in Aylesbury, Thame and Wycombe was introduced. This 'Ageing Well' service was enhanced to reduce preventable hospital admissions by keeping people in crisis in their home environment and facilitate swift discharges from A&E as soon as it was safe to do so, back to a patient's normal place of residence.

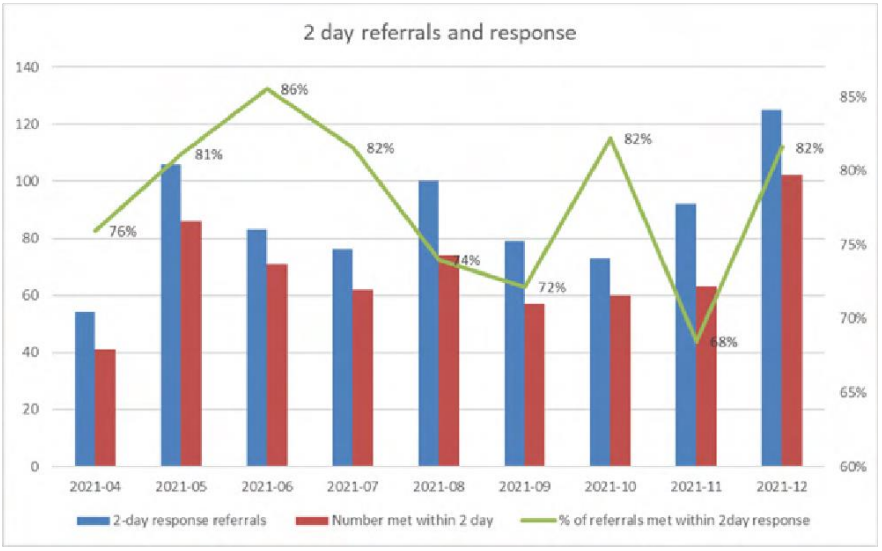
The pilot focused on two care areas:

- an enhanced therapy-led two-hour urgent community response for people at home
- an enhanced multidisciplinary rapid community response in care homes comprising of doctors, nurses and other health and care professionals working together to provide tailored support to help people live well and independently at home for longer.

Performance measures for Ageing Well are outlined below showing a steady increase in referrals in 2021.

Figure 3 Ageing Well Performance Indicators





5.1.3 Same Day Emergency Care (SDEC)

The Frailty SDEC Service was launched in November 2020. Following a GP referral or triage in A&E this new unit enables patients to be rapidly assessed, diagnosed and treated by a multidisciplinary team of doctors, nurses and therapists without the need for a hospital admission or waiting to be seen in A&E. Frailty SDEC is the provision of same day care for emergency older patients who would otherwise be admitted to hospital. Under this care model, patients presenting at hospital with relevant conditions can be rapidly assessed, diagnosed and treated without being admitted to a ward, and if clinically safe to do so, will go home the same day their care is provided. The community hubs enable prompt and well-informed referrals to SDEC if a patient requires a higher level of intervention but not admission and facilitates early and supported discharges by way of intermediate care, rapid testing further assessment and health monitoring in the community. The service reviews up to 10 patients a day, reducing the need for admission and facilitating safe and assisted return to home.

Some patients do require a more intensive and supported assessment and the community hubs are also able to refer patients either at triage or directly to our Multi-disciplinary

Assessment Service (MuDAS) at Wycombe Hospital, which provides easier geographical access for the south of the county.

5.2 Discharge to Assess (D2A)

The Trust continues to advocate a 'Home First' approach, providing patients with support for safe discharge. Patients are supported to return to their home for on-going assessments on their needs in the community after a hospital stay. As shown in the model above 45% of patients require additional health and care services to support discharge home.

Buckinghamshire has implemented a Discharge to Assess Model (D2A) where discharge to home is the default pathway (with alternative pathways for people who cannot go straight home). This makes sure assessment of ongoing needs can take place in the community rather than in a hospital setting which is national best practice and better for patients in terms of recovery. It ensures that patients are placed in the most appropriate setting for their care needs.

Since March 2020, Buckinghamshire have commissioned an additional 159[3] beds to support patients where no further clinical intervention is required so that patients can be assessed appropriately for home support.

5.3 Impact of Discharge to Assess Pathways in Buckinghamshire

The table below highlights the positive impact of the introduction of the discharge to assess model. Whilst overall discharges are reduced the total bed days occupied have reduced by 17.9% and 35.3% amongst those patients staying greater than 21 days, offering the hospital 8900 additional bed days from just the 21+ day group, which even allowing for the reduction in overall volume of patients is still more than 900 additional bed days per month (which is more than 30 beds available each day). Overall length of stay for patients has also reduced.

Table 1 Impact on D2A Model in Buckinghamshire

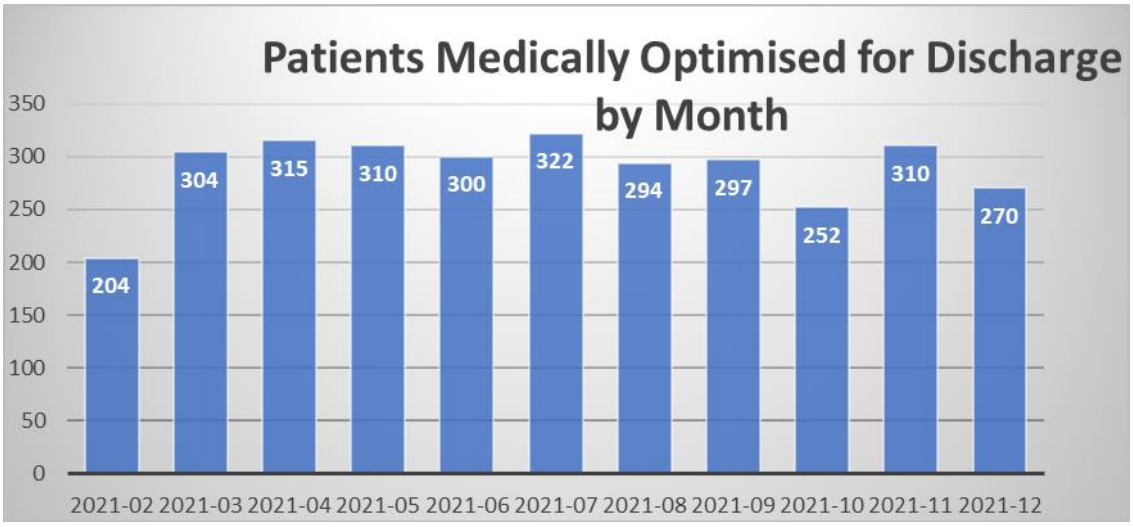
Ref	Description	2019-20 (M1-M4) D2A	2021-22 (M1-M4) D2A	Change	Change (%)
A	Total patients discharged	6251	5564	687	11.0%
B	Number of discharges LOS <21 days	5585	5064	521	9.3%
C	Number of discharges LOS 21< days	666	500	166	24.9%
D	Bed days occupied by patients LOS >21 days	25200	16300	8900	35.3%
E	Total Bed Days - All D2A	53700	44100	9600	17.9%
F	Average Length of Stay - All D2A	8.6	7.9	0.7	7.7%

Table 1 – Key discharge volume and bed day statistics

The number of patients who are medically fit for discharge home is a measure of community support. The monthly figures for the number of patients residing in hospital waiting for domiciliary, social, community, discharge to assess and care home support is highlighted below.

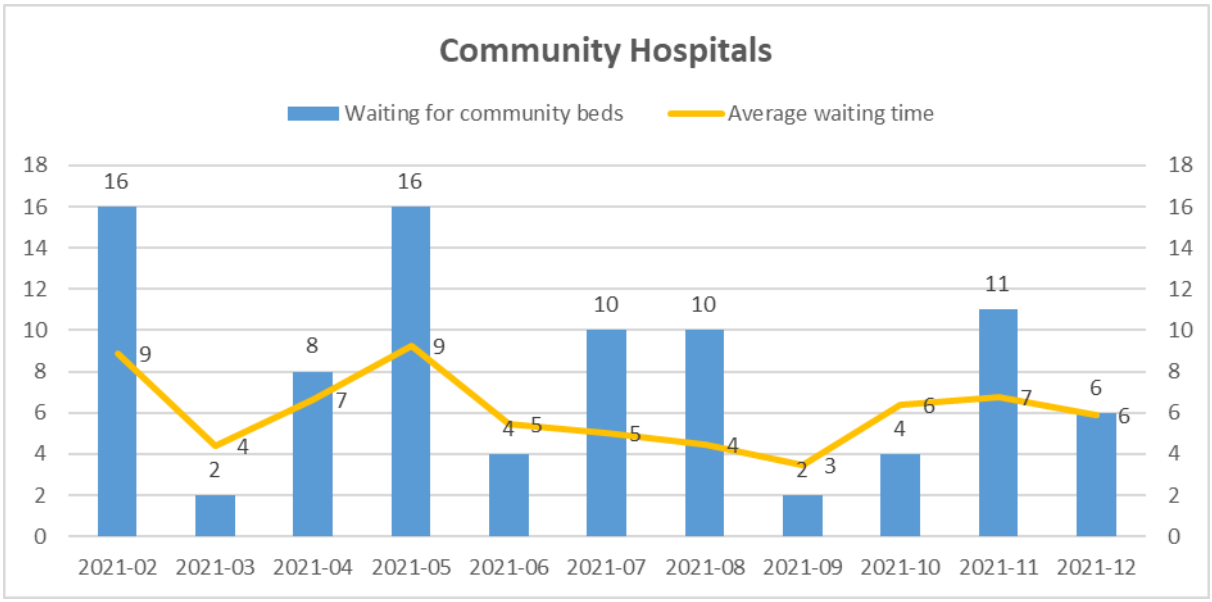
[3] 77 Discharge to Assess beds and 82 'spot purchased beds' in the community

Figure 4 Buckinghamshire - Patients Optimised for Discharge by Month 2021



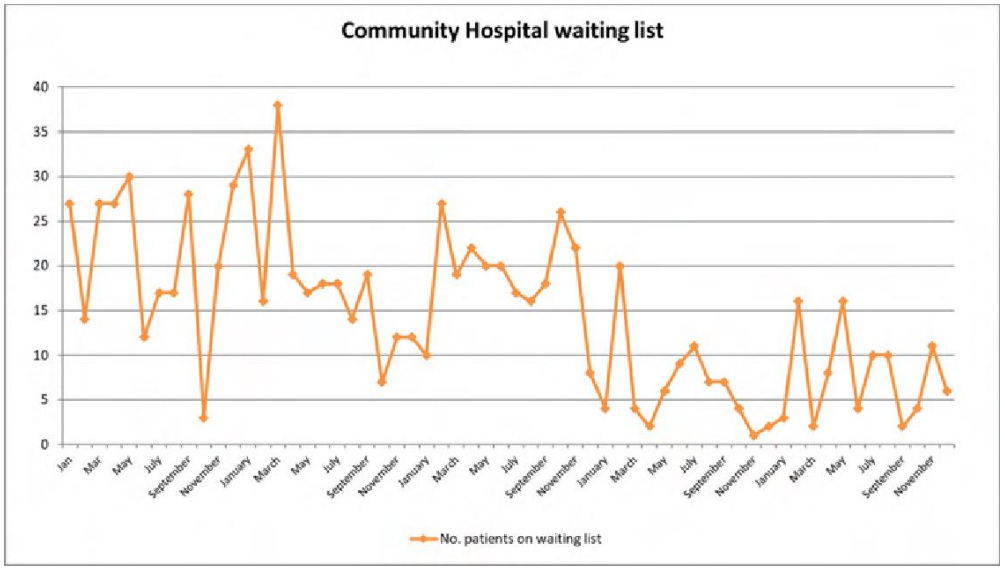
The patients waiting for community beds during this period is highlighted below.

Figure 5 Community Hospital – Number of patients waiting for community beds and average waiting time 2021



The figures above can be compared with previous years which has shown a gradual reduction in the number of patients waiting for community beds since 2017 as other services and support has become available in the Buckinghamshire system.

Figure 6 Community Hospital Waiting List January 2017-December 2021



The proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services is a good measure of the support the Buckinghamshire health and care system provide to support patients in their own home after a hospital stay. This measure has improved year on year since 2016/7 against a Buckinghamshire local target of 75%.

Table 2 Rehabilitation Performance Measures

2016/17	2017/18	2018/19	2020/21
66%	72%	77%	87.9%

5.4 Future Plans for Home First, Discharge to Assess and Intermediate Care

There is clear evidence of better patient outcomes and experience as a result of Home First. All healthcare systems are expected to embed home first and discharge to assess as a default process for hospital discharge[4].

Given the introduction of new services a full demand and capacity model has been developed for Buckinghamshire for discharge pathways into community beds, care homes and discharge to assess pathways. The model predicts that community support for the system will increase by 16% over the next five years.

'Real time' scorecards have been developed which will enable services to match and flex their capacity to meet demand and to have visibility across all discharge pathways improving patient outcomes and experience.

This model is forming the basis of a business case to develop a single integrated pathway for Buckinghamshire residents delivered across multi-disciplinary teams drawn across health and social care, including a proposal for future provision of bedded capacity across all settings. This will enable:-

[4] NHS Operating Plan Guidance, 2022/23, NHSE, Dec 2021

- More efficient and cost-effective models of care and ways of working
- Dedicated beds for step up and step down
- Reducing in admissions and speeding up of D2A process
- Reduction on reliance on spot bed purchases

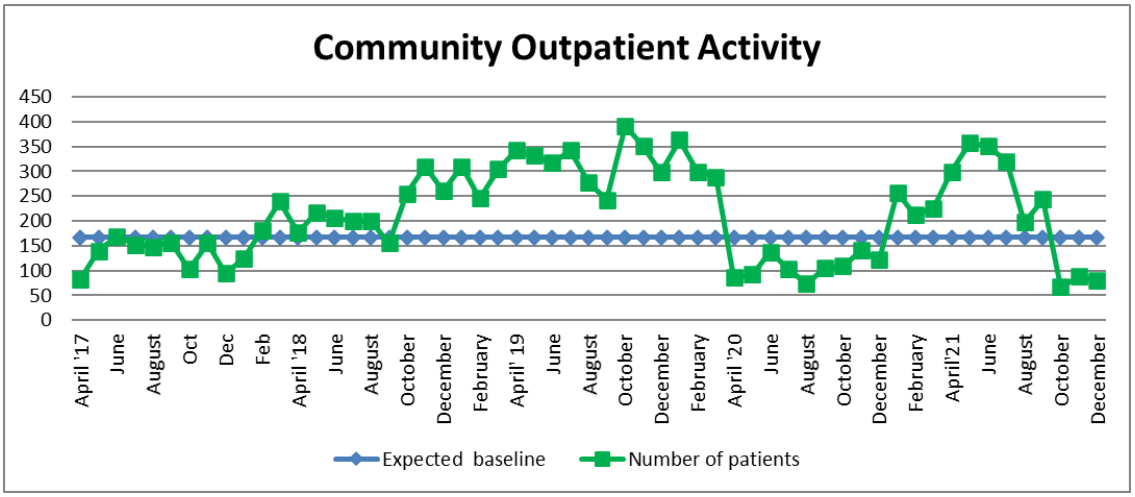
This case will be developed during 2022/23, learning from the changes instigated by the pandemic and will provide further assurance to system partners and the HASC that we are providing effective support to keep our patients safe and supported at home and on discharge from hospital care.

6 Outpatients and Diagnostic Services

6.1 Outpatient clinics

One of the aims of the pilot, was to increase the number of outpatient clinics available in local communities so that patients do not have to travel to one of our main hospitals. The chart below illustrates the increasing use (pre-covid) and the re-establishment of clinics since April 2021.

Figure 5 Community Outpatient Activity April 2017-December 2021



We are currently working closely with clinicians to further expand the range of outpatient clinics we are able to offer at Thame and Marlow.

Table 3 Comparison of outpatient clinics at Thame and Marlow Hospitals

Previous Thame Outpatient Clinics	Current Thame Outpatient Clinics
Rheumatology Physiotherapy Urology Heart failure Diabetes Speech and language X ray Blood tests ENT Respiratory Dermatology	Health visiting BCG Clinic Paediatric audiology Bereavement counselling Practice Plus Physiotherapy Podiatry Falls Specialist Clinic CATS Continence clinic Heart Failure clinic Plastics Pulmonary Rehabilitation Thame Day Hospital Ultrasound Tissue viability Hip and Knee team AAA screening Cancer Support Cancer Care Warfarin

Previous Marlow Outpatient Clinics	Current Marlow Outpatient Clinics
Rheumatology Physiotherapy Urology Heart failure Diabetes Speech and language X ray Blood tests ENT	Health visiting BCG Clinic Cancer Care Cancer support Oncology Physio Palliative care Physiotherapy Dietetics Podiatry Tissue Viability Vascular Falls Specialist Clinic CATS Continence clinic Heart Failure clinic Diabetes AAA Screening Warfarin Clinic Oral Surgery

6.2 Diagnostics

As well as the X-Ray facility at Marlow (which has not been operational during the pandemic due consolidating staffing in our main hospitals), an ultrasound scanner purchased by the local League of Friends has been installed at Thame since September 2019. Since the ultrasound scanner became operational, over 2,600 scans have been performed and it has remained operational throughout the pandemic. The Trust's diagnostic capacity will be further strengthened through the establishment of an expanded Community Diagnostic Hub (CDH) which will open shortly at Amersham Hospital. Not only will this provide additional

capacity, operating 12 hours a day 7 days a week, but it will also improve accessibility and take the current pressure from our acute hospital sites. In 2021/22 we will extend the hours of operation radiology examinations and in the future we plan to offer other diagnostic services including examinations and tests for heart conditions and respiratory diseases at the CDH.

7. Engagement with patients and communities

This section summarises how we have worked with patients and local stakeholders from the inception of the services to ensure that their views shaped the development. We have maintained this engagement throughout with strong support for the current community hubs.

7.1 Community Stakeholder Group

At the start of the pilot, a Community Hubs Stakeholder Group was established to provide feedback and help us to shape services and ensure they were meeting the needs of the local community. The Community Hubs Stakeholder Group comprises of representatives from the Marlow and Thame League of Friends, local GP Patient Participation Groups, Buckinghamshire Older People's Action Group, local councillors as well as members of the general public. The Group has continued to meet on a regular basis and continues to provide valuable feedback to inform our plans and areas of focus. The Group has been supportive of the Community Hubs project and representatives from the Marlow and Thame League of Friends contributed letters of support in a report which went to HASC in April 2018.

In October 2021 a meeting with the Community Hubs Stakeholder Group reconfirmed support for the community hubs model to continue and to permanently close the community beds at Thame and Marlow.

In addition, continued engagement has taken place with the Bucks Older Peoples Action Group (BOPAG). A statement from the Chair of the Group in January 2021 also endorses our approach and was shared with the HASC.

7.2 General Public

In addition to the initial engagement that took place prior to the start of the community hubs pilot, we have continued to seek the views of the general public and key stakeholders as we have developed our community model of care.

Early in 2018 a series of workshops took place across the county to report back on what had been achieved in the pilot hubs in Thame and Marlow and gather their views on what care closer to home could look like across Buckinghamshire. The community hub model of care, received broad support across all stakeholder groups involved in the review. Whilst highlighting some issues regarding public awareness of the hubs and transportation issues, the consensus was that people wanted to see the current hubs continue and for model to be rolled out across Buckinghamshire, with provision tailored to needs in different areas. An evaluation report was submitted to HASC in April 2018.

7.3 Buckinghamshire Integrated Care Partnership Survey

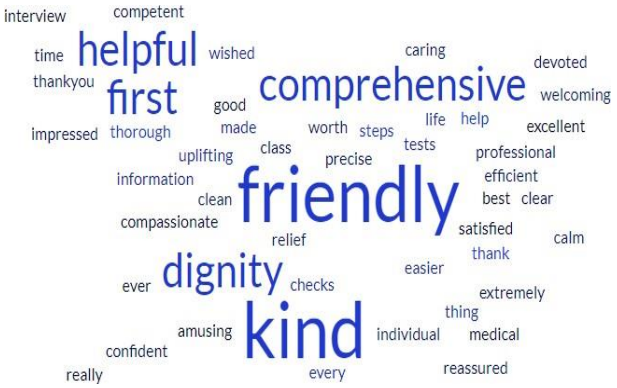
In August 2020 we, along with our partners from the Integrated Care Partnership, launched phase 1 of a public engagement programme to ask people what they thought about changes

we have made, or are considering, in health and social care. The engagement was designed with support from the Getting Bucks Involved Steering Group which includes members of patient participation groups, representatives from local charities and Healthwatch as well as members of the public. One of the themes was regarding community services, seeking views on organisations working together to promote independence and delivering care in people's home and communities.

Phase 1 was a survey which gathered data from over 2,800 respondents; the majority of whom were white females with an average age of 60. Whilst the concept of community hubs was now well known, the idea was well received with 66% of respondents saying that they would prefer to recover at home than in a hospital if it was safe to do so. Phase 2 was designed to actively seek representation from a diverse range of Buckinghamshire residents, especially groups who are not often reached by such research, such as people living in areas of deprivation. Participants in these focus groups expressed a need for beds to be available to support people who, whilst medically fit, could not be discharged from hospital to their homes.

7.4 Service Users

In the 12 months (2019/2020) pre COVID-19 we had 100% of patients rating the CATS service as good or excellent.



Feedback received since the service has resumed include:

"Everybody was so helpful, and the advice and assistance has changed my life. Nothing was too much trouble and I had as much time as I needed."

"I went home not quite fixed but having taken the first steps along the road. Thank you"

"You gave me a great uplift with all the checks, tests and information I could have wished for."

Frailty SDEC, MuDAS and Ageing Well projects have been well received by patients who have articulated the impact of the high quality care received. Friends and family surveys across these services indicate a high level of satisfaction from the patients who have used these services.

7.5 Statutory Bodies

In November 2021 Buckinghamshire Clinical Commissioning Group (CCG) Governing Body supported the recommendation to continue with the community hubs in Thame and Marlow on a permanent basis as did the Buckinghamshire Healthcare NHS Trust Private Board in January 2022.

7.6 Buckinghamshire Health and Social Care Committee (HASC)

Continued liaison has taken place with the Buckinghamshire Health and Social Care Committee (HASC) and assurances and evidence are attached to this paper following discussions with HASC members. Members were particularly keen to seek reassurance that there were no current plans to reduce the provision of community inpatient beds at Buckingham Community Hospital. The Trust can provide this assurance. The HASC will be communicated with on any significant service change proposed in future ensuring the appropriate engagement with patients and the public takes place.

The Buckinghamshire HASC considered the proposal at their public meeting on 3rd February 2002 with attendance from the chief executive officer, Chief Nurse and Director of Strategy. In addition, to this report further evidence and assurance was provided to the Committee as follows:-

- Letters of Support from Community Stakeholder Groups and Chair and the Bucks Older People Action Group (BOPAG)
- Orthopaedic and Stoke Community Pathways
- Initial Equality Impact Assessment from the community hub pilot - April 2018

7.6.1 Committee Recommendations

The Committee were generally supportive of the Thame and Marlow community hubs model of care and understood the reasons for no longer using these facilities for providing community inpatient beds. However, the Committee remained concerned about the removal of these beds, in terms of the alternative provision available for patients who would have used these community beds. The patient pathways for those requiring additional support, following discharge from Hospital, were noted by the Committee but Members felt that information on timeliness of the assessment process, length of treatment and information on the community teams was needed in order to seek reassurance.

At a future meeting, the Committee would be looking for the following.

- Evidence of developing links with voluntary and community organisations at the hubs to further enhance the services, to include services for dementia patients and carers;
- Evidence of investment in IT and equipment at the hubs so that more diagnostics could take place leading to better patient outcomes;
- More clarity and explanation around the impact on the whole system by providing alternative pathways for patients requiring additional support after being discharged from Hospital;
- As part of the development of the business case for the Intermediate Care model of care in Buckinghamshire, present evidence on the deficit in community beds and the plans to meet this deficit through alternative provision and the funding associated with this.

The Chairman concluded that the Committee would be reviewing the draft business case for supporting sustainable intermediate care model of care. BHT to confirm the timeframes for when this would be available.

8. Recommendations

In summary, the previous community inpatient wards at Thame and Marlow are not suitable or sustainable for community inpatient care.

Keeping people healthy and independent in their own homes with the support from community hubs at Thame and Marlow is clinical best practice, delivers better outcomes, improves access and has been developed with patient and local stakeholder input.

We propose continuing with the current model of care in the community, including the community hubs at Marlow and Thame, on a permanent basis and not reintroduce the community inpatient beds on these sites as they are no longer fit for purpose.

We will continue to focus on further developing the closer to home model by

- Developing a business case by September 2022 with partners to support a sustainable Intermediate Care model of care
- Continue to support urgent community response initiatives to prevent unnecessary hospital admissions
- Continued development of virtual outpatient appointments
- supporting primary care to proactively identify patients who may benefit from being referred to the CATS service and ultimately avoiding a hospital admission
- exploring the feasibility of developing additional community hubs across the county
- Continuing to liaise and provide assurances to the Buckinghamshire HASC that the developing model of care meets the needs of Buckinghamshire patients

David Williams
Director of Strategy and Business Development
March 2022

Report from Chair of Finance and Business Performance Committee
Date of Committee 21 February 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 18 January 2022	Minutes approved	None	Refer to Audit Committee for noting	n/a
Monthly Integrated Performance Review (IPR)	First monthly IPR in new format defined by NHS System Oversight Framework, Trust Strategic Objectives and Trust Improvement Programme	Assured – noting ongoing specific risks as per below	Amendments welcomed with further suggestions to the formatting of future reports as well as additional summary, analysis and waiting list profiles	Ensure oversight of patient experience metric at Quality & Clinical Governance Committee	Take assurance in the development of this report
Monthly Finance Report	Update on financial position at M10 including YTD headline position, full year forecast and capital, balance sheet and cash flow analysis	Assured – noting concerns related to variance in pay spend and the need for a change in accountability culture at divisional level	None	n/a	Take assurance from the M10 report

Contract Management	An update on the benefits of a 6-month pilot leading to development of a contract management tool and the approval of an additional staff member to implement robust processes within the Trust	Noted – process welcomed noting triumvirate working between QI, commercial and procurement teams	Change in Trust culture regarding contract procurement and management	n/a	n/a
Memorandum of Understanding (MoU) Summary	A summary of MoUs approved in the last quarter plus a change in MoU approval proposal	Assured – noting further work required	Further assurance requested on definition between MoUs and contracts plus information on the management/ monitoring of MoUs	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	Consideration for how best to utilise this report in 2022/23	n/a	n/a
Commercial Strategy	Update on success of the previous two years and an overview of the delivery workstreams for the next three years	Noted	As per Transformation Board, more coherence between all Trust strategies	n/a	n/a

South Bucks PFI – Soft Facilities Management Market Test Commercial in Confidence **North Bucks (SMH) PFI – Soft Service Contract Commercial in Confidence**	Update on results of market testing resulting in significant financial savings as well as additional service benefits. Following Board approval of contract extension, update on MoU to ensure that benefits are gained ahead of the final contract process.	Both items noted.	None	n/a	n/a
Any other business – Wycombe Tower Estate	Correspondence between BHT CEO and Regional Delivery Director (South East England) regarding the Wycombe Tower	Both letters noted as well as visual inspection of the Tower by Strategic Estates Lead and the arranging of a meeting with the National Estates Lead	Areas of non-compliance	n/a	n/a

Emerging Risks noted:

- Mismatch of demand for capital and funding available noting implementation of weekly meeting.
- Operational performance and benchmarked position both regionally and nationally.
- Specific performance metrics including:
    - Levels of Medically Optimised for Discharge (MOfD) patients.
    - Rise in numbers of 12 hour ED waits (linked to reduced bed capacity from above).
    - Deterioration in Health Visitor appointment performance.
- Ongoing pay spend including variation to expectations with further work required to clarify high level understanding of these.
- Wycombe Tower estate including Ward 2a.

Report from Chair of Finance and Business Performance Committee
Date of Committee 22 March 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 21 February 2022	Minutes approved	None	Refer to Audit Committee for noting	n/a
Monthly Integrated Performance Review (IPR)	Monthly reporting on Trust performance metrics including performance against national targets and actions to address negative variance aligned with strategic priorities	Assured	Development of integration of the IPR and TIP which a focus on improved analysis of data	n/a	Take assurance from development of report. Focus on key metrics; 12-hour ED waits, ambulance handovers and cancer performance
Trust Improvement Programme (TIP)	Update on metrics within the TIP of which the Committee has oversight	Assured		n/a	For discussion

Monthly Finance Report	Update on financial position at M11 including YTD headline position, full year forecast and capital, balance sheet and cash flow analysis	Assured	None	n/a	Take assurance from the M11 report
Operating Plan 2022-23	Planning framework for the next financial year aligning individual workstreams, strategic priorities and national guidance	Approved	Additional meeting for NED's to be arranged for further discussion of the Plan, including risks and opportunities	n/a	For approval, noting final 22/23 plan will be presented to BOB late April 2022
Financial Improvement Plan	Update on the Trust medium-term financial strategy	Noted	Work ongoing noting need for flexibility at the present time; draft FIP to be presented to April F&BP	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	None	n/a	n/a

PWC Theatres Review	Baseline review of theatre capacity with detail on options to improve productivity	Noted – including integration within Operating Plan 2022/23	Work to mitigate risks to deliver as per below	n/a	n/a
Property Services Report	Bi-annual report including information on compliance with legislation, capital expenditure, space utilisation, contracts performance, clinical engineering and team awards	Assured	Incorporate progress against Estates Strategy and Capital Plan with improved oversight of financial and health & safety risks discussed across Board and Board Committees	n/a	n/a

Emerging Risks noted:

- Robustness in the process of reporting on progress with actions.
- Ability to realise full theatre productivity in view of staff vacancy rates and Trust estate.
- Regional benchmarked position in several performance metrics noting individual actions in place.
- Ongoing work to address risks included within the Operating Plan.

Meeting: Trust Board Meeting in Public

30 March 2022

Agenda item	2021/22 Month 11 Finance Report
Board Lead	Barry Jenkins, Chief Financial Officer
Type name of Author	Aneel Pattni, Deputy Chief Financial Officer
Attachments	Month 11 Finance Committee Report
Purpose	Assurance
Previously considered	EMC 15.03.2022 FBPC 22.03.2022

Executive Summary

1. **2021/22 I&E month 11 year to date (YTD) headline position of £0.1m surplus. This is £4.9m favourable to the planned YTD position of £4.8m deficit**. The key drivers for this are lower than planned spend on the H2 Critical Investments and lower run rate spend in the Integrated Medicine 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. The YTD position includes a financial benefit of £5.6m resulting from a review of PFI models and financial liabilities recognised at month 10. This has been offset by an increase in contingency and one-off provisions.
2. **Reported position year to date includes £4.4m of Covid-19 related incremental expenditure and £23.5m Covid-19 income**. Covid-19 expenditure was £0.5m in month 11, similar to months 9 and 10.
3. **The full year forecast is a break-even position, a £5.6m improvement against plan. The YTD position and monthly run rate expenditure in recent months indicate break-even or small surplus is achievable.** Lower than plan expenditure run-rates seen in divisions and H2 Critical investments during Q3 (months 7 to 10) have continued into month 11. This trend is generating financial headroom that is expected to eliminate the £5.6m planned deficit. Specific mitigation plans are being developed including bringing forward planned business critical estates backlog and IT expenditure from 2022/23. These plans are being reviewed and approved by EMC, as appropriate. Divisional forecast information is included in the report on page 7.
4. **Capital, Balance Sheet and Cash Flow** analysis are included in the papers. The month end cash balance has increased to £66.1m. The Trust has spent £27.3m YTD capital against a YTD plan of £33.6m. The spend on the Paeds A&E development is behind plan but spend is expected to accelerate in March 2022. Key leads within CMG are meeting weekly to track capital spend through to the year end.

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

NHS
Buckinghamshire Healthcare
NHS Trust

Finance Report Month 11 - 28th February, 2022

Contents

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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	44.3	2.5	467.3	469.1	1.9	509.1	509.1
Other income	3.3	9.6	6.3	32.9	42.1	9.2	36.2	36.2
Total income	**45.1**	**53.9**	**8.8**	**500.1**	**511.3**	**11.1**	**545.3**	**545.3**
Pay	(27.1)	(28.3)	(1.2)	(291.0)	(297.9)	(6.9)	(318.1)	(318.1)
Non-pay	(15.9)	(20.4)	(4.5)	(178.6)	(179.1)	(0.5)	(194.5)	(188.9)
Total operating expenditure	**(43.0)**	**(48.7)**	**(5.7)**	**(469.6)**	**(477.0)**	**(7.5)**	**(512.6)**	**(507.0)**
EBITDA	**2.1**	**5.2**	**3.1**	**30.6**	**34.2**	**3.7**	**32.7**	**38.3**
Non Operating Expenditure	(2.9)	(5.1)	(2.2)	(35.4)	(34.1)	1.2	(38.3)	(38.3)
Retained Surplus / (Deficit)	**(0.8)**	**0.1**	**0.9**	**(4.8)**	**0.1**	**4.9**	**(5.6)**	**0.0**
Non Recurrent I&E							(61.4)	(67.0)
Normalised I&E Surplus / (Deficit)							**(67.0)**	**(67.0)**

Executive Summary

• The Trust reports a £0.1m surplus year to date (YTD) at month 11. This is £4.9m favourable to the YTD deficit plan. The forecast outturn is now breakeven, £5.6m favourable to the H2 plan.

• Individual budget lines have been adjusted 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 are monitored in the budgets through a central division to track spend. YTD H2 investment expenditure totals £4.8m. 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 £3.0m is assumed within the YTD actual 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 assumes 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 11, £4.4m 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 £297.9m, £6.9m 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 £179.1m, £0.5m adverse to plan. Key drivers of this overspend include property services site maintenance expenditure and additional agreed IT expenditure for the impact of windows 10 and Cyber security. 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. Final review work is being undertaken with NHSE/I to agree and confirm the normalised (underlying) position. This is expected to complete by the end of February 2022.

Key Highlights: Income

NHS Income and Activity

• YTD Contract Income at month 11 totals £469.1m, £1.9m favourable to plan (Table 2). The favourable position is driven by additional Wessex income and the release of 2020-21 EIS claw back provision which has now been confirm as not repayable to NHSE/I.

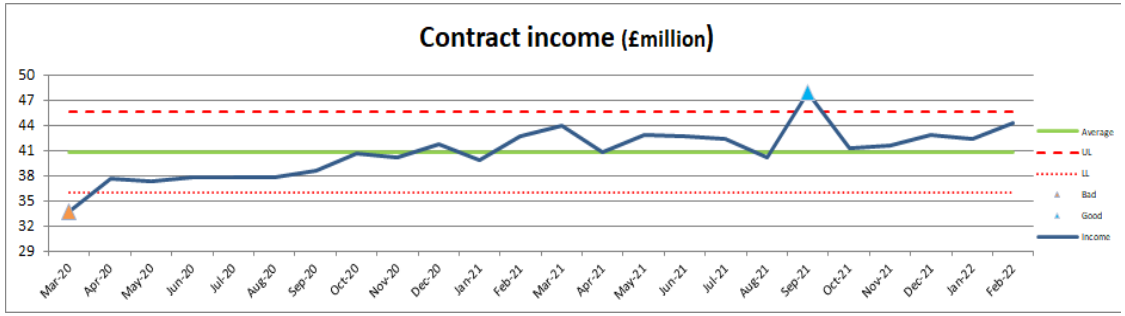
• The contract income plan is based on the H2 board approved plan and has been applied to individual budget lines. The ERF position highlighted in the table below (Table 2) includes H1 ERF, H2 ERF and H2 ERF+.

• 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 11 for the new financial year. 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 receive 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	291.9	267.5	266.6	(0.8)
Other NHS	36.5	33.5	34.1	0.6
Specialist Commissioners	73.4	67.4	68.4	1.0
Other Income	1.9	2.2	1.9	(0.3)
Bucks Council	14.0	12.8	12.9	0.1
Top up	37.3	34.3	34.3	0.0
Covid funding	25.7	23.5	23.5	0.0
Growth & SDF	10.7	9.5	9.1	(0.4)
ERF	15.5	14.8	16.3	1.5
TIF	2.2	1.8	2.0	0.2
Total	**509.1**	**467.3**	**469.1**	**1.9**

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	1.1	1.5	0.4
Education And Training	11.0	10.0	16.1	6.1
Non-NHS PPS & Overseas Visitors	3.5	3.2	2.6	(0.6)
Injury cost recovery scheme	1.2	1.1	1.0	(0.1)
Donated Asset Income	1.0	0.9	3.4	2.5
Other Income	18.3	16.5	17.5	1.0
Total	**36.2**	**32.9**	**42.1**	**9.2**

• Other Income (Table 3) is £9.2m favourable to plan YTD.

• Private Patient and Overseas work is £0.6m adverse to plan.

• Donated Asset Income reports a £2.5m favourable variance. This primarily relates to the Salix Grant income (£2.2m). 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.

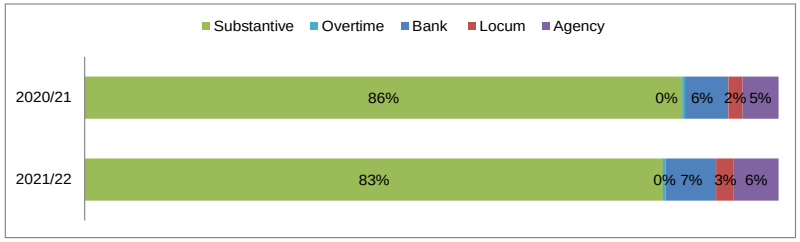
• Education and Training income is £6.1m favourable to plan. This includes the release of £1.4m deferred income from the 20-21 which has been recognised in the position in line with IFRS 15 accounting treatment.

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	248.2	83%	242.3	86%
Overtime	1.3	0%	1.2	0%
Bank	21.6	7%	17.5	6%
Locum	7.6	3%	5.7	2%
Agency	19.2	6%	14.6	5%
Total	**297.9**	**100%**	**281.4**	**100%**

Graph 2 - YTD pay position



• Pay expenditure totals £297.9m year to date (YTD), £6.9m adverse to plan. The pay position includes £3.4m expenditure associated with managing Covid-19.

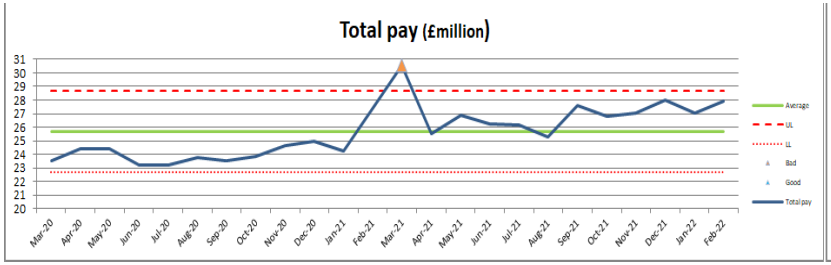
• Individual budget lines on the ledger reflect the board approved H2 plan. This plan includes non recurrent pay investments totalling £7.1m and these pay investments are monitored in the budgets through a central division to track spend away from business as usual divisional activities. The plan assumes these investments will take place equally throughout H2 so £5.9m pay investment budgets are included within the YTD budget plan as at month 11. Against this plan, H2 pay investment expenditure totals £1.3m YTD, therefore reporting a £4.6m under spend against plan YTD.

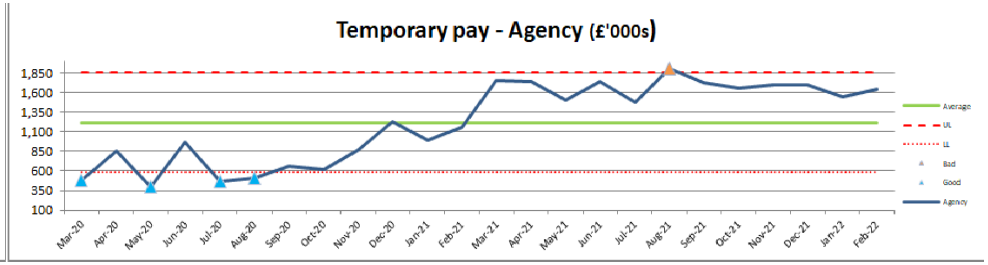
• Temporary staffing expenditure (Bank, Agency & locum) totals £48.4m YTD, a large proportion of which is offset by underspends against substantive budgets totalling £36.0m (excludes the £4.6m H2 Investments under spend noted above). Agency expenditure totals £19.2m YTD, £1.8m in month with key usage 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.

• 2020-21 year end provisions for the working time directive payments continue to be held in the balance sheet position at month 11 and will be released to match spend as and when this comes through. A provision for clinical excellence awards totalling £1.4m is also held in anticipation that these will be finalised and paid before the end of the financial year.

• 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 increase in pay costs in February 2022 relates to the provision for payment of the 21-22 clinical excellence awards estimated at £1.4m.
- 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	43.0	43.0	(0.0)
Clinical supplies	34.8	32.0	31.7	0.3
Other non-pay	113.0	103.6	104.4	(0.8)
Total Expenditure	**194.5**	**178.6**	**179.1**	**(0.5)**

Table 6 - YTD drugs position

Drug Categories (£m)	Annual Budget	YTD Budget	YTD Actuals	YTD Variance
PBR Drugs	9.7	8.9	10.9	(2.0)
PBR excluded Drugs	35.3	32.4	30.7	1.7
Other Drug Items	1.8	1.6	1.4	0.2
Total expenditure	**46.7**	**43.0**	**43.0**	**(0.0)**

• Non-pay expenditure totals £179.1m year to date (YTD), £0.5m adverse to 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).

• Clinical Supply costs report a £0.3m underspend YTD driven by the impacts of the covid-19 pandemic earlier in the year which saw reduced activity levels through the second and third waves. Spend however is now normalising as activity levels have increased.

• Individual budget lines on the ledger reflect the board approved H2 plan. This plan includes non recurrent non-pay investments totalling £7.8m and these non pay investments are 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 £6.5m non pay investment budgets are included within the YTD budget plan as at month 11. Against this plan, H2 non pay investment expenditure totals £3.5m YTD, therefore reporting a £2.6m under spend against plan YTD. Work has taken place in month to identify any approved H2 investments expenditure which has been incurred in the divisional positions and this has been transferred to this division for month 11 reporting. This review will continue each month with divisional leads to ensure any costs associated with H2 investments are correctly reported.

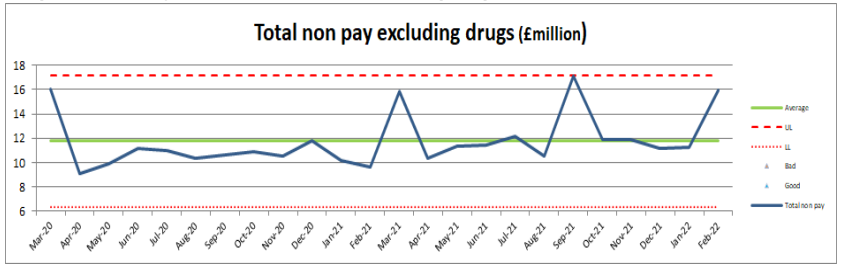
• Drugs expenditure totals £43.0m YTD, which is in line with plan YTD. PBR drugs report a £2.0m overspend YTD and PBR excluded drugs, a £1.7m favourable position to plan.

• Other non-pay includes a financial benefit of £5.6m at month 11 resulting from a review of PFI models and financial liabilities. This has been offset by an increase in contingency and one off provisions.

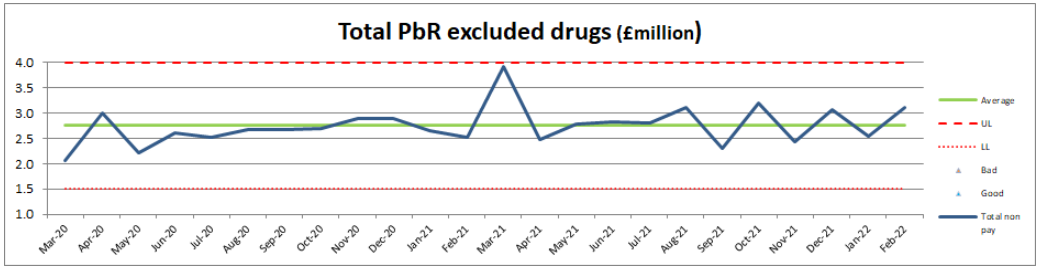
• Other non pay has also seen in month spend increases relating to IT Cyber expenditure, Window 10 licences and site works within Property services including demolition costs and roof repairs.

• 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. The increase in non pay expenditure in February 2021 relates to expenditure incurred for IT cyber and windows 10 licences and site works including roof repairs and demolition works.
- 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



Graph 5 - 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		
							M09	M10	M11
Integrated Medicine	(3.0)	(86.5)	(90.7)	(4.2)	4	Yes	(8.0)	(7.3)	(7.1)
Integrated Elderly Care	(1.4)	(43.0)	(44.7)	(1.7)	4	Yes	(3.8)	(3.8)	(3.7)
Surgery And Critical Care	(5.8)	(98.8)	(105.4)	(6.6)	4	Yes	(8.1)	(8.0)	(8.7)
Women and Children	(0.7)	(45.6)	(46.7)	(1.2)	2	Yes	(3.7)	(3.6)	(3.7)
Specialist Services	1.1	(83.4)	(82.6)	0.9	1	Yes	(6.6)	(6.6)	(7.0)
Total Clinical Divisions	**(9.8)**	**(357.3)**	**(370.1)**	**(12.8)**			**(30.2)**	**(29.3)**	**(30.1)**
Chief Executive	0.5	(3.8)	(3.8)	0.0	1	Yes	(0.3)	(0.3)	(0.4)
Chief Operating Officer	(1.7)	(3.6)	(5.5)	(1.8)	4	Yes	(0.5)	(0.2)	(0.6)
Corporate Services	(6.7)	4.2	2.6	(1.6)	N/A	Yes	0.1	3.3	(1.9)
Commercial Director Mgmt	0.1	0.1	0.0	(0.1)	2	Yes	0.1	(0.0)	(0.0)
Finance Dept.	(0.0)	(7.0)	(7.0)	0.1	1	Yes	(0.3)	(1.9)	(0.8)
Information Technology	(0.2)	(11.6)	(11.4)	0.1	4	Yes	(0.8)	(0.3)	(0.9)
Performance and Delivery	0.5	(4.3)	(3.7)	0.6	1	No	(0.3)	(0.3)	(0.3)
Property Services	(6.5)	(56.3)	(64.3)	(7.9)	4	Yes	(4.2)	(6.8)	(7.2)
Human Resources	0.6	3.8	4.3	0.5	4	Yes	0.0	0.5	1.7
Medical Director	0.3	(0.5)	(0.3)	0.2	1	Yes	0.0	(0.0)	0.1
Nursing Director	(0.1)	(16.5)	(16.6)	(0.1)	3	No	(1.4)	(1.4)	(1.4)
PDC And Depreciation	5.6	(32.7)	(27.1)	5.5	N/A	Yes	(2.3)	(2.3)	0.2
Covid-19 Division	(0.0)	0.0	0.0	0.0	N/A	N/A	0.0	0.0	(0.0)
H2 Investments	7.6	(14.9)	(8.2)	6.7	N/A	N/A	(2.1)	(1.9)	(0.4)
Strategy And Business Dev.	(0.0)	(0.2)	(0.2)	(0.0)	3	No	(0.0)	(0.0)	(0.0)
Total Corporate	**(0.2)**	**(143.1)**	**(141.0)**	**2.2**			**(12.0)**	**(11.8)**	**(11.9)**
Contract Income	1.9	509.1	512.7	3.6			42.8	42.5	44.3
Provisions	14.7	(14.3)	0.0	14.3			0.0	0.0	0.0
Mitigations to be developed	0.0	0.0	0.0	0.0			0.0	0.0	0.0
Donated Asset Reporting Adj	(1.7)	0.0	(1.6)	(1.6)			0.1	0.1	(2.3)
Retained Surplus / (Deficit)	**4.9**	**(5.6)**	**0.0**	**5.7**			**0.7**	**1.5**	**0.1**

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

Key reasons for YTD divisional variances are as follows:

Integrated Medicine (£3.0m overspend YTD).
• Underspends on the new modular build and non pay expenditure 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 £1.1m YTD. The division reports a £1.4m YTD unallocated CIP target.

Integrated Elderly Care (£1.4m 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 £0.7m unallocated efficiency target.

Surgery and Critical Care (£5.8m overspend YTD).
• The key drivers behind this overspend includes costs incurred to manage covid-19, £1.4m and Anaesthetics and Critical Care pay pressures, £0.8m overspend YTD. In addition the division reports additional pay pressures totalling £2.2m which is primarily driven by nursing and medical temporary staffing usage across the division. Clinical supply costs report a £0.8m underspend YTD. The division reports a £2.2m unallocated efficiency target YTD.

Specialist Services (£1.1m underspend YTD).
• Radiology pay pressures including the use of additional bank and agency staff report a £2.0m overspend YTD. This is offset by reductions in managed service contract, lab equipment, and drugs expenditure. Stem Cell and mortuary income is also better than plan YTD. The division reports a £1.1m YTD unallocated CIP target.

Information Technology (£0.2m overspend YTD).
• Temporary staffing costs and consultancy expenditure are the key reasons for the £0.2m YTD overspend. The division reports a £0.7m YTD unallocated CIP target.

Human Resources (£0.6m underspend YTD).
• This underspend is driven by Education and Training income brought forward from 2020-21. The plans in place to spend these monies have not materialised so under the accounting treatment of IFRS 15 they have been released in to the year to date position.

Corporate Services (£6.7m 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, £14.7m underspent YTD.

H2 Investments (£7.6m 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 11 costs associated with these non recurrent investment plans total £4.8m. 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 £4.4m YTD with the full divisional split as follows:
Integrated Medicine - £1.1m
Integrated Elderly - £0.2m
Surgery & Critical Care - £1.4m
Women & Children - £0.1m
Corporate - £1.6m

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	326.2	323.6	2.6	7.8
Cash and cash equivalents	30.2	66.2	(36.0)	4.4
Trade and other current assets	34.0	25.5	8.6	(1.5)
Total Assets	**390.4**	**415.2**	**(24.8)**	**10.8**
Current Borrowing	(0.3)	(0.6)	0.3	0.4
Other Current liabilities	(63.2)	(92.8)	29.7	(8.0)
Non Current Borrowing	(51.3)	(45.7)	(5.6)	0.0
Other Non-current liabilities	(1.0)	(1.0)	(0.0)	0.0
Total Liabilities	**(115.8)**	**(140.2)**	**24.4**	**(7.6)**
TOTAL NET ASSETS	**274.6**	**275.0**	**(0.4)**	**3.2**
PDC and Revaluation reserve	402.1	395.8	6.2	0.8
Income and Expenditure Reserve	(127.5)	(120.9)	(6.6)	2.3
TOTAL EQUITY	**274.6**	**275.0**	**(0.4)**	**3.2**

• Non current assets are £2.6m behind plan primarily as the capital programme assumed a spend of £33.6m by month 11 with only £27.3m expended (Refer page 10 for detail).
• Cash/Current Liability balances are continuing to be substantial as at month 11. This is due to slippage on capital schemes and material amounts of deferred income.
• Other current liabilities substantially higher than the plan due to slippage on capital schemes and increase in level of expenditure accrual.

• PDC is behind plan as it was assumed that £6.2m would be spent and accessed by M12.
• Remaining changes in the statement of financial position are consistent with the reported £2.3m surplus prior to technical adjustments.

Accounts Receivable

Table 9 - Accounts Receivable

Month 11

(£m)	Current	30-60 days	60-90 days	90-120 days	>120 days	Total
NHS	3.2	2.5	0.4	0.4	1.5	7.9
Non-NHS	1.3	2.2	0.1	0.3	0.4	4.2
Total	**4.5**	**4.7**	**0.4**	**0.7**	**1.9**	**12.2**
% of total	37%	38%	4%	6%	16%	100%

Month 10

(£m)	Current	30-60 days	60-90 days	90-120 days	>120 days	Total
NHS	1.6	0.4	0.4	0.8	2.0	5.2
Non-NHS	0.7	0.8	0.1	0.7	2.0	4.4
Total	**2.4**	**1.1**	**0.5**	**1.5**	**4.0**	**9.6**
% of total	25%	12%	6%	16%	42%	100%

• Debtors have increased by £2.6m from £9.6m in month 10 to £12.2m in month 11.
• The increase in debtors is due to increases in Health Education England £2.4m and Oxford University Hospitals Nhs Ft balance £0.2m.

The Health Education England invoice of £2.4m has now been settled in month 12. In addition £0.7m from Milton Keynes Hospital Nhs Foundation Trust has also subsequently been received .
• Overdue has increased by £0.5m from £7.2m in month 10 to £7.7m in month 11.

• Top 5 outstanding debts at month 11 are:
1 - Oxford University Hospitals NHS FT £2m.
2 - Milton Keynes Hospital Nhs Foundation Trust £0.7m.
3 - Oxford Health Nhs Foundation Trust £0.6m.
4 - Imperial College Healthcare Nhs Trust £0.5m.
5 - Nhs England £0.4m.

Balance Sheet

Accounts Payable

Table 10 - Accounts Payable

Creditors

(£m)	Current	30-60 days	60-90 days		>120 days	Total
NHS	0.0	0.0	0.0	0.0	-0.2	-0.2
Non-NHS	0.2	0.0	0.0	-0.2	-0.1	-0.1
% of total	-89%	1%	-25%	93%	120%	100%

The creditors 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

	Total Value (£m)	Total Count	0-30 days		31-60 days		61-180 days		6 months to 1 year		1 year to 2 years		More than 2 years	
NHS	£	Qty	£	Qty	£	Qty	£	Qty	£	Qty	£	Qty	£	Qty
Month 7	5.8	1,129	1.8	107	0.4	42	1.7	173	1.0	235	0.6	485	0.2	87
Month 8	3.1	770	0.7	75	0.5	67	0.5	136	0.6	173	0.4	213	0.3	106
Month 9	5.4	748	3.3	98	0.3	47	0.6	133	0.5	145	0.3	218	0.3	107
Month 10	2.7	683	0.6	48	0.2	41	0.6	129	0.5	145	0.4	212	0.3	108
Month 11	2.9	553	0.9	63	0.4	35	0.6	102	0.6	113	0.2	160	0.2	80

Non NHS	Total Value (£m)	Total Count	0-30 days		31-60 days		61-180 days		6 months to 1 year		1 year to 2 years		More than 2 years	
	£	Qty	£	Qty	£	Qty	£	Qty	£	Qty	£	Qty	£	Qty
Month 7	5.9	3,292	2.6	804	0.7	355	1.2	825	0.7	551	0.5	531	0.1	226
Month 8	5.3	3,109	1.8	757	1.0	356	1.0	648	0.8	531	0.5	551	0.1	266
Month 9	7.4	3,561	3.1	907	1.5	489	1.4	743	0.7	556	0.5	581	0.1	285
Month 10	5.7	3,250	1.4	556	1.5	446	1.4	821	0.7	567	0.5	558	0.2	302
Month 11	6.5	2,714	3.4	720	0.7	247	1.1	643	0.5	401	0.6	401	0.2	302

Total M11	9.3	3,267	4.3	783	1.1	282	1.7	745	1.1	514	0.9	561	0.4	382

The Invoice Register at Month 11, which details invoices awaiting processing as they cannot be matched to an order or receipt, totals £9.3m (£2.9m NHS and £6.5m Non NHS). In value terms this is £0.8m more than previous month but in the same period the number of invoices making up the register has been reduced by 666 (from 3933 in month 10 to 3267 in month 11). The value those invoices held on the register with a invoice date longer than 30 days has reduced by 1.4m and the count reduced by 845. This reduction is due to various workstreams being undertaken including engagement with Clinical teams to ensure that purchase orders are raised and managed in a timely manner. In month 10 those invoices less than 30 days old made up 24% (value) and 15% (count), in month 11 this increased to 46% (value) and 24% (count).

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.
2 - Goods/services not being receipted despite order being in place .
3 - Invoice is under query, usually due to price differences.
4 - Awaiting credits from the supplier .
5 - No purchase order and awaiting authorisation .

Better Payment Practice Code

Table 11 - Better Payment Practice Code

	Count Total	Count Pass	% Pass	Total (£m)	Pass (£m)	% Pass
NHS	3,692	1,599	43%	59	40	68%
Non-NHS	59,849	39,950	67%	244	189	78%
Total	63,541	41,549	65%	304	230	76%

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.

The Committee to note that all processing of Pharmacy invoices which impact the BPPC are processed outside of finance.

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	Actual Jan-22	Actual 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	41,983	41,214	40,023	**441,340**
Clinical Income top up / Covid / Growth	0	12,015	5,944	5,949	11,369	11,947	9,642	4,716	3,182	7,187	4,195	2,625	**78,771**
Education and Training	3,883	0	0	0	1,933	0	4,743	0	0	0	2,397	0	**12,956**
Other Income	3,769	704	899	450	699	392	247	167	2,458	593	345	500	**11,223**
HMRC vat reclaim	1,049	3,795	0	1,937	3,421	844	1,456	1,483	1,984	1,864	667	1,000	**19,500**
PDC capital	0	0	0	0	0	0	0	0	0	0	841	16,463	**17,304**
Other Receipts	3,700	1,593	1,082	725	537	803	1,174	1,453	1,712	1,268	4,348	950	**19,345**
TOTAL RECEIPTS	**46,491**	**51,599**	**42,107**	**42,648**	**52,783**	**48,172**	**50,748**	**48,027**	**49,401**	**52,895**	**54,007**	**61,561**	**600,439**
PAYMENTS													
Pay Costs	(24,276)	(26,589)	(29,627)	(26,340)	(22,756)	(33,464)	(28,753)	(29,500)	(28,350)	(27,786)	(27,909)	(39,450)	**(344,800)**
Creditors	(13,409)	(8,424)	(12,307)	(12,887)	(12,477)	(13,154)	(13,678)	(14,818)	(13,495)	(12,274)	(12,888)	(13,850)	**(153,661)**
Creditors - Capital Spend	(18,853)	(3,423)	(3,987)	(961)	(594)	(961)	(909)	(784)	(781)	(1,877)	(3,113)	(14,658)	**(50,901)**
NHSLA	(1,282)	(1,282)	(1,282)	(1,282)	(1,282)	(1,282)	(1,282)	(1,282)	(1,282)	(1,282)			**(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)	(3,475)	(5,652)	(3,775)	**(52,656)**
TOTAL PAYMENTS	**(62,255)**	**(45,312)**	**(51,280)**	**(45,839)**	**(41,257)**	**(56,084)**	**(48,893)**	**(50,534)**	**(48,260)**	**(46,694)**	**(49,562)**	**(74,598)**	**(620,568)**
NET CASH FLOW IN PERIOD	(15,764)	6,287	(9,173)	(3,191)	11,526	(7,912)	1,855	(2,507)	1,141	6,201	4,445	(13,037)	(20,129)
OPENING CASH BALANCE	73,239	57,475	63,762	54,589	51,398	62,924	55,012	56,867	54,360	55,501	61,702	66,147	**73,239**
CLOSING CASH BALANCE	**57,475**	**63,762**	**54,589**	**51,398**	**62,924**	**55,012**	**56,867**	**54,360**	**55,501**	**61,702**	**66,147**	**53,110**	**53,110**

- Clinical Income Top Up, Covid and Growth funding is set in line with the Income and Expenditure plan. Top up payments have been forecast within Clinical Income.
- Pay is forecast to increase in M12 as HMRC and Pensions payments will be brought up to date for financial year end.
- Capital payments is forecast to reflect the in year capital programme together with a reduction in capital creditors from 2020-21.
- Closing cash has been recalculated to £53m.

Capital Position

Table 14: Capital Overview: M11 2021-22

Capital Expenditure £m	Annual Plan	FY Fcast	Variance	YTD Plan	YTD Actual	Variance	Prior Month YTD Actual
Medical Equipment	2.8	3.1	(0.4)	2.3	1.7	0.6	1.2
Property Services	29.2	30.4	(1.1)	23.6	18.8	4.8	12.7
Information Technology	12.1	11.7	0.4	6.2	5.2	1.0	3.0
General	3.5	3.5	0.0	1.5	1.6	(0.1)	1.0
Total Capital Expenditure	**47.7**	**48.7**	**(1.1)**	**33.6**	**27.3**	**6.3**	**17.9**
Funded By Trust	19.2	19.2	0.0	15.3	11.7	3.6	7.5
Funded By PDC	11.4	11.4	0.0	8.6	6.3	2.3	4.7
NHSx	0.7	0.7	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	8.2	8.2	0.0	3.8	4.8	-1.0	2.4
TIF	4.8	4.8	0.0	2.6	1.2	1.4	0.0
Total Capital	**47.7**	**47.7**	**0.0**	**33.6**	**27.3**	**6.3**	**17.9**

Table 15: Capital Detail: M11 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		4,821	4,821
Salix		6,036	6,036
NHSx -Maternity		571	571
ICS-Video Conferencing (PDC)		150	150
Total 2021/22	**26,000**	**21,651**	**47,651**

Table 16: Capital Expenditure Plan

£'000	BOB/ICS	Lifecycle	PDC Plan	ERF	Donated	NHSx	TIF	Salix	Grant Pathlake	2021/22 Total	YTD Expend	Forecast M12	FY Forecast Expend	FY Variance
Medical Equipment	1,705		584	-	500					**2,789**	1,718	1,425	**3,143**	(354)
Property Services	9,016		8,124	1,986	879		3,175	6,036		**29,216**	18,759	11,604	**30,363**	(1,147)
Information Technology	4,936		2,731	1,332		676	1,646		800	**12,121**	5,205	6,512	**11,717**	404
General	1,025	2,500								**3,525**	1,641	1,884	**3,525**	0
Total	**16,682**	**2,500**	**11,439**	**3,318**	**1,379**	**676**	**4,821**	**6,036**	**800**	**47,651**	**27,323**	**21,425**	**48,748**	**(1,097)**

Full year forecast overspend is £1.1m as at M11. The Trust is working towards mitigating the overspend in line with CRL (£47.1m).
Month 11 capital spend is £27.3m against a plan of £33.6m. (£6.3m behind initial plan). A large part of the YTD underspend is within the A&E Paediatric scheme. Discussions are taking place with the project leads and with the contractor (Western) to implement measures to address the underspend before the end of the financial year.
£21.4m of spend (£47.6m less £27.3m) needs to occur in the last month of the year which is 45% of the programme which will require a significant amount of acceleration in order to deliver to plan.
Allocations for Shared records £494k and Imaging Academies £78k received in M11 taking the full year plan to £47.7m

Next Steps: Weekly meetings are being held between finance and project managers in the lead up to year-end. This is to monitor progress against capital schemes and identify risks and mitigations in order to deliver the capital resource limit.

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 16 February 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 19 January 2022	Minutes approved	None	Refer to Audit Committee for noting	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 risks as per below with mitigations in place	None	n/a	n/a
Emergency Department (ED) Quality Report	Overview of quality metrics related to the ED to provide oversight and assurance of performance	Partially assured – noting areas of good practice in addition to significant potential for harm related to long waits	Focus on 12-hour ED waits and improved oversight within the report	n/a	n/a

Quarterly Safeguarding Report (with LPS Briefing)	Overview of safeguarding activity for Q3 including referrals, key challenges and themes in referrals and concerns	Assured – noting the change in requirements for level 3 safeguarding training and legislative changes	More ambitious training compliance improvement trajectory	n/a	n/a
Trust Improvement Programme	Update on metrics within the TIP of which the Committee has oversight	Assured – noting a need for more frequent updates on ED performance	Succinct comprehensive report covering all relevant metrics Monthly update on ED to Q&CG	n/a	n/a
SI Report	SI update and update on Never Events and timeline for report submission	Assured – noting the predicted impact of Quality Strategy and Datix upgrade	Focus on achievement of learning	n/a	To take assurance from the report and work ongoing to improve quality governance oversight
Quality and Safety Audit Data	A new report summarising key aspects of Quality from the Tendable app (formally Perfect Ward)	Assured	Ongoing development of inspections and reporting	n/a	n/a

Maternity Safety Reports	Comprehensive update covering maternity staffing, perinatal mortality review tool cases, admission to neonatal unit, CNST, NHSEI and Ockenden actions, themes from reported incidents, review of WBC ethnicity data and VTE prevalence	Assured	Collaborative working on shared care records Ensure further progress on Ockenden compliance, especially key actions	n/a	Note report due at March Trust Board in Public (as per Ockenden requirements)
Community Paediatric Harms and Audit Update	Overview of proposed review of community paediatric waiting lists to identify clinical harm and improve service provision	Partially assured – noting significant risks as per below	Monthly progress updates to the Committee	n/a	n/a
Patient Experience Report	Overview of patient experience metrics for Q3 and update on chaplaincy team and Trust visiting policy	Assured	None	n/a	n/a
Complaints Process Review	Proposed change to Trust complaints review process in line with best practice	Assured – noting proposed benefits in consistency and timeliness of responses	None	n/a	n/a

SI Management Review	Proposed change to the management of Serious Incidents in line with best practice	Assured	None	n/a	n/a
Adult and CYP Waits and Recovery	Overview of processes in place to review and monitor waiting lists for community services	Assured	None	n/a	n/a
Research and Innovation Report	Summary of R&I performance within Q3 including key risks and successes	Assured – noting strong performance in comparison to similar size Trusts	None	n/a	n/a
Clinical Effectiveness Annual Report	Annual report considering clinical audit, clinical guidelines (including NICE) and National Safety Standards for Invasive Procedures (NatSSIPs)	Assured	None	n/a	n/a
Clinical Ethics Annual Report	Annual report considering the Clinical Ethics Advisory Group activities for 2021	Assured	None	n/a	n/a

Annual Record Keeping Audit Results (2021)	Results of the annual cross-divisional audit of 100 sets of clinical notes against standards within the Trust Clinical Record Keeping Policy	Assured – noting the formulation of divisional action plans	None	n/a	n/a

Emerging Risks noted:

- Trust position within the region related to IPC outbreaks noting actions in place and agreed with NHSEI.
- Infrastructure and ventilation of estate and impact on IPC.
- Long ED waits and potential to cause harm noting 12-hour trolley waits working group.
- Safeguarding training gap with introduction of level 3 training with need for plan to return to March Committee.
- Ongoing high levels of safeguarding referrals and capacity of team.
- Outstanding Ockenden actions, including that related to face-to-face consultant-led ward round frequency.
- Community paediatric services; particularly children awaiting medication review and the ability to identify and prioritise those Looked After Children noting plan for waiting list review.
- Ability to recruit to community paediatrics services at consultant level recognising this as a national problem.
- Mismatch in demand and capacity for children's therapy services.
- Significant increase in statutory education referral numbers.

Report from Chair of Quality and Clinical Governance Committee (Q&CG)
Date of Committee 16 March 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 February 2022	Minutes approved	None	Refer to Audit Committee for noting	n/a
Integrated Performance Report (IPR)	Revised monthly reporting on Trust performance metrics and progress with actions aligned to the Strategic Priorities, the TIP and the NHS System Oversight Framework. January data discussed	Partially assured – noting number of P2 patients within elective waiting lists and ongoing high numbers of long ED waiters with a need to maintain focus in this area	Greater assurance required on actions being taken to support timely inpatient discharges Review of previous TLB project related to timely discharge and progress with suggested actions	n/a	For discussion
Trust Improvement Programme (TIP)	Update on metrics within the TIP of which the Committee has oversight	Partially assured – noting challenges and actions in place related to endoscopy, UEC and cancer pathways	None	n/a	For discussion

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	Source benchmarking data for hospital acquired infections	n/a	n/a
Emergency Department (ED) Quality Report	Overview of quality metrics related to the ED to provide oversight and assurance of performance	Partially Assured – noting reported improvements in training compliance but on-going issues with long waits in ED remain a concern	As above	n/a	n/a
Serious Incident (SI) Report	SI update and update on Never Events and timeline for report submission. Report includes full detail of Maternity SIs.	Assured – noting the change in process for the management of SIs emphasising report quality, just culture and impact of Datix upgrade Detailed discussion providing assurance related to maternity specific SIs	Continued work on reducing number of open SIs with trajectory for improving this	n/a	To take assurance from the report and work ongoing

Community Paediatric Harms and Audit Update	Monthly progress report on review of community paediatric waiting lists to identify clinical harm and improve service provision	Partially assured – noting chronic nature of medical recruitment issues to community paediatric services	Ongoing work to explore alternative roles/skill mixing Further detail to the Committee on identification and management of potential harm	Vacancy control issues to be referred to Strategic Workforce Committee for consideration of Trust wide approach	Note and discuss concerns related to Trust recruitment processes and a need to apply flexibility within appropriate governance
Safer Staffing of the Healthy Child Programme	Following generation of action at EMC, review of workforce within the Women, Children and Sexual Health Division	Partially assured – noting further work required related to chronic staffing challenges	As per above comments regarding alternative roles/skill mix		
Ockenden – One Year On	Summary of progress against actions required following assessment in October 2021	Assured – noting action plan in place for outstanding action related to Consultant led ward rounds out of core hours	None		Requirement for presentation at Public Board by March 2022 – Board to be assured by action plans in place noting concerns regarding recruitment processes above
Continuity of Carer	Update on the Trust plan to implement Midwifery Continuity of Carer	Assured	None	n/a	n/a

Quality Patient Safety Experience Insight Report	Quarterly summary of key quality indicators including incident reporting, patient experience metrics and mortality indicators	Noted	None	n/a	n/a
Patient Story	Film made by the Bucks Maternity Voices Partnership (MVP) to capture service user experience of BHT Maternity Services in 2021	Assured	Ongoing work to reach out into underrepresented groups (e.g. BAME and LGBTQ+ communities)	n/a	For discussion
Pascoe Review	Detail of Trust self-assessment and action plan against the 42 recommendations identified by the Pascoe Review	Approved for submission	For submission in line with NHSEI timeframe Progress with action plan to be monitored through the Committee	n/a	n/a
Paediatric Early Warning System (PEWS) Audit	Outcome of 2021 audit with proposed next steps	Assured	Six monthly re-audit Continue to explore digital PEWS system	n/a	n/a

Quality Governance Review	Action plan following external quality governance review	Noted	Regular monitoring through the Committee	n/a	n/a

Emerging Risks noted:

- Ability to manage future pandemic in view of condition of Trust estate.
- Potential harm related to ED long waits; impact on quality and safety noting actions in place to support improved UEC performance.
- Health visitor staffing levels and potential impact on CYP staffing levels.
- Trust wide vacancy control processes; to be escalated for Board level discussion.
- Recruitment challenges impacting Community Paediatrics and ability to fulfil Ockendon requirements.
- Lack of electronic systems impacting accurate documentation of actions taken in response to a deteriorating child.

Meeting: Trust Board Meeting in Public

30 March 2022

Agenda item	Ockenden review of maternity services – one year on
Board Lead	Karen Bonner Chief Nurse
Type name of Author	Heidi Beddall Director of Midwifery
Attachments	Appendix 1: Letter to Jenny Hughes Appendix 2: Reducing the midwifery vacancy driver diagram
Purpose	Assurance
Previously considered	Divisional quality board 11th March 2022 EMC 15th March 2022 Quality and Clinical Governance 16th March 2022

Executive Summary

On the 25th February 2022, NHSE/I wrote to all provider Trusts with maternity services requesting that:

- *Progress with implementation of the Ockenden 7 immediate and essential actions outlined in the Ockenden report and the plan to ensure full compliance, and*
- *Maternity services workforce plans*

are discussed at public board by the end of March 2022 and shared and discussed with the LMNS and ICS by 15th April 2022.

Ockenden Implementation

In October 2021, BHT were assessed as compliant with 66 minimum evidence requirements and non-compliant with 56. The trajectory is that the 54 outstanding minimum evidence requirements will be completed before the public Board 30th March 2022 (See Appendix 1 for actions in progress).

The risk is that twice daily consultant led labour ward rounds will not be fully implemented before the public board. A plan for completion of this action will be included in the presentation for discussion at the public board.

All Ockenden minimum evidence requirements are uploaded to the Trust internal audit platform (4action).

Maternity Workforce

The midwifery establishment for 22/23 is funded to Birthrate plus standards in line with assurance provided to NHSE/I in December 2020 (See Appendix 2).

There is an ongoing vacancy in midwifery posts. An uplift in midwifery establishment may increase the vacancy factor.

There is a trajectory to reduce midwifery vacancy to <5% by December 2023 (See Appendix 3 Reducing the midwifery vacancy driver diagram).

A presentation on progress with implementation of the Ockenden 7 immediate and essential actions outlined in the Ockenden report and the plan to ensure full compliance, and maternity services workforce plans is being discussed at public board (30th March 2022).

Decision	The Board is requested to discuss, take assurance from the report and approved the planned next steps.

Relevant Strategic Priority			
Outstanding Care ☒	**Healthy Communities ☐**	**Great Place to Work ☐**	**Net Zero ☐**

Implications / Impact	
Patient Safety	The first Ockenden report (2020) sets out immediate actions and learning to be shared with all maternity services.
Risk: link to Board Assurance Framework (BAF)/Risk Register	Risk 1 – failure to consistently provide outstanding care that is compassionate, cost effective and safe.
Financial	Birthrate plus standards must be applied when setting the midwifery establishment.
Compliance CQC Standards	Safe Well Led Effective Caring Responsive
Partnership: consultation / communication	Public, BOB local maternity and neonatal system (LMNS) and ICS
Equality	All women should receive safe, effective, responsive care personalised to their specific clinical, social and emotional needs in order to reduce health inequalities and improve outcomes.
Quality Impact Assessment [QIA] completion required?	No

1 Introduction/Position

1.1 The first Ockenden report: Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust was published on 11th December 2020.

1.2 The report identified 7 areas for immediate and essential action for all maternity services, with 12 clinical priorities comprising of 122 minimum evidence requirements.

1.3 On the 25th February 2022, NHSE/I wrote to all provider Trusts with maternity services requesting that:

- Progress with implementation of the Ockenden 7 immediate and essential actions outlined in the Ockenden report and the plan to ensure full compliance, and
- Maternity services workforce plans

are discussed at public board by the end of March 2022 and shared and discussed with the LMNS and ICS by 15th April 2022.

2 Problem

2.1 <u>Progress with Ockenden & immediate and essential actions</u>

In October 2021, BHT were assessed as compliant with 66 minimum evidence requirements and non-compliant with 56 (NB 10 non-compliant actions are duplicates).

2.2 Maternity services workforce plans

There is an ongoing vacancy in midwifery posts.

3 Possibilities/Risks

3.1 Progress with Ockenden & immediate and essential actions

Weekly Ockenden compliance meetings have been undertaken since January 2022.

Providing the evidence for the outstanding 56 minimum evidence requirements is in progress.

54 of the outstanding minimum evidence requirements have been completed before the Public Board 30th March 2022.

The evidence is uploaded to the Trust internal audit platform (4action).

3.1.1 Risks

The risk is that 2 minimum evidence requirements have not been met before the Public Board 30th March 2022. These requirements are a duplicate, therefore there is risk of one outstanding action:

- Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week.

At present, consultant led ward rounds are undertaken twice daily Monday to Friday. At weekends there is a ward round in the mornings and a board round in the evening.

Implementation of a weekend evening ward round requires an increase in consultant hours.

One year of funding for the increase in consultant hours has been secured from Ockenden funding and maternity incentive scheme (CNST) reimbursement. The maternity incentive scheme (CNST) reimbursement funding is delayed due to a challenge from the charity Baby Lifeline.

The Trust have approved the uplift in consultant hours against the allocated funding and recruitment is in progress. The consultants will not be employed by March 30th.

The funding is non recurrent and will need to be sustained in the divisional budget for 23/24 onwards.

3.2 Maternity services workforce plans

3.2.1 Obstetric workforce

As outlined in section 3.1 there is a plan in place to recruit to the number of consultant hours required to implement consultant led ward rounds twice daily.

3.2.2 Risks – Delayed or unsuccessful recruitment.

3.2.3 Midwifery workforce

3.2.4 Risks - There is an ongoing vacancy in midwifery posts. The risk has been mitigated by recruitment of nurses and maternity support workers and use of temporary staffing.

An uplift in midwifery establishment may increase the vacancy factor.

The Director and Head of Midwifery have accepted an offer of support from the regional maternity team. An initial meeting took place on 2nd March 2022 with the South East maternity clinical advisor who highlighted that there should be a 25% uplift in midwifery establishments rather than the 22% for nursing establishments; this is due to the additional mandatory training for midwives to meet maternity incentive scheme (CNST) requirements.

The Director and Head of Midwifery are working collaboratively with the trust recruitment team to achieve a reduction to <5% midwifery vacancy by December 2023 (See Appendix 2 Reducing the midwifery vacancy driver diagram).

3 Proposal, conclusions recommendations and next steps.

On the 25th February 2022, NHSE/I wrote to all provider Trusts with maternity services requesting that:

- Progress with implementation of the Ockenden 7 immediate and essential actions outlined in the Ockenden report and the plan to ensure full compliance, and
- Maternity services workforce plans

are discussed at public board by the end of March 2022 and shared and discussed with the LMNS and ICS by 15th April 2022.

The next steps are to:

- Ensure implementation of consultant led labour ward on weekend evenings as planned.
- Reduce the midwifery vacancy to <5% by December 2022.
- Include any outstanding actions required to achieve full implementation of the Ockenden 7 immediate and essential actions on the divisional risk register in April 2022.

4 Action required from the Board/Committee

4.2 The Board is requested to:

a) Take assurance from the report.
b) Approve the planned next steps.

APPENDICES
Appendix 1: Letter to Jenny Hughes
Appendix 2: Reducing the midwifery vacancy driver diagram

Safe & compassionate care, every time

NHS
Buckinghamshire Healthcare
NHS Trust

Neil Macdonald
Chief Executive
Direct dial: 01296 418187 (PA)
Email: neil.macdonald4@nhs.net

Stoke Mandeville Hospital
Mandeville Road
Aylesbury
Buckinghamshire
HP21 8AL
Tel: 01296 315000
www.buckshealthcare.nhs.uk

Jenny Hughes
Regional Chief Midwife South East
NHS England & Improvement
Premier House
60 Caversham Rd
Reading
RD1 7EB
By email: jenny.hughes1@nhs.net

Monday 15 February 2021

Dear Jenny

Further to our letter of 18 December 2020 in response to the publication of the Ockenden Review, I am writing as requested to provide assurance regarding:

- the Trust Assurance Assessment Tool; and
- our plan for implementation of the Birthrate Plus (BR+) standard

Please find appended a copy of our Trust Assurance Assessment Tool which was reviewed by Trust Board in Public on Wednesday 27 January 2021. Through this exercise we have identified some gaps in assurance at national, local maternity system and organisational level; plans are in place to address these, several of which are due to be completed by 31 March 2021.

We can confirm that a midwifery acuity review using the Birthrate Plus standard has been undertaken and presented to the Executive Management Committee prior to 31 January 2021. The timescale for implementation is financial year 2021/22. Please find appended a copy of this review.

In your letter of 11 January 2021 you also provided additional guidance regarding Immediate and Essential Action 2 – Listening to Women and Families. We look forward to receiving further information and guidance on this including the package for standard JD, training and principles for establishing a network.

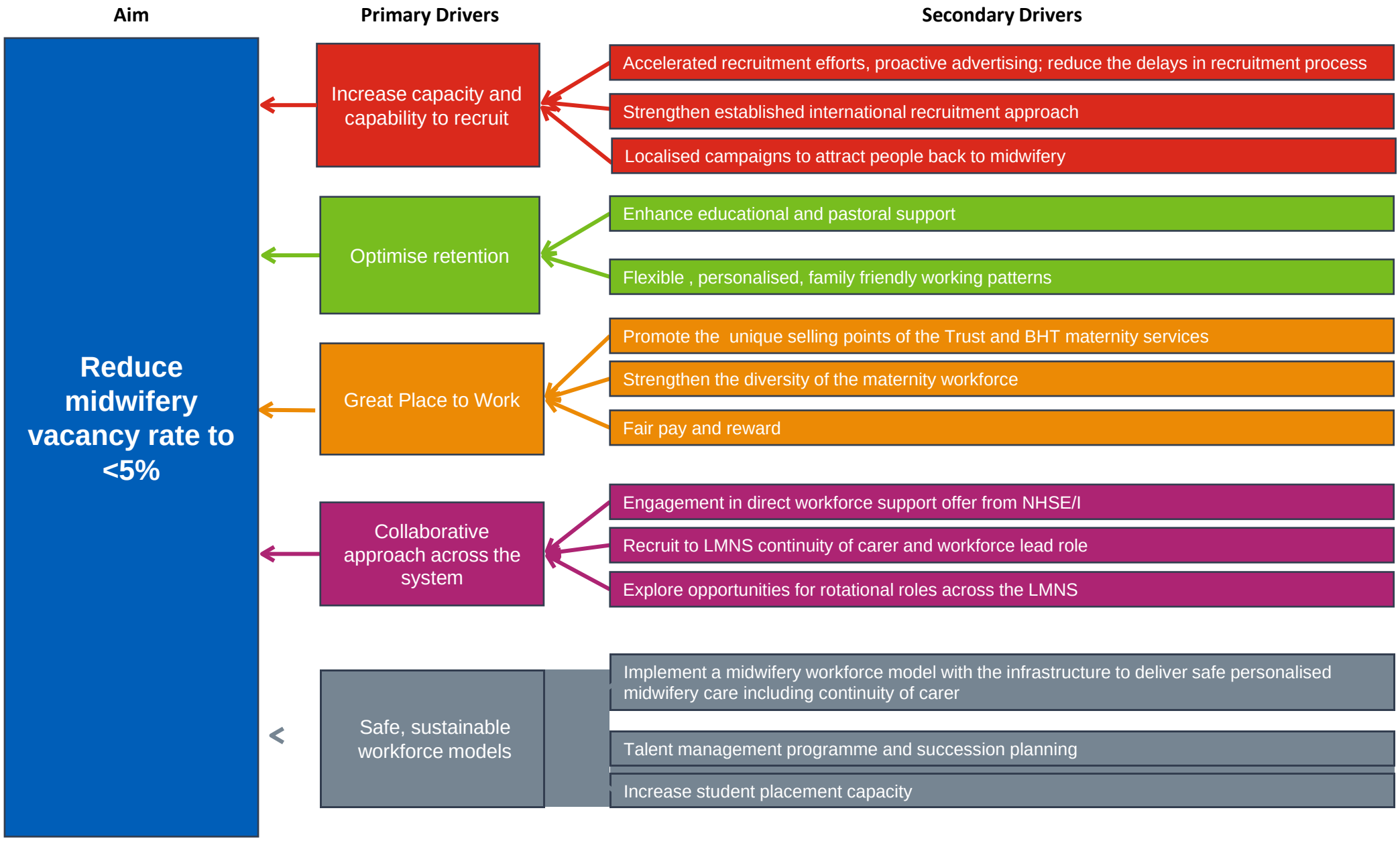
We confirm that this response has been reviewed and signed off by Dipti Amin, Trust Non-Executive Director and Maternity Champion Board Lead, and Debbie Simmons, Chair of the Buckinghamshire, Oxfordshire & Berkshire West LMS.

Your sincerely

Neil Macdonald
Chief Executive
Buckinghamshire Healthcare NHS Trust

Appendix 1: Assurance Assessment Tool
Appendix 2: Midwifery acuity dependency review against Birthrate Plus standard

CC: Hattie Llewelyn-Davies, Chair, BHT
Dipti Amin, Non-Executive Director and Maternity Champion Board Lead, BHT
Karen Bonner, Chief Nurse, BHT
Heidi Beddall, Head of Midwifery, BHT
Debbie Simmons, Chair BOB LMS
James Kent, Accountable Officer, BOB ICS
Sue Manthorpe, Director for Governance, BHT
David Williams, Deputy Director Quality, Buckinghamshire CCG
Fiona Dite, Co-Chair Bucks Maternity Voices Partnership
Helen Discombe, Co-Chair Bucks Maternity Voices Partnership
Aparna Reddy, SDU Lead, Obs and Gynae, BHT
Ian Currie, Divisional Chair, Women and Children, BHT
Ed MacFarlane, Divisional Director, BHT
Dan Gibbs, Chief Operating Officer, BHT
Tina Kenny, Medical Director, BHT
Lisa Cook, Care Quality Commission


Aim
Primary Drivers
Secondary Drivers
Reduce midwifery vacancy rate to <5%
Increase capacity and capability to recruit
Accelerated recruitment efforts, proactive advertising; reduce the delays in recruitment process
Strengthen established international recruitment approach
Localised campaigns to attract people back to midwifery
Optimise retention
Enhance educational and pastoral support
Flexible , personalised, family friendly working patterns
Great Place to Work
Promote the unique selling points of the Trust and BHT maternity services
Strengthen the diversity of the maternity workforce
Fair pay and reward
Collaborative approach across the system
Engagement in direct workforce support offer from NHSE/I
Recruit to LMNS continuity of carer and workforce lead role
Explore opportunities for rotational roles across the LMNS
Safe, sustainable workforce models
Implement a midwifery workforce model with the infrastructure to deliver safe personalised midwifery care including continuity of carer
Talent management programme and succession planning
Increase student placement capacity

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

NHS
Buckinghamshire Healthcare
NHS Trust

Report from Chair of Strategic Workforce Committee (SWC)
Date of Committee 14 March 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 10 January 2022	Approved	Date for update paper on accommodation to be resubmitted to Committee	Refer to Audit Committee for review and assurance	n/a
Chief People Officer Report	Update on key people developments since the previous Committee meeting (January 2022)	Assured	n/a	n/a	n/a
People Transformation Programme	Key highlights of the programme including: Thrive@BHT (support for managers, teams, improving ED&I, addressing bullying & harassment; international recruitment; temporary staffing and e-Rostering	Assured	Good progress being made For 2022-23 details of milestones to be shared, in particular, for e-rostering	n/a	n/a
Bucks Health & Social Care Academy	Update on continued progress	Assured	Continue work towards creating a sustainable governance structure for the Academy	n/a	n/a

Staff Story	'Mark's story' - from the IT industry to healthcare	Assured	Consider how we can share Mark's story further to help with ongoing recruitment programmes	n/a	n/a
Annual Staff Survey	Initial data for the 2021 survey including improved and deteriorated scores and benchmarking data	Assured	Results to be shared once embargo lifted. Targeted interventions required for specific teams	Share the challenge on how to increase respondent rates to 80%	To note results and targeted interventions
New People Development System	New appraisal and performance management process for 2022/23 including new "i-Aspire" system	Assured	Consider sharing milestones and deliverables throughout the six-month active window for appraisals	n/a	n/a
Corporate Risk Register (CRR); People Risks	Review of risks from the CRR related to People including mitigations in place	Assured	The Committee agreed that it would review all risks on the People Directorate Register going forwards, not only those on the Corporate Risk Register.	n/a	n/a
Integrated Performance Report (IPR)	Monthly update on Trust performance metrics	Assured	n/a - any comments / points of clarification to be directed towards author	n/a	For discussion

Internal Audit Reports	Update on internal audit actions from f/y 2021/22; internal audits planned for 2022/23.	Assured	n/a	n/a	To note

Emerging Risks Identified:

- Some themes from the 2021 staff survey results (under embargo until 30 March 2022).
- Mandatory training – ensure requirements are up to date, relevant and required completion levels met.
- Increased demands on our people and how they are feeling.

Meeting: Trust Board Meeting in Public

30 March 2022

Agenda item	Fit and Proper Person requirements for directors
Board Lead	Bridget O'Kelly, Chief People Officer
Type name of Author	Bridget O'Kelly
Attachments	None
Purpose	Assurance
Previously considered	N/A

Executive Summary

1. The Care Quality Commission (CQC) holds NHS trusts to account in relation to Fit and Proper Person as part of the key lines of enquiry under their regulatory assessment framework (under their well-led domain).

2. In order to meet compliance with these requirements, all NHS trusts must ensure they have robust processes in place to assess the suitability of directors at the point of recruitment and throughout their ongoing employment.

3. The purpose of these requirements is not only to hold board members to account in relation to their conduct and performance but also to instill public and patient confidence in those who have lead responsibility for NHS organisations and the services they provide.

4. This paper sets out our annual compliance process and satisfactory results.

Decision	The Board is requested to note the paper.

Relevant Strategic Priority

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

Implications / Impact

Patient Safety	All directors have responsibility for patient safety
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)
Financial	Executive directors are paid in line with national NHS very senior manager (VSM) pay frameworks; Non-executive directors are paid in line with national NHS NED frameworks.
Compliance CQC Standards Good Governance	CQC Well led framework – the CQC requires that the fitness of directors is regularly reviewed by the provider to ensure that they remain fit for the role they are in
Partnership: consultation / communication	N/A

Equality	Recruitment processes are carried out in line with best practice; FPPT requirements apply to all directors.
Quality Impact Assessment [QIA] completion required?	N/A

1 Introduction/Position

The fit and proper person regulation (FPPR) requirements came into force for all NHS trusts and foundation trusts in November 2014. The regulations require NHS trusts to seek the necessary assurance that all executive and non-executive directors (or those in equivalent roles) are suitable and fit to undertake the responsibilities of their role.

2 Problem

2.1 The CQC requires that the fitness of directors is regularly reviewed by the provider to ensure that they remain fit for the role they are in; the provider should determine how often fitness must be reviewed based on the assessed risk to business delivery and/or the service users posed by the individual and/or role.

2.2 In order to meet compliance with these requirements, all NHS trusts must ensure they have robust processes in place to assess the suitability of directors at the point of recruitment and throughout their ongoing employment. They are also required to have effective arrangements in place to tackle issues should any concerns be raised about a directors' ongoing fitness and suitability to carry out any such role. The purpose of these requirements is not only to hold board members to account in relation to their conduct and performance but also to instill public and patient confidence in those who have lead responsibility for NHS organisations and the services they provide.

2.3 The Care Quality Commission (CQC) holds NHS trusts to account in relation to FPPR as part of the key lines of enquiry under their regulatory assessment framework (under their well-led domain). Its role is to assess that NHS trusts have appropriate and effective processes in place to assess a directors' suitability and to take action if they are failing to meet these requirements. While the CQC cannot investigate or prosecute for a breach of the requirements, it can take regulatory action against an individual's breach of a regulation, condition of its registration, or other relevant requirement. It can also assess the quality of any evidence presented and whether the NHS trust has appropriately taken this into account. Where the CQC has its own concerns about a director, it has the power to take enforcement action against the employing organisation.

3 Possibilities

3.1 To ensure compliance with regulatory requirements, NHS trusts must be able to demonstrate to the CQC that they have robust and effective:

- Recruitment processes in place to assess the suitability of all newly appointed director as outlined within the NHS Employment Check Standards
- Assessment processes in place to regularly monitor and review the ongoing fitness of directors in their employ. This may form part of pre-existing appraisal and revalidation processes, as appropriate
- Arrangements in place to handle concerns about a directors' fitness and suitability in a timely manner, ensuring these are widely communicated and understood by all staff, including processes of appeal for directors
- Arrangements in place to share relevant information to health and social care regulators and other bodies (as appropriate), if a director no longer meets the FPPR requirements

3.2 Guidance from NHS Employers, NHS Confederation and NHS Providers is that on an annual basis:

- An assessment of continued fitness to be undertaken each year as part of appraisal process.
- Checks of insolvency and bankruptcy register and register of disqualified directors to be undertaken each year as part of the appraisal process.
- Board/Council of Governors reviews checks and agrees the outcome.

4 Proposal, conclusions recommendations and next steps

The table below sets out and demonstrates full compliance for Directors' in post compliance as at 28 February 2022

Assessment/check	**Non-executive directors**	**Executive directors**
Annual appraisal	Carried out by the Trust chair in Q1	Carried out by the Trust CEO in Q1
Insolvency and bankruptcy register	On-line check carried about by a member of the recruitment team in February	
Signed FPPT declaration	All have signed FPPT declarations within the last 12 months	
DBS checks	All have DBS checks in place in line with Trust requirements	

4.2 All Directors appointed in financial year 2021-22 have all been through correct recruitment process.

5 Action required from the Board/Committee

The Board is requested to take assurance that tests have been undertaken in accordance with guidance

Report from Chair of Audit Committee
Date of Committee 3 March 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 13 January 2022	Approved	None	n/a	n/a
Committee Terms of Reference	Annual review of Terms of Reference	Approved – subject to minor amendments	None	n/a	To note
Internal Audit; Progress Report	Update on progress including presentation of four new reports: 1. Financial Systems Part 1; Accounts Receivable & Income (RA*) 2. Contract Management of Commissioned Services (PA) 3. Asset Management; IT Assets Follow Up (MA) 4. Financial Systems Part 2; Accounts Payable and Procure to Pay (PA)	Partially assured – noting significant risks related to IT including sustainability of new processes in place	As per action plans agreed at Committee	n/a	Consider Committee concerns related to responsiveness to and timely delivery of Internal Audit actions Note minimal assurance report on IT

Internal Audit; Recommendations Follow Up Report	Update on actions and recommendations followed up since last meeting	Partially assured – noting lack of progress on management actions and benchmarked position related to RSM client base	Triangulation of actions between Committee tracker and Internal Audit Increased Executive Director presence at Audit Committee including clinical representation in discussions More robust internal processes for monitoring progress and closing down actions	n/a	As per above
Draft Head of Internal Audit Opinion	Draft opinion on overall adequacy and effectiveness of the Trust's risk management, control and governance processes	Partially assured – noting the organisation being rated as green/yellow	As above – work related to management of actions	n/a	As per above
Internal Audit Plan 2022/23	Final internal audit plan based on analysis of corporate objectives, risk profile and assurance framework and sector changes	Approved	n/a	n/a	To note

Local Counter Fraud Specialist	Update on counter fraud work January-March 2022 including referral numbers, activities, emerging risks and actions to mitigate these and Trust progress against NHSCA requirements	Assured	None	n/a	n/a
Local Counter Fraud Specialist Work Plan 2022/23	Plan for LCFS work for 2022/23 aligned to the NHSCFA counter fraud, bribery and corruption strategy and analysis of Trust emerging internal and external fraud related risks	Approved	None	n/a	n/a
External Audit Progress Report	Update on progress with the 2021/22 statutory external audit and key annual deliverables as well an overview of the FRC annual report and sector update	Assured	None	n/a	n/a
External Audit Plan	Overview of planned scope and timing of statutory audit	Approved	None	n/a	n/a

Management Responses to External Audit	Response to external auditors' requirement supporting the Audit Committee in fulfilling its responsibilities in relation to the financial reporting process through effective two-way communication	Assured	Collation of comments offline for final approval	n/a	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	Triangulation of risks and mitigating actions across Board and Board Committees, BAF and Internal Audit Reporting on actions and overdue actions with realistic deadlines and milestones on long dated actions Ongoing work into utilising BAF to drive Committee workplans Consideration of comparative benchmarking data within articulation of risk controls	n/a	To take assurance from work ongoing

Corporate Risk Register	Outline of the Trust corporate risks including risks added and removed since the previous report	Assured	As per actions within CRR	n/a	To take assurance from work ongoing
Annual Accounts Timetable	Overview of the financial reporting deadlines aligned with the internal timetable to ensure DoH and NHSEI requirements are met	Noted	Committee to be informed of any deviation from the timetable in a timely manner	n/a	n/a
Single Tender Waivers (STW)	Overview of STW between December 2021-February 2022 including those considered to be avoidable and retrospective	Assured	Understand best practice reporting	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

Minutes of Finance & Business Performance Committee	Minutes from F&BP Committee Meeting 18 January 2022 (draft)	Noted	None	n/a	n/a
Minutes of Quality & Clinical Governance Committee	Minutes from Q&CG Committee Meetings; - 19 January 2022 (approved) - 16 February 2022 (draft)	Noted	None	n/a	n/a
Minutes of Strategic Workforce Committee	Minutes from SWC Committee Meeting 10 January 2022 (draft)	Noted	None	SWC to update Committee on bank and agency usage and spend	n/a

**RA – Reasonable Assurance; PA – Partial Assurance; MA – Minimal Assurance*

Emerging Risks Identified:

- Responsiveness to and timely delivery of Internal Audit actions noting this was not a cultural issue across the whole organisation.
- Contract management reporting particularly related FedBucks noting the impact of the pandemic in the need to rapidly enter into such contracts and the work on contract management ongoing and reviewed by the Finance and Business Performance Committee.
- Minimal assurance related to IT asset management.
- Sustainability of IT developments in view of imminent change of leadership noting industry standard processes being put in place for team to continue.

Meeting: Trust Board Meeting in Public

30 March 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	Appendix I: CRR Appendix II: Heat Map	
Purpose	Assurance	
Previously considered	EMC 08.03.2022 Audit Committee 03.03.2022	

Executive Summary

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

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

- **CRR154**/FINT22 - Delivery of the 22-23 Financial Plan: The Trust is unable to define/live within its financial envelope, impacting its ability to resource/ deliver clinical, operational and strategic priorities. An action plan is being devised based on current guidance; however, national guidance has yet to be issued. This risk is scored at 20 with a target date of 31/03/2023.

- **CRR155/** FINT20 – The Trust's Capital resourcing is insufficient to support objectives: As a Region and ICS, BHT's requirements are above allocation. There is a risk to system affordability and operational risk of maintaining the capital programme. This risk has been scored at 15 with a target completion date of 31/03/2022.

- **CRR156/**PS222 - The ageing WH tower Block shows signs of interior deterioration and is increasingly challenging to maintain**:** This risk has been raised (in addition to the CRR130/PS117 risk regarding the exterior concrete panels) to address the internal challenges with the Tower Block. The presence of asbestos is hindering the maintenance of water pipes, electrical installations, floors, ceilings and ventilation. The risk is currently scored at 20 with a target date of 31/03/2023; however, there is no residual score in place as actions for this risk are yet to be agreed/ confirmed based on the programme business case currently being devised.

There is 1 risk awaiting approval for removal from the CRR.

- **CRR115/PS118** - Medical Gas: The VIE has been successfully commissioned, and the risk can now be removed from the CRR.

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

EMC 08.03.2022 Approval of risks **CRR154**/FINT22, **CRR155/** FINT20, **CRR156/**PS222 to be added to the corporate risk register. Approval of risk **CRR115/PS118** to be removed from the

corporate risk register. CMO will discuss with divisional director of women, childrens and sexual health division the risk in community paediatrics regarding the number of children within the new referral and on hold waiting lists. The discussion will include current risk assessment and score on the divisional risk register, and possible need to add the risk to the corporate risk register.

The CRR was also discussed at the Audit Committee on 03 March 2022 whereby the removal of risk related to mandatory vaccines was requested plus greater consideration to hospital acquired infections and the price rise, and impact of, oil and consumables.

Decision	The Board 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 ☒	**Healthy Communities** ☐	**Great Place to Work** ☐	**Net Zero** ☐

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 CQC Standards 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 with the latest recruitment figures. The score and target remain unchanged.

- **CRR27b/PS153** - LV/HV cabling: installation of generators and switchgear has continued as supplies have become available and are nearing completion of the first phase. The score and target date remain unchanged.

- **CRR85** – Shortage of Speciality Junior Doctors: the risk has been thoroughly reviewed. Recruitment has been successful to some posts: 9 Physician Associates and 4 Junior Clinical fellows, and interviews for ACPs are to be completed by the end of March 2022. It is expected to take up to 6 months to get the other outstanding posts in place, extending the target date from 31/03/2022 to 31/10/2022.

- **CRR88/PA27** – Patient Tracking: This risk requires further review and was discussed in February at the Risk and Compliance Monitoring Group (RCMG). An update is expected in March and will be reported to EMC.

- **CRR116** – Failing Datix system: Progress continues in the development of modules for BHT in the new Datix version-14. Training plans and communications are set for March, and the weekly steering group monitors progress. 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: A comprehensive support package is in place alongside the Thrive package. There is no change to the target date and current risk score.

- **CRR130/PS177** – Tower Block at Wycombe Hospital: This risk has been updated to focus on the concrete panels. A new risk (PS121) has been drafted by Property Services to cover the Ward-2a risk from an Estates view, regarding the general internal structural issues. This will be escalated to EMC once the final text has been agreed, and the CRR146 risk details will be combined to form one risk on the CRR.

- **CRR139/S44** – Clinical harm on extended waits for elective surgery: The target date remains at 31/03/2022, and actions are ongoing; however, there are no new updates for this risk.

- **CRR141/Paeds32** - Insufficient capacity Paediatric Decision Unit footprint: The target date remains at 30/06/2022; there are no new updates for this risk.

- **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. Funding has been approved at EMC pending a service specification to be written to utilise space at the Amersham site; there are no new updates for this risk.

- **CRR146/Card01** - Ward 2a Environment: Following a review with the Commercial Director on 17 February 2022, it was agreed this risk would be amalgamated with a risk on the Property Services register for Ward 2a and escalated as a new risk. Once the final wording is approved, it will be included in the report.

- **CRR147/TO05-19** – Cyber incident disruption: The team have successfully recruited a new Cyber Information Security Officer (CISO), and the cyber security strategy is now being addressed. Work is underway in preparation for the DSP toolkit submission in June 2022. 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. Temporary measures to support the winter surge are in place. The risk score and target date remain unchanged.

- **CRR151** – Critical Bleep Failure: IT, Property Services and the Clinical and Site teams have collaborated and are scoping to formulate a business plan which is nearing completion. Interim mitigation plans remain in place to reduce the risk. There are no new updates for this risk.

- **CRR152 -** Delay in permanently sealing piped airflow outlet in PFI building: Action 5 – reversibly capping off the medical air outlets: The work has been completed. This risk will be removed from the CRR when the assurance check has been completed.

- **CRR153** – Vaccination as a condition of Deployment (VCOD): The risk has been amended to reflect the current situation following the Government announcement to review the VCOD legislation. Whilst the formal outcome of the review is awaited, the teams continue to offer support and are encouraging staff to have the vaccines. Formal communications will be issued once the outcome of the review has been announced. (This risk was initially drafted on the CRR with a score of 16, which was an administrative error – the risk is scored at 12, which is now aligned with the People Directorate Risk Register).

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

- **CRR154**/FINT22 - Delivery of the 22-23 Financial Plan: The Trust is unable to define/live within its financial envelope, impacting its ability to resource/ deliver clinical, operational and strategic priorities. An action plan is being devised based on current guidance; however, national guidance has yet to be issued. This risk is scored at 20 with a target date of 31/03/2023.

- **CRR155/** FINT20 – Trust's Capital resourcing is insufficient to support objectives: As a Region and ICS, BHT's requirements are above allocation. There is a risk to system affordability and operational risk of maintaining the capital programme. This has been scored at 15 with a target completion date of 31/03/2022.

- **CRR156/PS222 -** The ageing WH tower Block is showing signs of interior deterioration and is increasingly challenging to maintain**:** this risk has been raised (in addition to the CRR/PS117 risk regarding the exterior concrete panels) to address the internal issues with the Tower Block. The presence of asbestos is hindering the maintenance of water pipes, electrical installations, floors, ceilings and ventilation. It should also be noted the Helpdesk is in the basement of the building in a room subject to water ingress, which could prove catastrophic if the systems went down. The risk is currently scored at 20 with a target date of 31/03/2023; however, there is no residual score in place as actions for this risk are to be agreed upon based on the programme business case currently being devised.

6. Risks for removal

- **CRR115/PS118** - Medical Gas: The VIE has been successfully commissioned, and the risk can now be removed from the CRR.

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 Feb/Mar 2022 and a go-live date of 1 April (please note this may change due to the current emerging level 4 response). The Governance team continue to work with the divisions to improve their risk registers in preparation for the new Datix platform. The new system will ensure management, assurance and governance around the risk journey across the organisation (Appendix 4).
- Review of Risk Management Policy: The policy is currently being reviewed with a planned approval date in April 2022.
- Trust-wide risk management training programme: The implementation of the training programme is planned to commence in March 2022 (changed from February 2022 due to CQC visit activity).
- 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 to 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 injury requiring professional intervention 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 leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients

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 possibly frequently >50%

Appendix 2: CRR

Appendix 3: Heat Map

Appendix 4: Risk Journey

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
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)	• 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. • 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. • 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). • Monitored through Strategic Workforce Committee.	5	3	15	• 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.	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. • 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. 14 cohorts (218 individuals) have arrived to date across March to Dec). Of the 218 nurses that have arrived: 148 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 (radiographers) 3 have joined (Nov/Dec), a further 6 to join by the end of the financial year. Workforce (retention) team mapping the impact of the imminent cease of Covid-19 temporary pension regs (24 March) ie abatement clause. One of 23 exemplar sites for national people promise retention programme and received additional funding to support retention. • Vaccination as condition of deployment (VCOD) working group and full action plan in place. National guidance for phase one received on 6.12.21 and phase two 14.2.22. However, due to the Government consultation to revoke mandating vaccinations as a condition of deployment, activity is on pause until we await further advice as to next steps.	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)	We have a generator supply system which will provide emergency power to all of the site. This project will re-structure the power supply systems to provide secure services. Initial 4 hour back up will require extra fuel deliveries to allow continuation of generator support and Clinical services. Contract in place. Individual medical equipment has limited battery back up for approximately 30 minutes. New cabling and switch gear installed. Transformers and distribution panel installed.	5	4	20	Insufficient power supply Only one electrical supply cable, 2nd needed for resilience	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. The target completion date has now extended from 31/12/2021 to 31/03/2022 Risk owner: Head Of Estates Development	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. This has the potential to have a negative impact on patient care.	20 (4x5)	• Existing staff asked if they would like to work extra shifts. • Use of temporary staff where possible. This is usually through the bank and often doctors who know the organisation. Consultants acting down policy in place. • Revised middle grade rotas in order to make them more resilient. • Controls around leave booking is held at local level. • Medical rotas have been revised to increase cover to the out of hours teams. • E-rostering for medical staff - in place • Annual Leave policy - in place	5	3	15	National shortage of doctors from key groups. 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 Covid-19 is also impacting on rotas due to the guidance on household contacts which is making the situation worse	• A business case (total investment of £1.6 million per year) for additional medical staffing approved by the Trust Board in October 2021 resulting in recruitment of 9 Physician Associates and 4 Junior Clinical fellows - interviews for ACPs by the end of March 22. Active recruitment is still ongoing to fill remaining gaps which could take up to 6 months, extending the target completion date from 31/03/2022 to 31/10/2022. Additional flexible clinical fellows recruited to support gaps from short term sickness/leave. • Further auditing of safe staffing data from medical e-rostering systems continues.	31/10/2022	Medical Director	5	1	5

Corporate Risk Register	Divisional Risk Register	Division	Date added to CRR	Strategic Priority	Trust Objective	Description of risk	Unmitigated risk	Key controls	Risk Score C	Risk Score L	Risk Score C x L	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	Predicted residual score L	Predicted residual score C x L
CRR 88	PA 27	Trust	19/02/2018	Provide outstanding, cost effective care	We will consistently meet or exceed quality (safety, experience, outcome) and performance standards	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	• '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.	• 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. • Establishing a single follow up PTL • COVID-19 recovery plans and non face to face contacts to include appropriate 'on hold' patients. • 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 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.	15/11/2022	Chief Operating Officer	5	2	10
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	- System performance discourages staff fromreporting 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	The patient safety team monitor the system on a regular basis.supported by IT. Facere Melius will support the Trust with the updgrade 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. 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. 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. 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	01/04/2022	Chief Nurse	2	1	2
CRR 126	Covid-19 RR 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	•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 Horseheard. •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 psyco-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	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. The impact of the 3rd wave continues and concerns about ongoing impact on resilience levels. Lower uptake of COVID-19 vaccination from colleagues from some BAME backgrounds.	BHT Thrive Care pack sent to all colleagues home addresses June. Similar to the Winter Care pack, this details:wrap around support offering from OH, Wellbeing, OD, HR and Chaplaincy. The Wellbeing service drop ins have been extended to more wards. After Event Reflections, TRiM and other team support interventions (where the enhanced on line offering needs further interactions). 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. Thrive People Recovery Plan covering next two years has been launched.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.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

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
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	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. The structural integrity of the tower block is under investigation as the last survey has identified potential failures.	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	Further scaffolding and boarding needed to protect from larger pieces of falling concrete.	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 Additional scaffolding and stronger boarding has been installed and following advice from structural engineers we are now extending the scaffolding around the whole building. Full condition survey to be completed by structural engineers - ongoing Decision on repair work to be agreed following recommendations made in survey. EMC has agreed to fund additional investigations on the external immediate structure (£527k) 31/05/2022 Remedial works to be implemented once the structure has been investigated. Further investigation and testing of the structure and concrete chemistry is required to determine the continued safe use of the building (as above). Continue to update the EMC and Trust Board on the Services and condition and patient experience.	30/09/2022	Commercial Director	5	1	5
CRR139	S244 (Previously CRR68/ 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	RTT performance is monitored though: 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 •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 •Maximise use of the Independent Sector •Outsource work via the ICS as appropriate •Business planning commenced to increase capacity in 21/22 •Patient communication: •20,000 letters to patients waiting first appointment •Refresh of prioritisation letters to patients on elective waiting list	4	5	20	Outpatient Clinic capacity is lower than 19/20. Elective capacity is lower than 19/20 Capacity restrictions due to IPC Capacity does not meet backlog demand. Inability to recruit to nursing and medical vacancies across the Trust. Patient choice to defer treatment NHSE expectation to reduce elective operating in times of pressure in the system.	Increasing the amount of day case and elective surgery in line with IPC recommendations (Revewed weekly) Maximise use of IS facilities (Ongoing) Implement partial booking and Patient Initiated follow up which will support the teams to proactively plan the ambulatory pathways Harm assessment completed for each patient on the waiting list (In Progress due for completion 30th November 2021) Individual clinical harm reviews for any 52-week breaching patient.(Ongoing for completion December 2021) Management plan for all patients over 104 weeks (Reviewed 3 times Weekly) Prioritise capacity for highest clinical harm risk (Assessed Daily) Trust wide RTT training programme completed. Recovery trajectory monitored through APMG and oversight provided at the elective care recovery group in line with NHSE Phase 3 requirements PWC Action plan to further address backlog and improve theatre poductivity - launched October 2021	31/03/2022	Chief Operating Officer	4	2	8
CRR141	Paeds 32	Women, Children and Sexual Health Services	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	1. Weekly review of datix documenting the escalation into the outpatient area 5a and 5b. 2. Review of complaints related to the PDU environment and waiting times. 3. Daily review of patient attendance within PDU. 4. BHT Guideline 279.1 Paediatric Decisions Unit (PDU) Triage Guideline. Contains overcrowding tool for escalation. 5. Specific training for all nursing staff involved in triage as part of mandatory training. 6. G.P. streaming of minor illnesses to support urgent care pathway. 7. Use of outpatient area 5a and 5b to support early assessment of children and young people. 8. Identification of those children and young people who can remain in waiting area awaiting review by medical staff 9. Additional staffing for PDU overnight to support activity 10. Paediatric Senior Nurse support out of normal working hours 11. Emergency Department to support paediatric minor injuries flow to reduce triage times for children and young people who are acutely unwell. 12. Additional temporary staffing for PDU overnight to support increase in overall activity enabling the ability to increase the number of triaging staff. 13. Appointment of additional Matron to support the development of paediatric urgent care pathways	5	4	20	1. Continued review of triage pathways including minor illness and minor injuries exploring alternative pathways for triage of these patients. 2. Escalate to divisional board to support the physical expansion of PDU. 3. provision of appropriate space	Creation of new bespoke Paediatric Emergency Department supported with funding provided by NHS Improvement, programme is underway and scheduled for completion **31/12/2021** 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.	30/06/2022	Chief Operating Officer	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
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 sub-specilaites 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 t 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. 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.	Short-term remedial 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. Long term solution: Relocation of the service Risk owner: Executive Management Committee	31/03/2022	Chief Operating Officer	0	0	0
CRR147	TO05 - 19 [IT309]	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. This is ongoing and being monitored by the Caldicott Committee.	5	4	20	• Software moving out of mainstream vendor support	Cyber Security strategy being defined. DSP Toolkit Submission for June 2022 is currently under way. Focus on IG Mandatory training compliance - to be achieved by 30/06/2022. DSP Toolkit Submission for June 2022 currently being worked on. The Datacentre and Network Infrastructure projects to be completed. 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
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 prgoramme 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	Our buildings and facilities will be great places to work and contribute to health and wellbeing of staff	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 replacemement. 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 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 natue 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	The scoping exercise with IT, Property Services and the Clinical and Site teams has nearly been completed to formulate a business plan. 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 provided support to revise the BCP, which is nearing completion. Amersham is stable, and the BCP to Mobile phones will remain for now as there is currently no other option with the provision the Trust has.	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, experienc 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 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. 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	Action 5 - Reversibly cap off all medical air outlets that are no longer routinely required; secured caps are most appropriate for this.	Action 5: Wards 4, 6, 7, 8, 9, 10, 11 now completed. Ward 12 awaiting confirmation of completion then the risk can be de-escalated. Action Owner: Head of Estates Development	28/02/2022	Commercial Director	1	1	1

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	On 31 January 2022, the Government announced its intention to revoke the Regulations, following a period of consultation. In line with national guidance, internal Vaccination as a Condition of Deployment processes have been paused whilst we wait the outcome of the Government's consultation. Until the outcome of this process is known the risk remains that a significant number of individuals do not take up the vaccine and would therefore not be able to work at the Trust, impacting people and resourcing challenges on patient care. The pressures on staff at risk of losing their job is likely to also impact on their wellbeing. As at 6 February, uptake was: first dose – 96.7%, second dose – 95.4%	16	• National guidance received – Phase 1 on 6 December 21, Phase 2 on 14 January 22 – and being actioned. Collaborative working with BOB/ICS. Close links to regional and national advice. • VCOD steering group (with Trust wide membership) established with at least weekly meetings to address necessary actions. Prior to the announcement on 31 January, we were actioning the requirements of the Phase 1 and Phase 2 guidance. VCOD Policy agreed with all unions and published. • All colleagues affected have been contacted by Occupational Health and the HR teams. Occupational Health (OH) Team is continuing to support conversations with all colleagues for whom their vaccination status is unknown. The HR team provide support and information about the impact of the regulations. Review meetings between managers and team members were underway. • A communication plan is being delivered – Trust wide webinars and drop in centres for colleagues and teams. The HR team is working closely with unions. The HR team continue to engage with the Trust staff networks. • OH liaising supporting colleagues to address any concerns being raised (e.g. fertility, adverse reactions) about the vaccines. • Communication with contractors and staffing agencies to ensure that their plans to tackle VCOD are sufficiently robust and are in line with national requirements. • 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/ICS. Close links to regional and national advice • All staff affected have been offered wellbeing support through VCOD letters. A robust communication plan in place: webinars and regular information provided through BHT today.	4	3	12	•As at 6 February, there were just under 200 colleagues who were either not vaccinated (first vaccination) or we did not hold information about their vaccination status. •There are national delays to the roll out of Trusts' access to the national database. As a result, we are unable to establish all individuals' vaccination status. •Key themes from colleagues not wishing to take up the vaccine are fertility and an adverse reaction to the first vaccine •Whilst the gap has closed, there remains a small difference in uptake between staff groups – the support workforce has the lowest uptake, and colleagues who have not declared their ethnicity have the lowest uptake.	Due to the Government consultation to revoke mandating vaccinations as a condition of deployment, activity is on pause until we await further advice as to next steps. We use analysis of vaccine take-up to tailor our responses to groups who have not yet taken up the vaccine. We continue to offer support (OH, Leadership, HR) to individuals and teams who continue to be impacted by this issue. We continue to work with the national team to provide us access to the national database. (Paused) Vaccination as condition of deployment (VCOD) working group and full action plan in place. (Paused)	01/04/2022	Chief People Officer	4	3	12
New risks requiring EMC approval for inclusion on the register																		
CRR154	FINT22	Finance	09/02/2022		We will deliver a financially sustainable plan and improv our benchmarking in model hospital	Delivery of the 22-23 Financial Plan. Trust is unable to define / live within its financial envelope impacting on its ability to resource / deliver clinical, operational and strategic priorities	20	EMC, Finance Committee and Audit Committee scrutiny	5	4	20	Lack of national guidance	Detailed Action Plan to be developed and ratified by Finance Committee / Trust Board. Budget setting underway based on current / known guidance for Board approval/ratification.External financial review in progress to support Trusts financial sustainability/recovery	31/03/2023	Director of Finance	3	3	9
CRR155	FINT20	Finance	23/02/2022		We will deliver a financially sustainable plan and improve our benchmarking in model hospital	Trust's Capital resourcing is insufficient to support objectives. As a Region and ICS, BHT's requirements are above allocation. Risk to system affordability and operational risk of maintaining the capital programme	20	Executive Directors to manage the delivery of strategic schemes, with CMG	3	5	15	CMG Ownership and assessment of project / deliverables	Capital Accountant to monitor CMG deliverables. Engagement with NHSI/E to agree funding profile of strategic themes	31/03/2022		3	3	9

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
CRR156	PS222	Property Services	14/02/2022		Our buildings and facilities will be great places to work and contribute to healt and wellbeing of staff	The ageing WH tower Block is showing signs of interior deterioration and is increasingly challenging to maintain in a condition that is suitable for modern healthcare provision. Asbestos is present throughout including floors, ceilings, service voids impeding remedial or improvement works as this adds significant costs and risks to repairs and projects. Water pipework - obsolete components. Difficult to remove under asbestos conditions presenting a legionella risk to staff and patients. Electrical infrastructure is obsolete and does not comply with HTM 06. All Patient services could be affected by failures in the electrical infrastructure. Poor patient environment experience i.e. space, door widths and access not compliant with modern healthcare standards (HBN' s) and Equality Act. The ventilation is not compliant with current standards for healthcare services. All patients and staff may be exposed to airborne infection. All patients and staff are affected by excessively high temperatures during periods of hot weather. The Helpdesk is in the basement and subject to risk of water ingress which, if the system went down, would be catastrophic Specific issues with Ward 2a have previously been raised on CRR146	25	• Asbestos surveys and register in place • Annual review • Asbestos analyst available • All projects done under controlled conditions • Continuous water testing • Flushing regime in place • Monitored by the Water safety Groups and IPC • Water Safety Policy in place • Water Authorising Engineer appointed • Maintenance and inspection programmes in place • Electrical Authorising Engineer appointed • Generator cover available • Authorised Persons (Electrical) in place • Clinical services are having to adapt to the environment by providing equipment that is not necessarily the best choice for the patient. • Portable Air Purifying Units in place • Portable A/c units available • Ventilation policy in place • Authorising Engineer for ventilation appointed • Ventilation validation carried out in Theatres • Hot weather plan and IPC guidance available to staff	5	4	20	Ventilation and DDA access can only be improved by making interior structural changes requiring ward/ clinical area closures. Any improvement works will require an asbestos strip requiring ward closure and significant additional cost.	Property Services working with service leads to re-provide services at an alternative location on the WH site. Programme business case to be competed by 31/03/2022 and alternative solutions are being drawn up. Currently no residual risk score as there are no specific actions Move services to new location. Action owner: Executive Management Committee	31/03/2023	Commercial Director			

Risk Profile – Corporate Risk Register – February 2022

Buckinghamshire Healthcare NHS Trust

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)

Likelihood \ Consequence	1	2	3	4	5
5				**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)⇔⇔⇔ **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	**CRR115** – Medical gas pipework insufficient for current clinical need (new 11/2019)⇔⇔ ↓				

To be removed from the Corporate Risk Register:
CRR115 Medical Gas Pipework

Meeting: Trust Board Meeting in Public

31 March 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 March 2022
Purpose	Assurance
Previously considered	EMC 08.03.2022 Audit Committee 03.03.2022

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.

The purpose of this paper is to inform the Board of the top organisational risks and the current management of these and should be considered alongside that reporting on the Corporate Risk Register (CRR).

This report outlines the current position in terms of the identified risks to the Trust's strategic objectives as of 23 March 2022.

The paper was considered by the Audit Committee on 03 March 2022. The Committee requested benchmarking data within articulation of risk controls and recognised work ongoing to update on actions. The report was noted by the Executive Management Committee on 08 March 2022.

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 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.

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 March 2022 and the PDF Full BAF Download.

Board Assurance Framework (BAF) Quarterly Report
March 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.

2. Purpose

The report outlines the current position in terms of the identified risks to the Trust's strategic objectives as of 23 March 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-risk (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'.

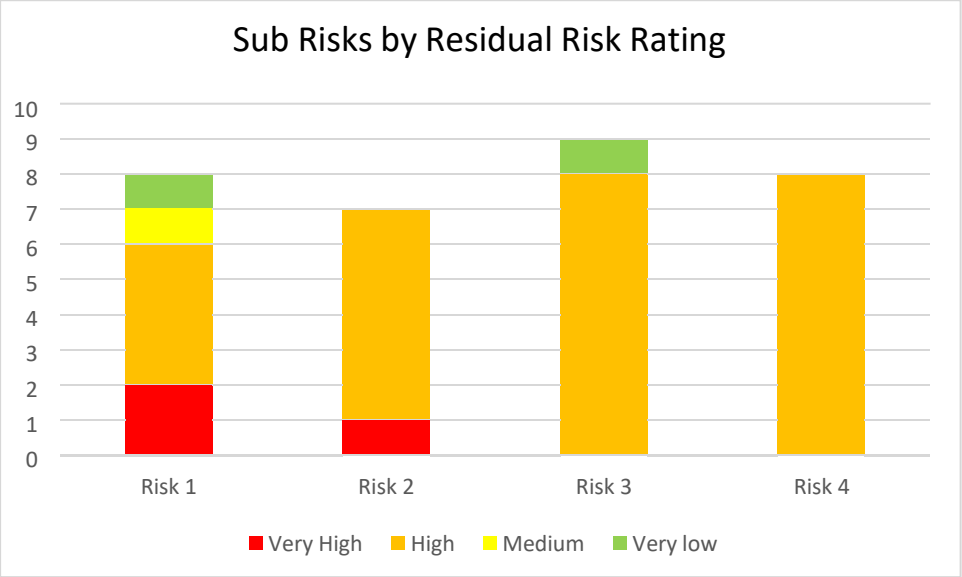
Catastrophic (5)					
Major (4)		4.5 4.6	2.5 3.7 1.1 2.7 4.1 1.6 3.1 4.3 1.7 3.2 4.7 2.3 3.3 4.8	1.2 1.4 2.6	
Moderate (3)			3.5 3.6 3.9 4.2	1.5 3.4 2.1 4.9 2.2 2.4	
Minor (2)		1.8 4.4	4.10		
Negligible (1)	3.8	1.3			
	Rare (1)	**Unlikely (2)**	**Possible (3)**	**Likely (4)**	**Almost Certain (5)**

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

There have been no changes in the inherent or residual risk rating for any risks within the BAF.

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**.**

Risk 3.6 ‘Not using integrated care records and data to manage whole population health and inequalities’ has been proposed for closure with an action plan monitored through the Quality and Clinical Governance Committee. This will be considered through the annual review of strategic risks.

6. Action Update

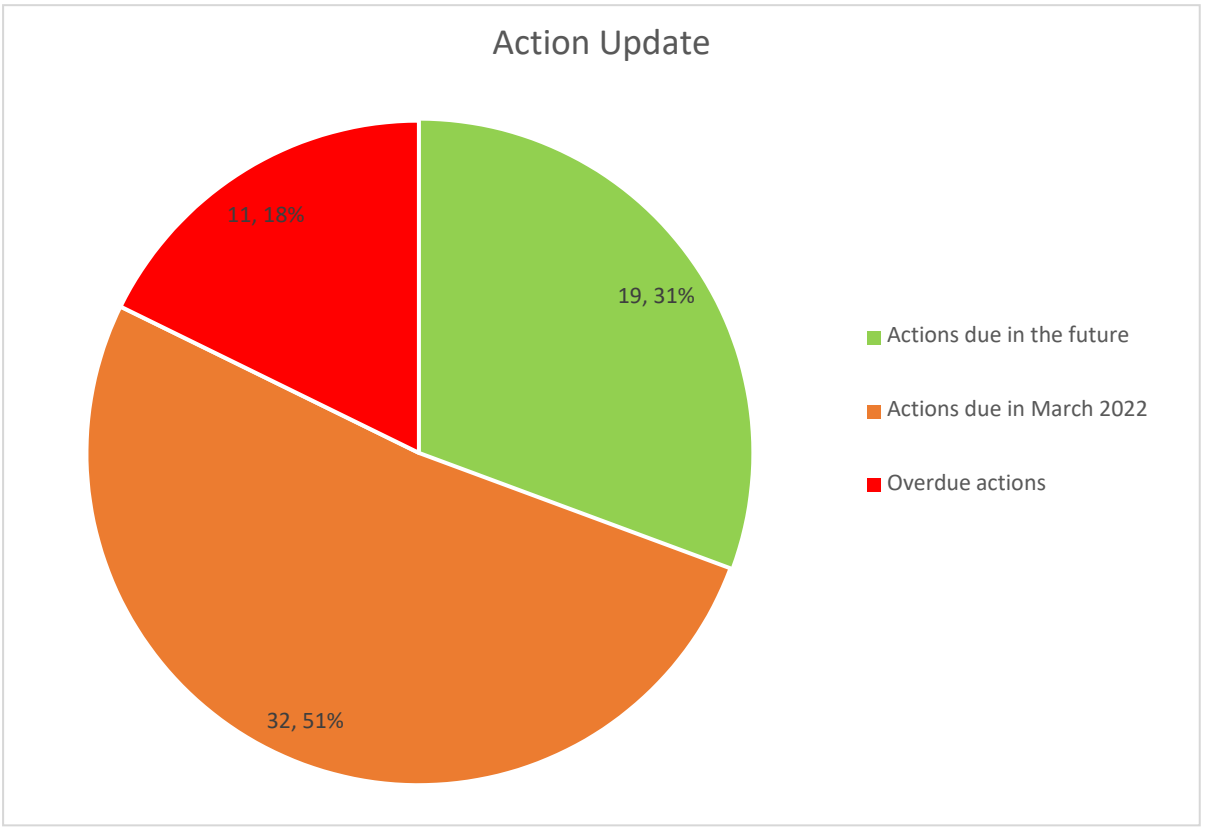
At the time of writing this report, there were 62 open actions within the BAF. 35 of these have been updated since the previous report with 6 actions closed.

The below chart demonstrates the proportion of actions that are overdue, due imminently and due at a future date (between April 2022 – March 2023).

Since the previous report, the percentage of open actions that are outstanding has reduced from 24% to 18% (11 actions). Overdue actions can, in part, be attributed to changes in the Executive team. Further work is ongoing to provide timely updates to those actions that are due.

A significant proportion of actions are due by end March 2022 noting this as the end of the current financial year. 1:1 meetings are in place with all of the Executive Team during the month to address these.

Following publication of the staff survey, actions related to all 'people' related risks (1.1, 2.7, 4.1, 4.3, 4.8) will be reviewed and refreshed where appropriate. This will be in line with the People Strategy with areas prioritised according to staff survey results.



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 since the previous report (January 2022) for reference. Those risks highlighted do not currently feature within the BAF or CRR.

Month	Meeting	Risks Noted	Reference
Jan 2022	Audit	- 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.	BAF 1.3 + 1.8 (updated)
		- Board oversight of Health & Safety in a holistic manner.	Individual risks related to workforce/estate etc
		- PFI liabilities.	BAF 2.4
		- Lack of assurance regarding business case process noting need for escalation.	BAF 4.5 + 4.6
	F&BP	- Impact on recovery trajectories of Omicron variant and cancellations; both related to clinicians and patients.	BAF 2.3
		- Pay spend – overall and specifically related to increasing demand on temporary staffing due to Omicron and sickness absence.	BAF 2.7
		- Potential impact of Vaccination as Condition Of Deployment (VCOD) on workforce including further reliance on temporary staffing.	BAF 1.1
		- Capital expenditure until financial year end noting move to weekly monitoring of this to mitigate risk.	BAF 2.5 + 2.6
		- Risk of global supply chain issues and potential impact on capital expenditure noting proven Trust record of ordering ahead in line with estates plan.	(mitigations in place)
		- Lack of system clarity to support finalised long-term financial strategy noting need to accept ambiguity.	BAF 2.1
		- Non-compliance with 2 major standards within DSPT noting planned mitigation actions.	BAF 1.2
		- Significant financial considerations associated with Digital Strategy.	BAF 1.2 + 2.4
		- Variance in Transformation and Efficiency Plan noting operational challenges in realising CIPs.	BAF 2.3
	Q&CG	- 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)	BAF 3.9
		- Impact of Trust estate on recovery pathways.	BAF 1.3 + 1.8
		- Conversion risk related to patients on non-admitted pathways and impact on overall 104+ week position.	BAF 2.3
		- Workforce resilience noting wellbeing support in place.	BAF 1.1
		- Competition for local workforce noting oversight of system learning through NHSEI.	BAF 2.7
		- Risks associated with recovery and impact on these on Trust ability to realise key strategies appreciating need for resilience within strategies.	BAF 3.1
		- IPC team resilience related to pre-existing staff challenges and number of current outbreaks.	BAF 1.1
		- Trust ventilation system and Trust estate and impact on IPC outbreaks.	BAF 1.8
		- 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.	BAF 1.1
		- Sustainability of model for fracture liaison service.	BAF 1.1
		- Endoscopy capacity limitations impacting rate of recovery activities, including cancers	BAF 2.3
		- Maternity VTE management	BAF 1.6

	SWC	- 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.	BAF 4.1 BAF 4.1 BAF 1.1 + 4.1 BAF 1.1 BAF 4.3 BAF 1.1 BAF 1.1
	Public Board	- Emergency Department crowding and impact on ability to deliver patient care noting an improved performance since Urgent Treatment Care opening - Performance and trajectory for key recovery metrics - Wycombe estates; 70% being over 30 years old with concern regarding the Wycombe Tower for which an investigation is ongoing - Capital burden of Trust particularly related to estates and digital immaturity - Workforce challenges related to the pandemic including the potential impact of Vaccination as a Condition of Deployment (VCOD) - Board oversight of health and safety reporting - Pace on high priority actions raised by Internal Audit	BAF 3.3 BAF 2.3 BAF 1.3 BAF 2.4 BAF 1.1
	Private Board	- Robust process for tracking contracts to maintain effective business continuity - Current cyber-security and data protection compliance and overall position	
Feb 2022	**F&BP**	- Mismatch of demand for capital and funding available noting implementation of weekly meeting. - Operational performance and benchmarked position both regionally and nationally. - Specific performance metrics including: ▪ Levels of Medically Optimised for Discharge (MOfD) patients. ▪ Rise in numbers of 12 hour ED waits (linked to reduced bed capacity from above). ▪ Deterioration in Health Visitor appointment performance. - Ongoing pay spend including variation to expectations with further work required to clarify high level understanding of these. - Wycombe Tower estate including Ward 2a.	BAF 2.5 + 2.6 BAF 2.3 BAF 1.4 + 3.3 BAF 2.7 BAF 1.3
	Q&CG	- Trust position within the region related to IPC outbreaks noting actions in place and agreed with NHSEI. - Infrastructure and ventilation of estate and impact on IPC. - Long ED waits and potential to cause harm noting 12-hour trolley waits working group. - Safeguarding training gap with introduction of level 3 training with need for plan to return to March Committee. - Ongoing high levels of safeguarding referrals and capacity of team. - Outstanding Ockenden actions, including that related to face-to-face consultant-led ward round frequency.	IPC BAF BAF 1.8 BAF 3.3 + 3.9 BAF 1.1 Maternity BAF

		- Community paediatric services; particularly children awaiting medication review and the ability to identify and prioritise those Looked After Children noting plan for waiting list review. - Ability to recruit to community paediatrics services at consultant level recognising this as a national problem. - Mismatch in demand and capacity for children's therapy services. - Significant increase in statutory education referral numbers.	BAF 3.9 BAF 2.7 BAF 2.3
	Private Board	- HOHA COVID-19 cases, benchmarked position and potential impact on litigation. - Current IT provision including multiple and outdated systems noting digital strategy in progress. - Current Trust estate with reference to method of prioritisation re new hospital programme. - DBS related to non-clinical staff with access to all areas e.g. estates team. - As noted by F&BP, pay spend currently and int the next financial year. - Risks related to Trust Improvement Programme and recovery: ▪ Staff wellbeing and resilience ▪ Significantly higher demand for inpatient beds than predicted compared to modelling due to number of MOfD patients ▪ Out of hospital domiciliary care position ▪ Patient harm related to long ED waits. ▪ Endoscopy performance and ability to progress further without a capital solution noting recognition by the regulator of the current picture.	BAF 1.2 BAF 1.3 + 2.4 BAF 2.7 BAF 4 BAF 4.1 BAF 1.4 BAF 1.4 BAF 3.3 + 3.9 BAF 2.4

8. Next Steps

On an annual basis, it is best practice to review those risks within the BAF along with the Trust risk appetite and this is being scheduled within a Board development session. In addition, the 4Risk digital platform used to house the BAF is due for an imminent upgrade. These developments will support the following:

- A moderated number of risks within the BAF, aligned with the Trust risk appetite.
- Facilitate executive ownership of risks in view of changes within the executive team. Presentation of changes in the risk journey over an extended period of time.
- Levels of control and assurance.
- Greater oversight of action management including the development of milestones for longer term actions.
- Triangulation of actions in place for those emerging risks that have been noted through Board and Board Committee meetings but that are not reflected within the BAF.

9. 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 and reflect the Trust current position.

10. 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 the highest standards for data protection and security.	CDIO (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 =
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 =
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**
	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**
	85	Shortage of junior doctors within the organisation	CMO			SWC
	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
	278	HV/LV electrical supply	CD			F&BP
	146	Ward 2a – Wycombe Hospital	CD			F&BP Q&CG
	140	SMH outpatient services environment	CD			F&BP Q&CG
	153	Vaccinations as Condition of Deployment	CPO			SWC
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**
	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**
	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**
	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**
	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**
	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**
	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**

	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**
	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**
	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**
	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

Risk Area	Sub Risk Area	Risk Title	Risk Owner	Committee Ownership	Effect	Inherent Risk Priority	Risk Control	Control Assurance (Assurance Source)	Assurance Gap	Residual Risk Priority	Action Required	To be implemented
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	Strategic Workforce	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	Vacancy rates reported monthly in integrated board report International recruitment programme reported through transformation board and SWC.	National shortage of registered nurses.	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) Update mid-March 218/222 recruited, all with NMC registration in place.	31/03/2022
											Retention - plan set out in Thrive@BHT to support the health and wellbeing of staff. Progress monitored through	31/03/2022
Board Assurance Framework	1. Failure to consistently provide outstanding quality care that is compassionate, cost effective & safe	1.2 Digital immaturity	Chief Digitial Information Officer	Finance & Business Performance	a) We have low compliance with regulatory requirements related to data protection and security. b) The Trust relies primarily on paper based manual information flows which directly hinder productivity and quality of care	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)	Digital TIF bids approved to support recovery; ePOA and eConsent planned go live in breast clinics 25/03/2022. RPA underway.	31/03/2022
							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. Update on progress with existing digital strategy shared January 2022 - revised digital strategy recommended this year.		Supplier commissioned for audit of alll unsupported applications and review underway. Plan to upgrade to latest standards; initial report expected June 2022.	30/06/2022
							ICT Board	ICT Board meets monthly to assess progress with annual projects/capital plan to improve	None		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
							Recovery Workstreams	Digital projects reported through recovery workstreams	None			
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)	Chief Commercial Officer	Finance & Business Performance	Poor quality estate eg flooring makes it harder and more costly to keep clean	I = 2 L = 3 Medium (6)	Investment from PFI; signed off £500k expenditure on ED as part of PFI renewal contract.	Monitoring of ED works	Work due to start May 2022 (time gap)	I = 1 L = 2 Very Low (2)	Implement ED works as per risk control. Works to start May 2022.	31/05/2022
											Seek routes for capital investment to upgrade or replace estate	15/06/2022
							Optimisation of available capital investment with prioritisation of relevant business cases for key maintenance works.	Monthly CMG. Use of CAFM system.	Capital investment available.			
							Regular audits and supervision of cleaning in hard to clean areas	Results of place audits and cleaning scores within the estates quarterly reports	Repair/closure of high risk areas of estates are +£100m in backlog maintenance			
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 Operating Officer	Finance & Business Performance	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)	Actions embedded within Trust Improvement Plan. To review monthly and update with changes.	31/03/2022
							Monitoring of Trust Improvement Plan (TIP) through:	Action logs, progress against trajectories and meeting minutes	Impact of the pandemic.			
							Place-based delivery board accountable to ICP board for delivering on admission	Minutes of ICP delivery board Admissions avoidance action plan and	Track record of system sustained improvement delivery			
							Place-based escalation protocol	Written escalation protocol Documented use of escalation protocol	Sign off by all partners Impact assessment of use			
							Thrice weekly long stay deep dives and daily discharge escalation calls to review patients	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	Chief Financial Officer	Finance & Business Performance	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 its CIP Programme.	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 Income generating proposals Estate Strategy	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
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	Quality & Clinical Governance	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)	External review of governance framework; final plan to be presented to Board.	30/03/2022
							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		Upgrade Datix system - project plan in place. Review on monthly basis against plan (uploaded to BAF system).	30/04/2022
							Weekly Monitoring of datix incidents	Weekly reports on open datixes sent to all divisional leads	Datix version unable to identify trends		Develop Trust Quality Strategy	30/04/2022

Board Assurance Framework	1. Failure to consistently provide outstanding quality care that is compassionate, cost effective & safe	1.7 Inequalities in access to care	Chief Nurse	Finance & Business Performance	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 e3very 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	regular detailed reports to be provided including from population health national			
							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			
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	Quality & Clinical Governance	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)	Building work in specific parts of the estate to make it compliant as identified in the risk register (e.g. dermatology).	31/03/2022
											Ensure clinical oversight of cleaning audits (matron presence)	30/04/2022
							Daily IPC huddles	Daily IPC team huddles to identify areas of focus	Require assurance that local safety huddles take place include IPC			
							Out Break meetings (Adhoc)	adhoc outbreak meeting in cases of MRSA , COViD, CDiffe	Assurance shared learning a local divisional level			
							Quarterly Infection prevention and Control Committee	Quarterly meeting Agenda Purpose				
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	Finance & Business Performance	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 girft reviews.			
							Productivity metrics included in Divisional integrated performance report to allow review	Monthly divisional IPR Minutes of divisional monthly performance	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	Finance & Business Performance	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 investment in services	2.7 Gaps in workforce supply: local/SE region cost of living prohibitive and national workforce shortages in some professions	Chief People Officer	Strategic Workforce	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 rather than agency Regional system programme supported by CEOs in place to develop sustainable system approach to the management of temporary staffing	Integrated Board Report includes recruitment service metrics, vacancy rates and high level spend on bank and agency Divisional performance reports to include bank and agency spend. 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	National shortage of registered nurses.	I = 4 L = 3 High (12)	Recruitment plans - international, UK, grown your own. Reported through IPR (monthly)	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	2.1 Lack of strategic financial plan	Chief Financial Officer	Finance & Business Performance	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	Chief Financial Officer	Finance & Business Performance	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 there is continual engagement with the NHSI on the inherent risks.	Regular engagement with Regulator to ensure risks and challenges are discussed and acknowledeged.	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	Chief Financial Officer	Finance & Business Performance	The Trusts's Capital resourcing is currently insufficient to support it's 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.	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 Committe (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	Chief Commercial Officer	Finance & Business Performance	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)	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
							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		Consistently review capacity and capability to deliver case for change; rolling action.	31/03/2022
							Minutes and actions from the Transformation Board. Milestones agreed at Transformation	Monthly transformation Boards will track progress on deliver of agreed milestones and			Additional work required following first draft financial case (capital cost). Programme Business Case being reviewed and prioritised. Management case will describe phased approach to deliver different projects. Submit to Programme Board in May.	31/05/2022
							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			Archus (appointed strategic consultants) are preparing a cost breakdown to progress different elements of the business case including comms and engagement, NSHEI approvals and OBC activities. Funding will be required to continue the programme from June 2022.	30/06/2022
											Require a whole system approach with ICS, CCG and Council. Need to launch public engagement programme linked to our strategy including development of integrated health and a health and care campus. Require more input and support from CCG in particular. Aim to begin engagement in September to allow appropriate governance.	30/09/2022
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	Finance & Business Performance	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, opthalmology	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
											Strategic plans for elective care development in ICS	01/04/2022
							Elective care transformation workstream in place - developing pathway specific	Exception report to transformation board	Level of programme support limited			
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	Finance & Business Performance	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)	Acute floor transformation - redesign of use of space when paeds A&E complete	31/03/2022
							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			
							Paeds A&E 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	Chief Commercial Officer	Finance & Business Performance	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 acknowedges impact on health of growing	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	Chief Commercial Officer	Finance & Business Performance	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)	Assure all new contracts meet environmental and employment standards linked to anchor institutions	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		continue to foster community support and engagement in the local NHS	31/03/2022
											Actively publisize to the community and involve colleagues in local and national campaigns for inclusion and health and well being casues	31/03/2022
							Net Zero action plan	Develop roadmap to support carbon net zero across the Trust	Roadmap to net carbon zero and implementation			
							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		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
							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 coilleagues	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 worklers) 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			
											Define clear structure and accountability for health inequalities work noting actions planned in; Start Well; Major Illnesses; Information/Digital; Anchor Institute fields.	30/04/2022
Board Assurance Framework	3. Inability to lead an organisation with the capacity and capability to deliver our best in everything we do	3.6 Not using integrated care records and data to manage whole population health and inequalities	Chief Digitial Information Officer	Finance & Business Performance	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 Baord	reports are not available and will need to be generated on a monthly basis - access to shared care data warehouse required			
											Followng 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	Finance & Business Performance	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	Chief Commercial Officer	Finance & Business Performance	Trust has a negative impact on the local environment and global climate	I = 1 L = 2 Very Low (2)	Implentation of a roadmap to move to net zero	Exec appointed as Board Lead for sustainability and net zero.	Roadmap will require corporate resource to own delivery of the plan	I = 1 L = 1 Very Low (1)	Annual audit (auditors appointed April 2021)	30/04/2022
							Net Zero roadmap considered within all workstreams.	Monthly Transformation Board.			Recruitment of resource to support roadmap implementation via business case process.	30/06/2022
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	Quality & Clinical Governance	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 reported through Datix system	Evidence of prioritisation process Audit of accuracy of appropriateness of risk 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	31/03/2022
							System wide Covid Harms Group established to review harm and enhance visibility across	Provide evidence of systemic review of Covid harms	System review of potential Covid Harms Link primary care, mental health and			

											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.	
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	Chief Financial Officer	Finance & Business Performance	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 deifict 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	Strategic Workforce	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 retenetion.	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 May 2021. 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 a vaccine. Regular communications and FAQ sessions are held to inform staff about the vaccine.	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 97% overall and 96% for BAME colleagues.	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	Finance & Business Performance	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.	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	4.3 Variations in organisational culture and behaviours	Chief People Officer	Strategic Workforce	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 Quarterly Pulse Surveys introduced in February 2021 Monthly reports through Transformation Board.	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 / regulator expectations, and do not play a leading role in the health, economic and social recovery of Buckinghamshire	4.4 The workforce not always feeling that the organisation is as safe to work in as it can be	Chief Commercial Officer	Strategic Workforce	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 risk register regular agenda forum at the health and safety committee for staff to feedback	The estate has a £200m backlog maintenance issue (of which £100m is high risk) and lack of capital to address the estates issues	I = 2 L = 2 Medium (4)	Open area of CAKE (intranet) for staff engagement in estate management	30/04/2022
											CAFM system; requires implementation and roll out	30/09/2022
Board Assurance Framework	4. We do not recover services	4.5 Governance not always being both easy	Chief Executive Officer	Quality & Clinical	Inefficiencies; processes not completed in a timely manner;	I = 4 L = 3 High (12)	Performance framework. EMC workplan. Board and Committee structures. Internal and	Meeting minutes.	Organisational understanding, clarity of structures, paper-based systems.	I = 4 L = 2 High (8)	Review of governance to be completed. External review of quality governance	31/03/2022

	adequately, fail to meet public / regulator expectations, and do not play a leading role in the health, economic and social recovery of Buckinghamshire	to navigate and enabling of change, whilst providing robust, forward-looking assurance of risk		Governance	erosion of desire to innovate and improve; inadequate foresight of organisational risk		external audit. External benchmarking (CQC).				framework; final plan to be presented to Board.	
											Implement digital risk management system - Datix upgrade.	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	Audit	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.	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	4.7 Lack of consistent attainment of key operational and performance standards	Chief Operating Officer	Finance & Business Performance	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	Action log from ECROM Weekly reports	BI capability May change in H2	I = 4 L = 3 High (12)	Publish revised IPR for ongoing future monthly reporting. Planned for presentatio to Board 30 March 2022.	30/03/2022
							Elective care recovery trajectories agreed covering RTT, diagnostics and cancer	Trajectories included at Trust level in IPR and reported on accordingly. At specialty level and report in Divisional IPR	Subject to potential further disruption by pandemic			
							IPR review at EMC, FBPC, TB	IPR produced monthly with spotlights, actions and exceptions	BI capability			
							Monthly divisional performance reviews in place	Divisional IPR Minutes from performance review	BI capability			
							Weekly cancer recovery group, fortnightly planned care group q	Meeting minutes	Impact of pandemic			
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	Strategic Workforce	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	Finance & Business Performance	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.	Minutes, workplans and action logs	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	I = 3 L = 4 High (12)	Develop a business case and roadmap to a data warehouse - no capital resource to accelerate in 2021/22	25/03/2022
							Digital strategy	Strategy document September 2021	Revised digital strategy to incorporate information and business intelligence strategy		Development of KPI dashboard related to Trust Improvement Programme (alongside IPR development)	30/03/2022
							External assurance on data through CQC insights, Dr Foster and IQVIA sources. External audits on data quality	Reports to Data Quality Group	none - capacity to follow up review actions and follow up. Shortage of business analytical capacity			
							Suite of IPR, Divisional and dashboards, including Qlickview to monitor performance	daily, weekly and monthly reports	Lack of a data warehouse and digital data collection involves manual collation of data and time consuming processes for BI and operational teams.			
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	4.10 Not being an organisation where innovation and new ideas can always thrive and be easily adapted	Chief Medical Officer	Quality & Clinical Governance	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 together and share new practice. Digital infrastructure upgrades to give capacity for new technology adoption. Continued rollout of QI programme.	Governance review, QI rollout plan, R&I strategy.	None identified.	I = 2 L = 3 Medium (6)	To link together the overall communication strategy to focus on shared learning and organisational wide Quality Improvement	31/12/2021
											To develop the Trust's Quality Strategy with a focus on the Appreciative Inquiry.	30/04/2022

Meeting: Trust Board Meeting in Public

30 March 2022

Agenda item	Infection Prevention and Control Monthly 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	IPC update
Purpose	Assurance
Previously considered	Q&CGC 16.03.2022

Executive Summary

This paper provides oversight of the HCAI targets (Gram-Positive bacteraemia's (GPBSI), Clostridioides difficile infections (CDI), Gram-Negative bacteraemia (GNBSI).

IPCT Staffing: The IPC team continues to work in line with the existing business continuity plan due to reduced staffing resulting from sickness and vacancies. Due to the ongoing surge of COVID-19 and the increased number of declared outbreaks, IPC planned work continue to be suspended.

IPC Key Performance Indicators MRSA BSI- The Trust continue to report over trajectory against the annual national target of 0.

Outbreaks: In February, we have reported six further outbreaks of COVID-19 affecting staff and patients. A significant number of inpatients have acquired COVID in our care whilst being treated for another condition.

Substantial evidence supports the transmission between patients who were geographically co-located (i.e., in the same bay or same ward) and identified as contacts before becoming positive. Patients can also become COVID-19 contacts by being on a ward during an outbreak or by contacting staff who test positive and have PPE breaches during patient care.

Management of COVID Outbreak: BHT continues to work to national guidance on the management of outbreaks. Patients continue to acquire COVID in our care whilst being treated for another condition, and evidence supports the transmission between geographically co-located patients identified as contacts before becoming positive.

There has been a low threshold to closing wards/areas where there has been evidence of significant ongoing transmission. In addition, consideration has been made to bed spacing, capacity and quality of ventilation—identified risk where possible has been mitigated.

Key Learning and Actions

- Prompt isolation of positive COVID cases.
- Staff to undertake twice-weekly Lateral flow device testing and record on the national system.
- Increase patient mask-wearing in cohort bay.
- Increase ventilation/Deploy Air filtration machines
- Bench Marking data

The data suggest that all our partners have seen an increase during February. For example, in BHT, we identified 80 HOHA cases of COVID, 24 probable and 58 definite, across all divisions.

Living with COVID- As we move to the next phase of the pandemic and assist with our recovery plan, the Trust is considering the best way to deliver care safely. Considers whether to implement in part or fully the current National UKHSA Guidance and the time frame for doing this. Infection prevention and control for seasonal respiratory infections in health and care settings (including SARS-CoV-2) for winter 2021 to 2022 - GOV.UK (www.gov.uk) I

The revised guidance has two essential core principles.

At the earliest opportunity, these involve identifying:

1. Patients require respiratory management (including symptomatic for and hospital CONTACTS of COVID-19) to provide safe and efficient care on a 'RESPIRATORY (IPC) PATHWAY'.
2. 2. VULNERABLE patients at risk of developing severe COVID-19 to provide immediate protection by enhanced IPC measures and new treatments.

Compared to previous versions, the main changes in this guidance include:
RESPIRATORY and NON-RESPIRATORY PATHWAYS replace

1. Red, Amber and Green patient pathways
2. A move away from regular testing of all inpatients, to be replaced by a focus on regular testing to protect VULNERABLE patients; to rapidly diagnose symptomatic patients; to prevent outbreaks following hospital COVID-19 exposure.
3. Pre-procedure isolation (plus PCR testing ≤72h) only applies to protect patients who are undergoing high-risk elective procedures and VULNERABLE patients.
4. Point of care (POC) COVID-19 tests should be used to manage risk, including immediately before AGPs.
5. Reduced patient distancing and PPE requirements, except for VULNERABLE patient areas, in CONTACT bays/wards, on the RESPIRATORY PATHWAY, and if local ventilation is considered sub-optimal.
6. Cessation of Fluid Resistance Surgical Face masks (FRSM)/PPE for HCW providing routine care for non-vulnerable patients on the NON-RESPIRATORY pathway.
7. There is a shift regarding the total number of HOCI cases as a quality/ safety indicator to an emphasis on harm caused or numbers of HOCI cases in the VULNERABLE only.

Blood Stream Infection: During February, 3 BSI were associated with Central Vascular Access device. The Post-infection reviews (PIR) concluded these were unavoidable. 1 BSI was associated with a peripheral cannula PIR concluded that this was Avoidable. Learning from the incidence identified that there needs to be an improvement in pairing blood cultures completion of the VIP charts. Chang of dressing 48 hours after insertion. Actions: Audits to be conducted. Discuss within SDU meetings & governance. Cannulas to be reviewed in ward rounds, dressing changes to be discussed in huddles, documentation of visits if outpatients on evolve.
Hand hygiene and PPE compliance- This month, the Trust compliance demonstrates an increase since Jan to 98%, which meets the Trust target of 90% has been achieved.
Mandatory Training for IPC- There is a requirement to increase all staff compliance in undertaking mandatory training.

This report was discussed at the Quality and Clinical Governance Committee on 16 March 2022. 'Living with COVID' was discussed noting the planned and potential changes in IPC practices relating to COVID along with the recent increase in prevalence within the local community. Benchmarking data for all hospital acquired infections was requested by the Committee along with clear SMART actions going forwards.

Decision	The Board is requested to review for assurance. Note the performance in respect of number of COVID nosocomial infection and outbreak in comparison to BOB during Jan 22. The National annual Target for MRSA BSI, CDI & GNBSI

Relevant Strategic Priority			
Outstanding Care ☒	**Healthy Communities ☒**	**Great Place to Work ☐**	**Net Zero ☐**

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
Financial	Healthcare associated infections cause significant cost to the healthcare system and individual
Compliance Select an item. Select CQC standard from list.	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 risks 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 disproportionally impact individuals from BAME communities, men and people over 50
Quality Impact Assessment [QIA] completion required?	No

Infection Prevention & Control Report February2022

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Outbreaks: In February, we have reported six further outbreaks of COVID-19 affecting staff and patients. A significant number of inpatients have acquired COVID in our care whilst being treated for another condition. Substantial evidence supports the transmission between patients who were geographically co-located (i.e., in the same bay or same ward) and identified as contacts before becoming positive. Patients can also become COVID-19 contacts by being on a ward during an outbreak or by contacting staff who test positive and have PPE breaches during patient care.

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NHS
Buckinghamshire Healthcare
NHS Trust

Infection Prevention & Control Report – February2022

IPC Key Performance 21/22	February22	Trust Total 2021/22			BHT National Annual Target 21/22		
MRSA bacteraemia hospital onset, healthcare associated	0	2			0		
MSSA Bacteraemia hospital onset, healthcare associated	0	21			N/A		
Clostridoides difficile – hospital onset, healthcare associated	5	46		52	61		
Clostridiodes difficile – community onset, healthcare associated	0	6					
Gram Negative Bloodstream Infections (GNBSI) hospital onset, healthcare associated	7	42			155		
	3 E.coli 3 KP BSI 1 PA BSI	ECOLI BSI 35	PA BSI 2	KP BSI 17	ECOLI BSI 102	PA BSI 21	KP BSI 33
COVID-19 Trust acquired Probable and	80	176			N/A		

Position Statement- Outbreaks 08/3/22

							Hospital onset Hospital Acquired		
Area	Declaration	Last Case	Current status	Outbreak decalred Closed Date	Number of Patient Case	Number of staff	Definite onset (diagnosed at 15 plus days)	Probable onset (diagnosed at 8 -14 days)	Deaths associated with the outbreak
COVID-19 Ward 18 SM	04/01/2022	28/02/2022	Ward Closed 18/2/22 Ongoing outbreak		25	17	6	5	1 Definite
COVID-19 Ward 10 SM	04/01/2022	23/02/2022	Ongoing Outbreak		11	4	3	5	1 probable
COVID-19 Ward 8 SM	18/01/2022	24/02/2022	Ongoing Outbreak		22 review	13 to be reviewed	4	8	6
COVID-19 Ward 9 WH	20/01/2022	23/02/2022	Ongoing Outbreak		5	0	3	2	0
COVID-19 Chartridge	10/02/2022	26/02/2022	Ongoing outbreak ward closed 2/3/22		3	0	3	0	0
COVID-19 Ward 11 PII	15/02/2022	14/02/2022	Under review		2	1	0	0	0
COVID-19 Ward 17	15/02/2022	26/02/2022	Ward Closed 23/2/22 Ongoing outbreak		4	0	0	3	0
COVID-19 SMW 4	21/02/2022	03/03/2022	Outbreak decalred		2	0	1	0	0
COVID SMW AMU	16/02/2022	18/02/2022	Outbreak decalred	Review is underway to determine if an outbreak					
COVID SMW St Joseph	22/02/2022	26/02/2022	Outbreak decalred Ward Closed 22/2/22 Ward reopened 02/03/2022		5	0	1	2	0
COVID Outbreak St Geroges	01/03/2022	01/03/2022	Outbreak decalred		2	0	2	0	0
COVID-19 SMH Ward 9	28/02/2022	28/02/2022	Outbreak decalred		6	0	2	1	0
Period of Increase incidences Ward 2 A	01/03/2022	28/02/2022	Under review		3	0	0	0	0
COVID-19 Outbreak Olympic Lodge	01/03/2022	28/02/2022	Outbreak declared		9	0	7	2	0
COVID SDEC	04/03/2022	03/02/2022	Outbreak declared		2	0	1	0	0
COVID 19-16a	04/03/2022	07/03/2022	Outbreak decalred		7	0	2	3	0

Learning and Action Outbreak of COVID

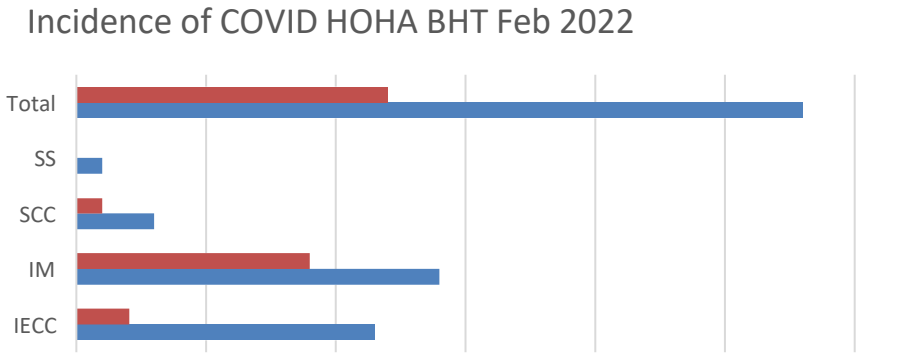
Learning from Outbreaks

- Evidence of significant ongoing transmission.
- evidence supports the transmission between patients who were geographically co-located
- Challenges to place patient appropriately due to lack of isolation facilities and bed capacity.
- High occupancy across all areas
- Lateral flow device testing (and recording) among staff
- Low patient compliance to wearing mask whilst in cohort bays
- Inadequate ventilation in areas

Key Actions

- Prompt isolation of positive COVID cases.
- Staff to undertake twice weekly Lateral flow device testing and record on the national system.
- Increase patient mask wearing in cohort bay.
- Increase ventilation/Deploy Air filtration machines
- Bench Marking data

BOB Nosocomial Infection and Outbreak Incidence Jan 2022



	IECC	IM	SCC	SS	Total
COVID Definite HOHA	23	28	6	2	56
COVID probable HOHA	4	18	2	0	24

NHS E/I, Head Of Infection Prevention & Control – South East continue to provide data that has allowed BHT to compare the incidence of nosocomial infections and outbreaks across BOB.

The nosocomial incidence data is reported daily by all Trusts via the COVID sitrep.

The data suggests that that all our partners have seen an increase during February.

During February 80 HOHA case of COVID have been identified 24 probable and 58 Definite

LIVING WITH COVID

As we move to the next phase of the pandemic and to assist with our recovery plan, the Trust is considering the best way to deliver care safely within the pandemic. Considers whether to implement in part or fully the current National UKHSA Guidance and the time frame for doing this. [Infection prevention and control for seasonal respiratory infections in health and care settings (including SARS-CoV-2) for winter 2021 to 2022 - GOV.UK (www.gov.uk)]

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Infection Prevention & Control Report – February 2022

Bacteraemia Line Infections – Marie Woodley OPAT/ IV lead

Aims & Ambitions

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

		Year Totals (inc Feb 22)
Central Line	Avoidable	1
	Unavoidable	25
	Yet to be discussed	0
Total (central line only)		23
Peripheral Cannula	Avoidable	6
	Deemed not line infection	7

Definitions to determine Avoidable / Unavoidable

Avoidable

- Lapse/lapses in care identified that has/have directly contributed or there is reasonable correlation with the patient acquiring this episode of line infection at Buckinghamshire Healthcare NHS Trust
- For example, if there are gaps or no documentation with respect to line care by the clinical teams.

Unavoidable

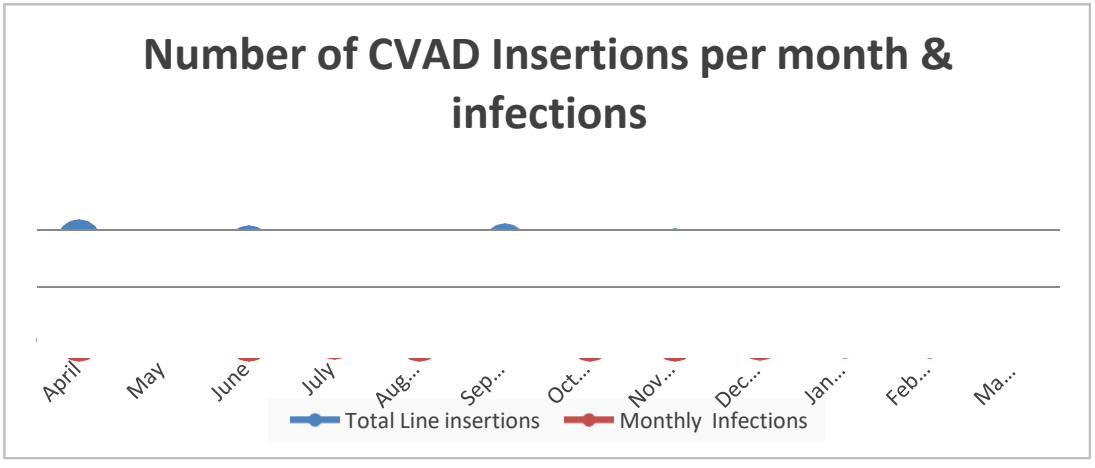
- No lapses in care have been identified that could have directly contributed to the patient acquiring this episode of line infection at Buckinghamshire Healthcare NHS Trust
- In some cases, some learning can be identified and followed through, but this does not reasonably correlate to the patient obtaining the episode of line infection under review.

Summary of outcome monitoring notes from meeting: 3 CVAD unavoidable, 1 x peripheral cannula – Avoidable, 1 declared NOT line infection

Outcomes : Pairing blood cultures, VIP charts not being completed. Dressings to be changed at 48 hours after insertion. Possible contamination of cultures (ITU). Sending tips of devices if infection suspected.
Actions: Audits to be conducted. Discuss within SDU meetings & governance. Cannulas to be reviewed in ward rounds, dressing changes to be discussed in huddles, documentation of visits if outpatients on evolve.

Yearly Comparison Table

		19-20	20-21
Central Line	Avoidable	2	4
	Unavoidable	7	31
Peripheral Line		1	4
Totals		10	39



Jan 2022 – Hand hygiene and PPE

Feb 2022 – Hand hygiene and PPE

Buckinghamshire Healthcare NHS Trust

IPC Training Figures February22

Statutory training		Corporate			Integrated Medicine			Surgery & Critical Care			Specialist Services			Integrated Elderly Care			Women, Children & Sexual Health Service			Total		
Training Method		Number of staff required to attend	No. of staff who have attended	Attendance %	Number of staff required to attend	No. of staff who have attended	Attendance %	Number of staff required to attend	No. of staff who have attended	Attendance %	Number of staff required to attend	No. of staff who have attended	Attendance %	Number of staff required to attend	No. of staff who have attended	Attendance %	Number of staff required to attend	No. of staff who have attended	Attendance %	Number of staff required to attend	No. of staff who have attended	Attendance %
IPC (No direct patient contact)	E-learning	572	486	85%	164	115	70%	164	142	87%	228	209	92%	114	96	84%	114	103	90%	1356	1151	85%
IPC (Direct patient contact)	E-learning	163	130	80%	910	707	78%	1014	821	81%	746	599	80%	860	741	86%	709	583	82%	4402	3581	81%
Hand Hygiene (Direct patient contact)	Face to face	181	156	86%	921	792	86%	1013	881	87%	755	683	90%	862	800	93%	703	651	93%	4435	3963	89%

Annual Track of Overall Totals 2021-22

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
No. of staff required to attend	10029		10033	0051	9650	8701	9737			8950	8695	
No. of staff who have attended	8462		8663	8661	8352	7538	8407			10420	10193	
Attendance %	84%		83%	86%	87%	87%	86%			86%	85%	

Interim Head of Operations – Property Services

CLEANING AUDIT SCORE SUMMARY- February2022

Stoke Mandeville Hospital

- Below are measures put in place to support the cleaning services by Sodexo working conjunction with Property Services. Sodexo have faced a situation of a High level of ward outbreaks, which takes considerable time for the cleaning teams to action, something that continues to be present.

Some of the key actions deployed in support of cleaning activities ;-

- Property Services are working closely with Sodexo in deploying both the day/evening rapid response teams to assist with the increased levels
- Sodexo have recently cross trained other members from different teams to support both low risk areas and portering tasks in both Radiology and ED
- Low risk areas have been stepped back slightly ref cleaning frequency to support additional domestics into the main pool. Comms when out in *"BHT Today"* informing people of the situation. Property Services continue to audit these areas frequently.
- Staff holidays and sickness cover have proven a challenge at times for Sodexo. Agency staff are always a consideration when covering duties, however getting people has been a challenge
- Sodexo supervisors are actively on the wards covering domestic duties more often than note during this busy spell
- Property Services are actively working one to one with our clinical colleagues to ensure good practice, but at times we appreciate we can only be in one place at any one time.
- Increasing our weekly joint audits with both Sodexo and ward staff
- Litter pickers and waster operatives are also undertaking different role across the trust in trying to keep up with the increased demand

Meeting: Trust Board Meeting in Public

30 April 2020

Agenda item	CQC Notice – Removal of Condition to Community Hospitals
Board Lead	Neil Macdonald, Chief Executive Officer
Type name of Author	Care Quality Commission (CQC)
Attachments	Notice of Decision to Remove Conditions from Registration
Purpose	Information
Previously considered	n/a

Executive Summary

In April 2019, the Trust was written to by the CQC confirming their concerns related to nursing and therapy staffing levels at Amersham and Buckingham Community Hospitals. On 4 July 2019, a condition was imposed on the Trust CQC registration.

Following submission of monthly information to the CQC detailing the maintenance of safe staffing levels, appropriate escalation and mitigation of risk, the decision was made by CQC to remove the condition. This is confirmed in the attached letter from the CQC dated 14 February 2022.

Decision	The Board is requested to note this summary and letter from the CQC

Relevant Strategic Priority

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

Implications / Impact

Patient Safety	Safe staffing levels are set to ensure that optimum clinical outcomes are provided for all patients. This includes consideration of both staff numbers and skill mix.
Risk: Link to Board Assurance Framework (BAF)/ Risk Register (CRR)	1.1 Inadequate staff resource to deliver outstanding care.
Financial	Low levels of substantive staffing may lead to increased costs related to bank/agency spend. Restrictions to the use of Community facilities will lead to a reduction in productivity and associated income.
Compliance NHS Regulation	Health and Social Care Act 2008 – Section 28(3)
Partnership: consultation / communication	Information has been submitted to the CQC on a monthly basis to support the lifting of this restriction.
Equality	No implications related to equality or diversity have been identified.
Quality Impact Assessment [QIA] completion required?	Not applicable.

APPENDICES
Appendix I: Notice of Decision to Remove Conditions from Registration

Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Telephone: 03000 616161
Fax: 03000 616171
www.cqc.org.uk

For the attention of Neil Macdonald Chief Executive

Buckinghamshire Healthcare NHS Trust
Stoke Mandeville Hospital
Mandeville Road
Aylesbury
Buckinghamshire
HP21 8AL

14 February 2022

Care Quality Commission
Health and Social Care Act 2008
Notice of decision to remove conditions from your registration as a service provider in respect of a regulated activity

Buckinghamshire Healthcare NHS Trust
Treatment of disease, disorder or injury

Our reference: RGP1-12421443902
Account number: RXQ

Dear Mr. Neil Macdonald

We are serving this notice under Section 28(3) of the Health and Social Care Act 2008.

I am writing regarding our proposal to remove conditions from your registration as a service provider in respect of the above regulated activity. You have not made any representations and we have therefore made the decision to adopt our proposal to remove conditions from your registration as follows:

We will remove the following conditions for the regulated activity stated above:

The registered provider must act and implement an effective system to ensure there are sufficient numbers of suitably qualified, skilled and experienced nurses, Healthcare Assistants (HCAs) and therapy staff throughout the community health inpatient wards to support the care and treatment of patients in particular regard to the following: a. The registered provider must act to ensure that the providers safe staffing levels include enough suitably trained staff for patients, to receive physiotherapy across all seven days of the week. b. The registered provider must provide the Care Quality Commission with a monthly report starting on 20 May 2019 detailing the planned and actual staffing levels for staff who provide therapy for each

community health inpatient ward. c. The registered provider must provide the Care Quality Commission with a monthly report starting on 20 May 2019 detailing the planned and actual staffing levels for nursing staff including the nurse to patient ratios for each shift in a 24-hour period for each community health inpatient ward. d. Where the actual nurse staffing levels have fallen below safe the trust must detail what action was taken to ensure the staff to patient ratios were safe.

This will be removed from the following locations:

Amersham Hospital
Whielden Street
Amersham
Buckinghamshire, HP7 0JD

Buckingham Community hospital
High Street
Buckingham, MK18 1NU

If you do not agree with our decision, you have the right to make an appeal to the First-tier Tribunal (Health, Education and Social Care Chamber) under Section 32of the Health and Social Care Act 2008. You should make your appeal using the correct appeal application form which can be downloaded from the Tribunals Service website (https://www.gov.uk/courts-tribunals/first-tier-tribunal-care-standards) or copies can be sent to you by contacting the Tribunals Service using the details below.

You must make your appeal in writing within 28 days of the date this notice was served on you and send it to:

HM Courts & Tribunals Service
Care Standards
1st Floor
Darlington Magistrates' Court
Parkgate
Darlington
DL1 1RU
Tel: 01325 289350
Fax: 01264 785013
cst@hmcts.gsi.gov.uk

If you do not want to make an appeal against our decision, please let us know in writing before the end of the 28 day period. If you do not make an appeal, our decision will become final as soon as we receive your letter or at the end of the 28 day period, whichever is sooner. If you do make an appeal, the final outcome will depend on the decisions made by the Tribunal.

You should contact the Tribunal Service if you have any questions about the tribunal process or making an appeal.

CQC is also obliged under Section 28(5) of the Health and Social Care Act 2008 to serve a copy of this notice on the <registered provider / registered manager> of the regulated activity(ies) it relates to.

If you have any questions about this notice, you can contact our National Customer Service Centre using the details below:

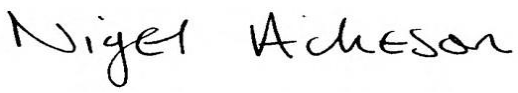
Telephone: 03000 616161

Email: Enquiries@cqc.org.uk

Write to: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

If you do get in touch, please make sure you quote our **reference number** at the top of this notice, as it may cause delay if you are not able to give it to us.

Yours sincerely



Nigel Acheson Deputy Chief Inspector Hospitals London and South East Region Delegated Authority

Meeting: Trust Board Meeting in Public

30 March 2022

Agenda item	Private Board Summary Report 26 January & 23 February 2022
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 26 January and 23 February 2022. The matters considered at these sessions of the Board were as follows:

- Place and System Briefing
- Serious Incidents Report
- Standards of Behaviour & Conduct Report
- Contract Award for the provision of Orthotic Products and Services
- Thame & Marlow Community Hubs Proposal
- Musculoskeletal Contract Award 2021/22
- Cyber Security Compliance Business Case
- CQC Well-Led Inspection
- Planning Update
- Monthly Finance Report
- Wycombe and Amersham PFI Soft FM Contract
- Stoke Mandeville and Wycombe Strategic Outline Cases
- DBS Process
- Recovery Programme
- Update from National Spinal Injuries Centre

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

Relevant Strategic Priority

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

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

Report from Chair of Organ & Tissue Donation Committee (O&DT)
Date of Committee 07 February 2022

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Meeting Minutes	Minutes from the O&TD meeting on 2 November 2022	Minutes approved	n/a	Refer to Audit Committee for noting	n/a
SNOD/CLOD Review and Potential Donor Audit	Overview of referral and transplant numbers including DBD and DCD breakdown, highlights from Q3 and focus for Q4	Assured	n/a	n/a	n/a
NHS Blood & Transplant (NHSBT) Update	Regional update including local recruitment and potential reduction in on-call hours Presentation of NHSBT Letter (November 2021)	Assured – noting local deemed consent rate significantly higher than the national average	n/a	n/a	n/a

Finance Update	Verbal update on the current financial position and recent/proposed purchases and projects	Assured – noting impact on current budget of pending 2022 Organ Donation Conference and decision to fund 'business as usual items' from departmental budgets	n/a	n/a	n/a
2022 Organ Donation Conference	Update on progress with 2022 conference planning	Assured	Planning work to continue	n/a	n/a
Terms of Reference (ToR)	Annual review and update of Committee ToR	Approved	n/a	n/a	n/a

Emerging Risks noted:

- Limited resources nationally.
- Burden of mandatory training and engagement of clinical staff in additional learning.

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 – Nation 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