Buckinghamshire Healthcare NHS Trust

Buckinghamshire Healthcare NHS Trust
Annual Report
2014/15

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1.1. Our Trust

Buckinghamshire Healthcare NHS Trust is a major provider of integrated hospital and community services for people living in Buckinghamshire and surrounding counties, providing care to over half a million patients every year. In addition we provide specialist spinal services at our world renowned National Spinal Injuries Centre for patients across England and internationally.

Our aim is to provide safe and compassionate care, every time to our patients. Our highly trained doctors, nurses, midwives, health visitors, therapists, healthcare scientists and other support staff deliver this care.

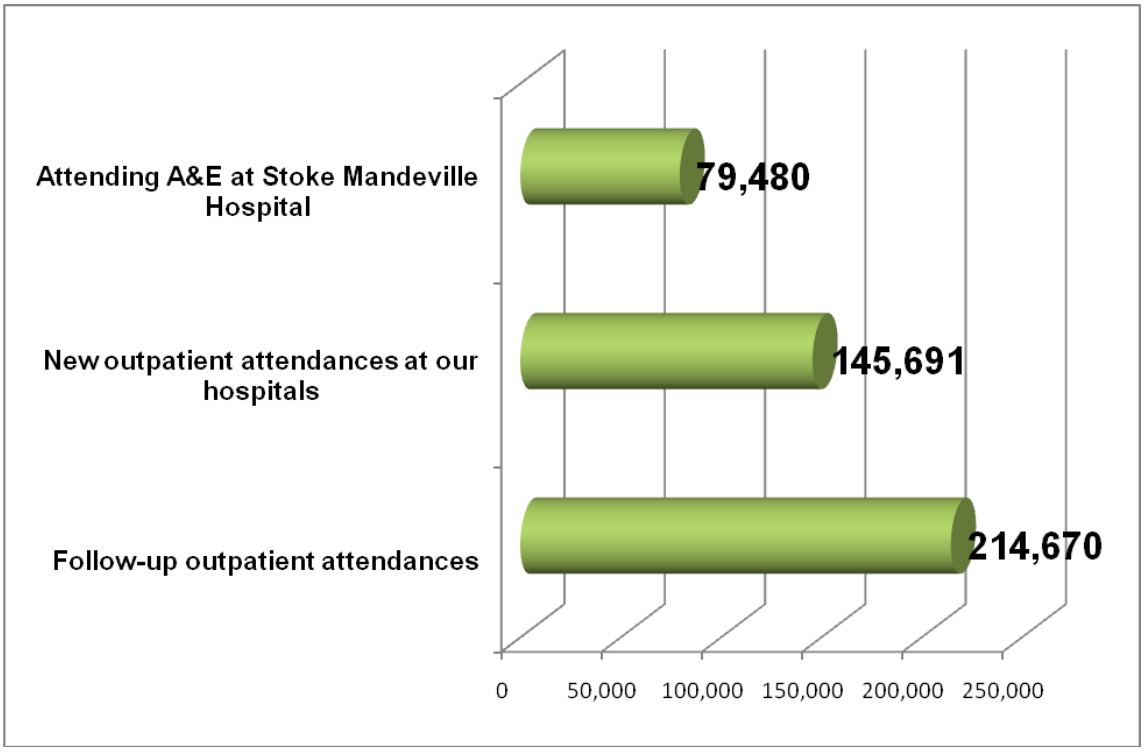
Buckinghamshire Healthcare NHS Trust is one of the first integrated acute and community providers in the country, and is the major provider of specialist, acute and community healthcare services for the people of Buckinghamshire. We deliver our services from a network of facilities including:

- A range of community settings - health centres, schools and patients' own homes;
- Five community hospitals;
- Two acute hospitals located in the two most densely populated areas of Buckinghamshire - High Wycombe and Stoke Mandeville, Aylesbury.

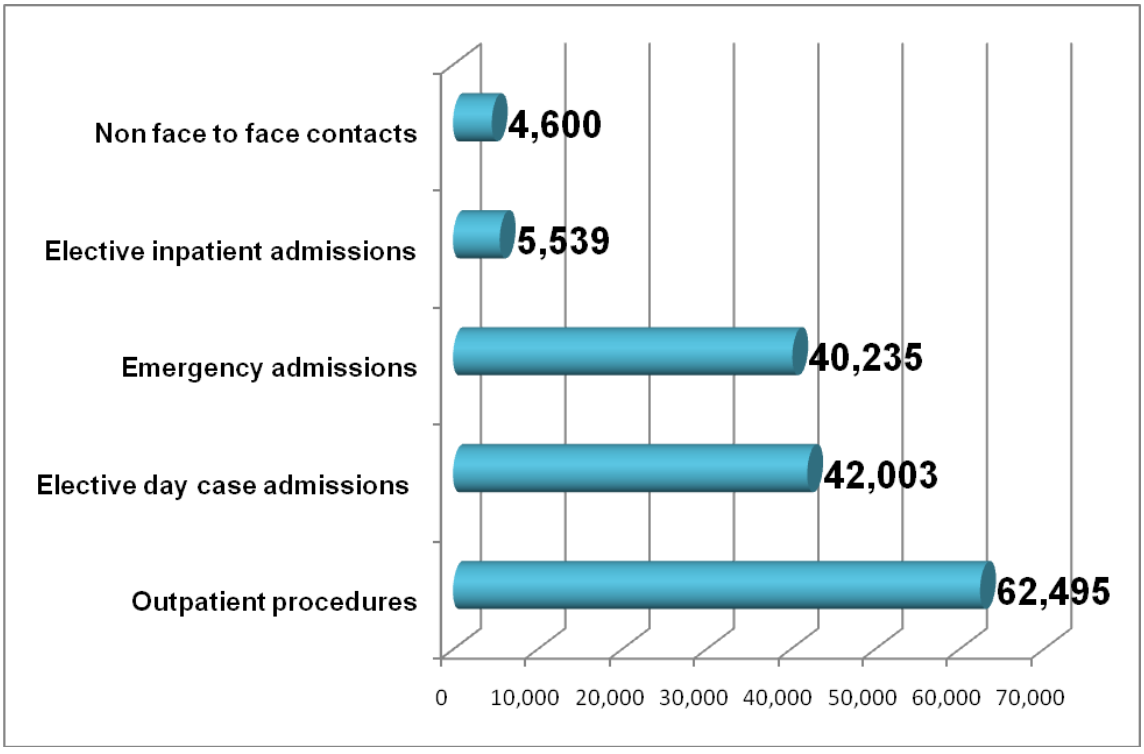
Over 5,700 members of staff provide integrated services to approximately half a million people, including the dispersed population of Buckinghamshire and the surrounding areas of Thame (Oxfordshire), Tring (Hertfordshire) and Leighton Buzzard (Bedfordshire). As well as being a major provider of community and acute hospital care, we are well known for our specialist services. The internationally renowned National Spinal Injuries Centre is one of only a few such centres of expertise in the UK. We are recognised nationally for our urology and skin cancer services. Similarly at a regional level we are a specialist centre for burns care, plastic surgery and dermatology.

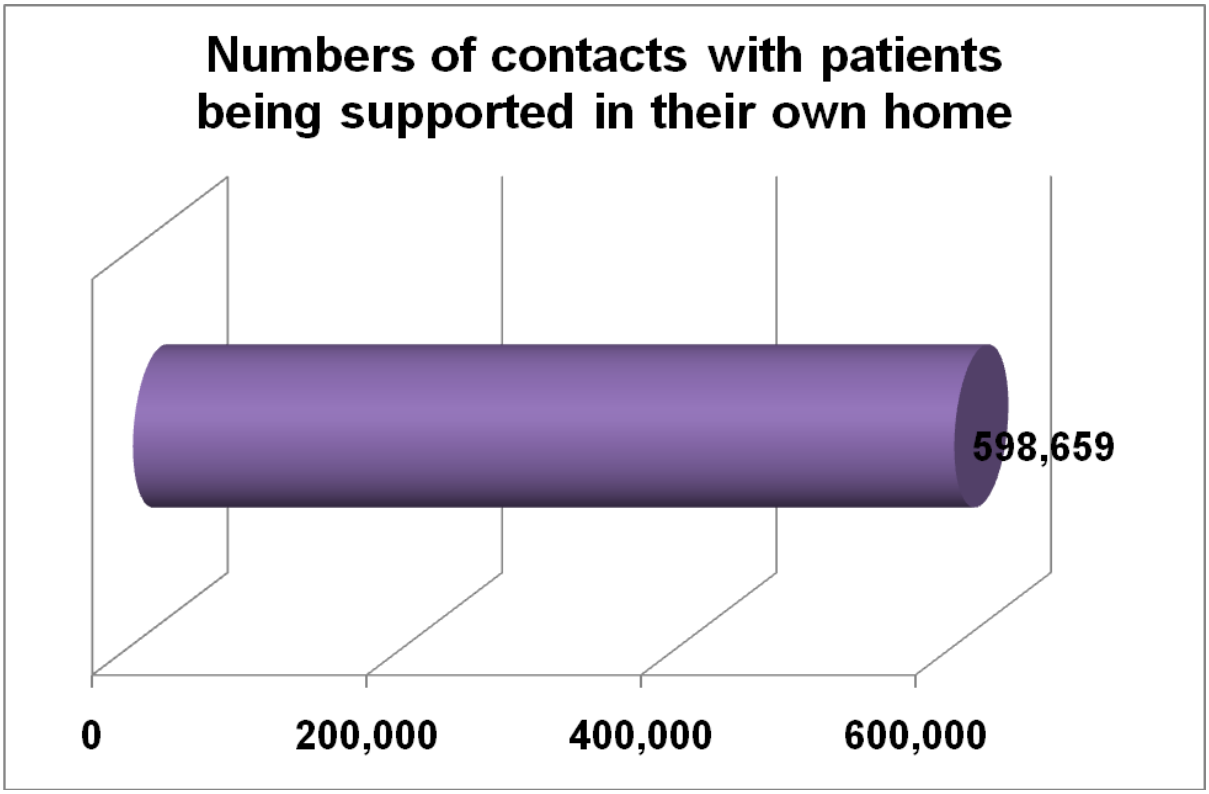
2014/15 in numbers:

Attendances



Procedures and Admissions




Numbers of contacts with patients being supported in their own home
598,659
0
200,000
400,000
600,000

Where we are based

We provide inpatient facilities from two acute and five community hospitals in Buckinghamshire, and care in people's own homes and from over 20 other settings such as health and leisure centres and GP practices. Our community health services include adult community healthcare teams (district nursing, occupational therapy and physiotherapy), services for children and families, intermediate care, health visitors, community dental services and palliative care.

The acute hospitals

- Stoke Mandeville Hospital, Mandeville Road, Aylesbury HP21 8AL
- Wycombe Hospital, Queen Alexandra Road, High Wycombe, HP11 2TT.

Our main community facilities

- Amersham Hospital, Whielden Street, Amersham HP7 0JD
- Buckingham Hospital, High Street, Buckingham MK18 1NU
- Chalfont & Gerrards Cross Hospital, Hampden Road, Chalfont St Peter SL9 9SX
- Marlow Hospital, Victoria Road, Marlow SL8 5SX
- Thame Community Hospital, East Street, Thame OX9 3JT
- Florence Nightingale Hospice, Stoke Mandeville Hospital, Mandeville Road, Aylesbury HP21 8AL
- Rayners Hedge Rehabilitation Unit, Croft Road, Aylesbury, Buckinghamshire HP21 7RD.

Our headquarters are at Amersham Hospital.

Visit our website for more details on our services www.buckshealthcare.nhs.uk

2. Chairman and Chief Executive Foreword

This year has been a year of change and development as we work to deliver 'safe and compassionate care, every time'. There have been both highlights and challenges and these are reflected in this report.

At the end of the year we sadly said goodbye to Anne Eden who led the organisation as Chief Executive for the last nine years and has now moved on to work with the NHS Trust Development Authority (TDA). She has remained constantly committed to delivering the best for patients in Buckinghamshire and we thank her for the significant difference she has made in her time here. A number of other Board appointments were made during the year and with a new leadership team in place we are in a strong position to go even further in our development.

It was a great step forward for us when the Care Quality Commission recommended to the TDA that we were removed from special measures in June 2014. This was an acknowledgement of the improvements they had seen to the quality of care and patient experience when they had inspected the services we provide from our main hospital sites in March 2014. We were proud that many services were rated either good or outstanding, but recognise that the overall rating of 'requires improvement' shows that we still have much work to do achieve the 'outstanding' performance that we aspire to.

Other highlights of this year include:

- Our specialist hyperacute stroke unit was ranked in the top three in the country for the treatment of stroke-related blood clots
- The cancer care and haematology unit retained its' Macmillan 'quality environment mark' for another three years
- We continued to develop services offered within the community with an additional adult community healthcare team put in place to support patients overnight and the launch of new technologies to support mobile working and the delivery of care in patients' own homes
- The National Spinal Injuries Centre retained its international CARF accreditation for another three years recognising the world-class rehabilitation programme we offer to patients
- The fracture liaison service at Stoke Mandeville Hospital became one of only six in the country to be awarded the International Osteoporosis Foundation's 'capture the fracture' silver rating
- Marlow Hospital was named placement of the year by University of Bedfordshire
- Pharmacy was praised nationally at the NHS Improving Quality Conference for its move to a seven-day service
- We ranked 30th in the National Institute of Health Research's top 100 performing trusts across the UK for recruitment to research studies
- Our surgeons achieved some of the best outcomes in the country.

Developing services that are best meet patient needs has continued to be a focus for us during the year and we have extensively involved and listened to patient views to inform our improvement work. Over the past year we:

- have developed our emergency services to ensure patients are seen and treated by the most appropriate staff as quickly as possible. This includes, where relevant, patients being sent by their GP directly to our medical or surgical teams without needing to go through A&E. Plus the creation of a new same day assessment unit,

next door to A&E, allows us to provide treatments like blood transfusions without the need for patients to be admitted to a ward.
- invested in our staff, technology and estates to support quality improvements – spending over £5m recruiting an additional 360 nurses; £1m in mobile technology; £500k on diagnostic imaging machines; and over £18.5m capital investment.
- have been innovative – we are one of the first UK trusts to offer pioneering swallowing therapy; we have launched a unique cardiac rehabilitation programme, which has seen participation increase whilst waiting times fall; and our project to improve hydration was praised by the Chief Inspector of Hospitals.

April 2015 marked our fifth birthday as an integrated community and hospital provider. Since our creation in 2010, we have:

- Supported 2.5 million children and adult contacts in the community
- Cared for 400,000 inpatients
- Seen and treated over 1.5 million outpatients
- Been part of 27,000 babies first days and weeks in the world.

Our staff have continued to be ambassadors for our services, with a number gaining national recognition through awards - such as burns care advisor Suzie Whiting winning the prestigious Mö lnlycke Health Care Wound Academy Scholarship Award for Innovations in Care; NSIC dietician Samford Wong winning the British Dietetic Association's Rose Simmond Prize; cardiac consultant Dr Piers Clifford being named as one of the HSJ's top 50 innovators in health. Our NSIC staff took away a heap of gongs at the Spinal Injury Association's Rebuilding Lives Awards. And hundreds of staff have been nominated by their peers and patients through our monthly Going the Extra Mile awards and annual staff awards.

But we are not complacent. Nationally, there have been increasing demands on A&E and inpatient wards over the winter, which we have not been immune from. We did meet our national cancer standards, have continued reporting some of the best day case rates for surgery, and have seen improvements in our referral to treatment time for planned care. For all the improvements we have made, there is more we need to do to continue improving how patients move through and between our services and making the best use of the unique relationships we can build and develop between our hospital and community services – alongside developing our relationships with GPs and social care colleagues to improve how patients are cared for across different organisations.

We faced an extremely challenging year financially and whilst we met our cost improvement commitments and had predicted a small surplus at year end, a late technical adjustment by the auditors meant we finished the year with a £7.4m non-recurring deficit. The Cost Improvement Plan (CIP) was over achieved by £6M on a recurrent basis and £7M non-recurrently. The Trust received £13M of additional PDC to support our cash position during the year and £2.5M of loan financing to enable key clinical developments. We have worked to strengthen our planning and forecasting for the coming year, as well as improve our reporting processes. The plan for the 2015/16 is a realistic and deliverable one, and contractually agreed with our commissioners.

The Board has invested considerable time and effort into developing our five year strategy, which is aligned with local partners and NHS England's own five year forward view. With a national financial challenge, growing elderly population living with long term conditions, and increased expectations from the communities we serve, we know continuous change is inevitable. From visiting our sites across the county and listening to staff, patients and local partners we see that the opportunities for us to go further lie in:

- Providing care in the right setting

- Truly making the most of integration and building partnerships with primary and social care
- Preventing illness and supporting people to manage their own health and wellbeing
- Helping children to have the best start in life
- Continuing to offer great specialist and life-saving care when it's needed most
- Developing staff and investing in leadership.

We have some fantastic services and it is our unique position as an integrated provider that puts us at the leading edge of NHS England's future vision for the health service. We have a clear strategy to help us get there – putting patients, not bricks and mortar, at the centre of our care. We are committed to regularly engaging with patients, the public and our staff as we continue on our quality improvement journey.

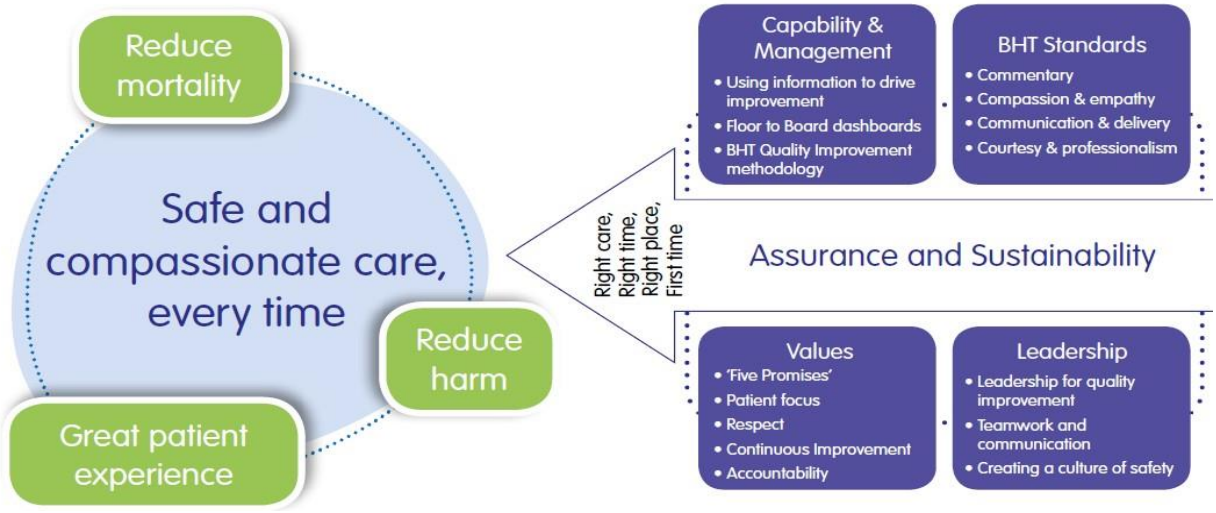
Hattie Llewelyn-Davies Chairman

Neil Dardis, CEO

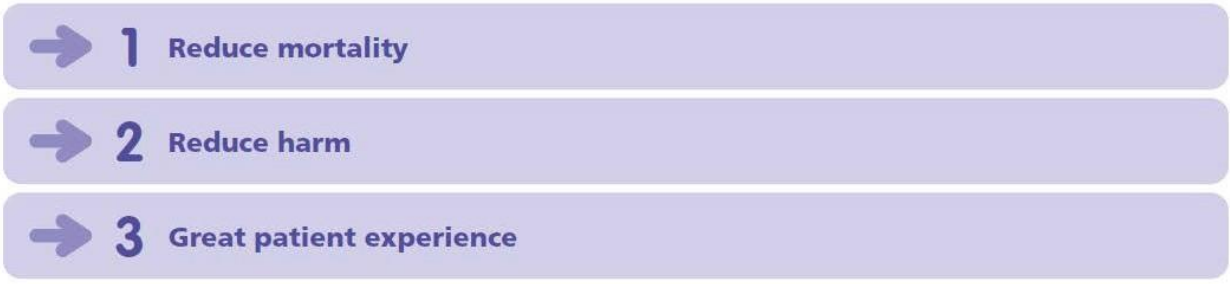
3. Our mission and strategy

Our mission is "**Safe and Compassionate Care, Every Time".** To ensure constant focus and continual improvement towards delivering this mission it is underpinned by two core strategies, our Quality Improvement Strategy and our Clinical Strategy. These have been developed by the Board and senior leaders in the organisation, supported by staff sessions and workshops with patients and members to identify their aspirations for our services. Together these strategies provide a clear focus for Buckinghamshire Healthcare ensuring that we continue to develop and provide high quality, safe and sustainable services for the people of Buckinghamshire.

3.1. Our Quality Improvement Strategy



As illustrated above, our Quality Improvement Strategy clearly identifies the three key areas of focus for quality improvement within the Trust over the next two years. Each one of these has a specific and measurable outcome against which we can track progress. The strategic goals are outlined below.



3.2. Our Clinical Strategy

During the year we have continued to develop our clinical strategy taking into consideration both national and local requirements. In summary our clinical strategy is that by 2020, working together with our partners we will develop:

Integration of hospital, community and primary care services which are shaped around the needs of every adult and child;

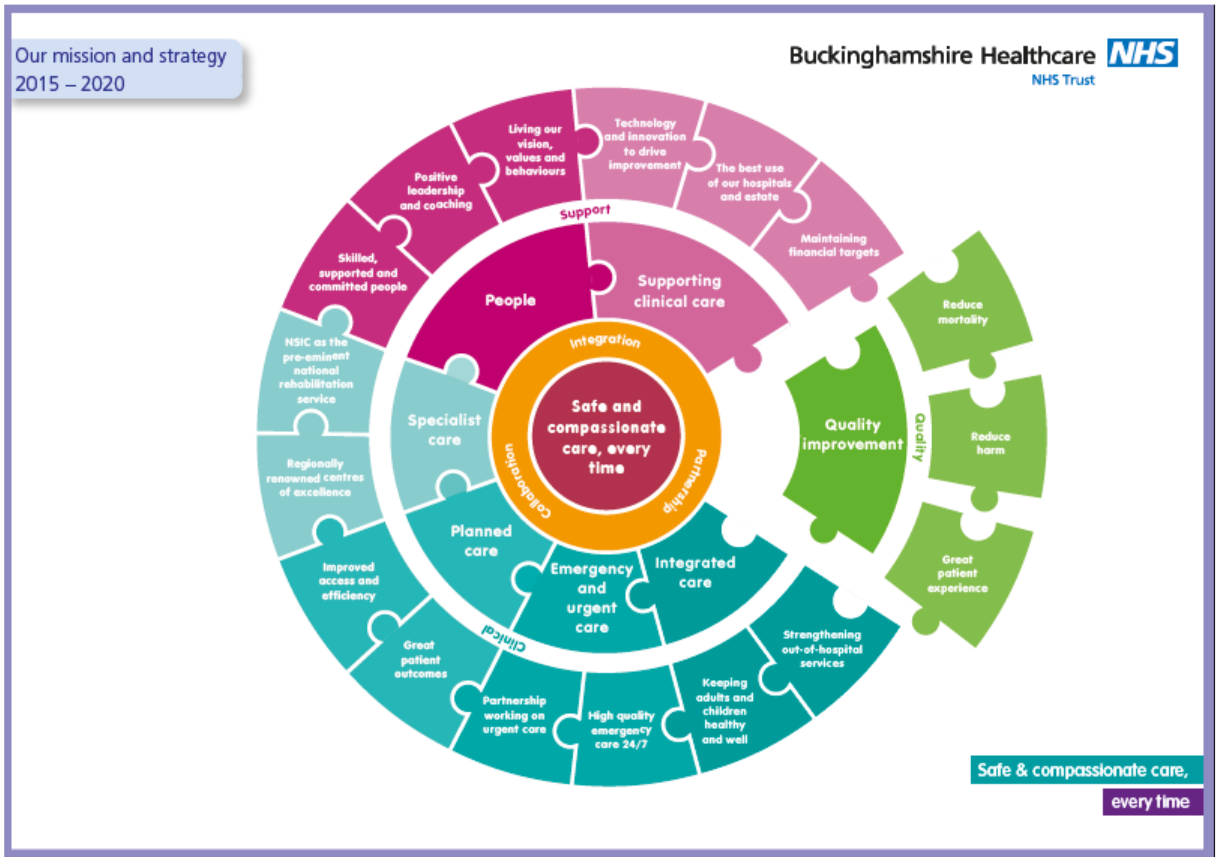
Emergency and urgent care services for the local population which maximise the chances of survival and good recover;

Planned services which are seen as some of the best in the country for patient outcomes, access and efficiency; and

Specialist services which are renowned regionally and nationally as centres of excellence.

3.3. A forward look to 2015/16

During the year 14/15 we built on the existing two year mission and strategy from 2014 to 2016 and developed a five year mission to take us to 2020. We have set ourselves objectives to enable us to deliver the strategy and these are summarised on the diagram below:



Our objectives are provided in more detail below:

Corporate Objectives for 2015/16
Quality - excel in the delivery of clinical care, safety and patient experience
Reduce mortality as reported by HSMR by 5 each year.
Reduce harm by ensuring at least 95% of all patient cared for by the Trust receive harm free care as measured by the safety thermometer
Wards will have greater than 90% fill rates on registered nurses and healthcare assistants on every shift to ensure compliance with safe staffing and maintain safety for patients
Safeguarding adults – embed Care Act 2015 in countywide practice Safeguarding children – implement Buckinghamshire County Council Children's improvement plan as it applies to this organisation
Offer a great patient experience as measured by having a net promoter score of 95 for Friends and Family Test in all areas
End of life care – develop and implement a person centred care plan for patients and increase the number of people discharged to their preferred place of care
High quality emergency care 24/7
Redesign front door processes and embed ambulatory care service at Stoke Mandeville Hospital
Transform discharge planning and processes
Implementation of 7 day working clinical standards
Partnership working on urgent care
Work with Bucks Urgent Care and South Central Ambulance Service to develop new joint urgent care service
Keeping adults health and well, and children to receive the best start in life
Develop new diabetes pathway
Ensure full delivery of the Healthy Child Programme
Provide additional support (with Bucks County Council) for the most vulnerable children including Looked After Children
Strengthening out of hospital care
Implementation of rapid reablement and assessment service 24/7
Redesign of integrated locality teams and community hospital services
Improve access and efficiency in planned care

Redesign of Musculo-Skeletal pathway
Transform the experience in outpatient care
Regionally renowned centres of excellence
Extend Hyper-Acute Stroke Unit catchment to East Berkshire
Cardiology – increase activity at Wycombe hospital and improve cover at Stoke Mandeville Hospital
Implement redesign of maternity services
National Spinal Injuries Centre as pre-eminent national rehabilitation services
Establish NSIC as pre-eminent specialist service, extending market reach
People - **Skilled and committed people** - **Positive Leadership and Coaching** - **Living our vision, values and behaviours**
Develop our employment proposition to attract and retain more high quality staff
Friends and Family Test for staff – improve on 2014 survey
Implement actions from statutory training group
Expand medical leadership programme for all Service Delivery Unit leads and other senior managers
Coaching and feedback skills programme for all managers
Embed Trust values and behaviours
Support for clinical care
Implement phase 1 of Wycombe Review including cardiology
Refurbish operating theatres at Stoke Mandeville Hospital
Reception and bathroom refurbishment at the National Spinal Injuries Centre
Review community estate
Review backlog maintenance programme
Technology and Innovation to drive improvement
Implement new Patient Administration and Electronic Patient Records system

Maintain financial targets
Deliver income and expenditure plan, Cost Improvement Programme and capital programme
Benchmark the cost of back office functions
Explore potential options for joint venture for a nursing home

Managing risks in relation to our corporate strategy and objectives

The Board of Directors is responsible for reviewing the effectiveness of its internal control systems through its Board Assurance Framework (BAF) and through the Annual Governance Statement.

The Board Assurance Framework document sets out the principal risks to achieving corporate objectives, along with assurances that effective controls have been put in place to protect patients, staff, the public, and other stakeholders against risks of all kinds. The Board Assurance Framework is reviewed by the Board at least three times each year.

4. Performance highlights and challenges

This section of the report provides information about our performance in relation to quality including how we have done against the national indicators set out in the Operating Framework for 14/15. More detailed information about quality performance can be found in the Trust Quality Accounts 2014/15 published on the Trust website.

4.1. Quality, safety and improving the patient experience

4.1.1. Reducing Mortality

Our aim was to reduce the HSMR by five points in 2014/15 and by a further five points in 2015/16.

We do not yet know the full year HSMR for 2014/15. We do know that the HSMR from April to December 2014 was 110 and therefore we have continued to focus on delivering the actions described below.

Mortality reviews

Throughout 2014/15 we have continued to focus on reducing mortality. We have a programme of senior clinical review of every death. Where there are issues identified with any death these are reported as Serious Incidents and undergo a full root cause analysis to ensure that learning is identified, shared and acted upon.

There have been other initiatives aimed at reducing mortality and providing better clinical outcomes such as introducing and monitoring the Sepsis Care Bundle and Community Acquired Pneumonia Care Bundle; and focusing on early recognition of deteriorating patients. Care bundles are a way of ensuring that each element of best practice is delivered to each patient on time. In addition we developed standardised documentation to support the recognition and treatment of acute kidney injury.

We have continued to monitor our crude mortality on a month by month basis through the year. It is not unusual to see a rise in this number over the winter period and we did see a rise in December and January before the figure returned back to the usual level by the end of March. Our programme of mortality reviews helps us to find out if there is any additional learning from these winter months.

4.1.2. Reducing harm

Sign up to safety
We have committed to the Sign Up to Safety (SU2S), a national campaign to reduce avoidable harm by half and save 6000 lives over the next three years. We have made a number of pledges including to:

- Put safety first by reducing avoidable harm from falls, pressure ulcers and medication errors and by improving our response to deteriorating patients.
- Continually learn by spreading quality improvement skills
- Being honest with patients and carers when we get things wrong and involve them in all stages of our investigations
- Collaborate by including partners in care in our service improvements
- Support by developing strong clinical governance systems in our divisions

In recognition of the innovation reflected in our Sign Up to Safety action plan we have been awarded £500,000 from the NHS Litigation Authority to support our work in reducing falls.

We have achieved a 20% reduction in the number of falls over ten months on two trauma and orthopaedic wards following a specific project. This work is now being shared with every clinical area.

During the year the community falls service has been commissioned to focus on empowering patients to be partners in their own safety. It provides

Dementia
We have for the last three years been screening patients who are over 75 to check if they have dementia. In 2014/15 we wanted to make sure all such patients were screened and those who are at risk of having dementia are referred on for diagnosis and treatment. In addition we wanted to improve the care we give patients with dementia. We appointed a second specialist nurse and in March appointed a Consultant Nurse, affiliated with Bedfordshire University. All our wards have information available to support people with dementia. The team have worked closely with A&E and the wards encouraging screening but also supporting staff in managing patients with dementia, especially assisting with those

who have challenging behaviour. 90% of patients over 75 are screened for dementia and 100% who need it are referred on to memory clinics.

Medicines management
A challenge for all trusts is to ensure that a pharmacist carries out a medication reconciliation for all patients within 24 hours of admission to make sure that the drugs they are taking in hospital match the drugs they were taking at home. Our pharmacy team realised that patients who were admitted at weekends did not have access to medication reconciliation and also that patients who are assessed in A&E and then discharged home with a care package might have medication needs that are not being met. We now have a seven day a week clinical pharmacy service. We also embedded pharmacists in the urgent care hub to support the nursing and medical staff working there and to ensure patients get a medication review where appropriate. They are also available in the Hub to facilitate discharges so that patients can return to their own homes as soon as possible.

Safer Surgery
We have worked hard to improve the quality of our surgical care. This is the second year that the NHS has published on-line outcomes of operations carried out by around 5,000 consultant surgeons across 16 specialities. The results take into account the complexity of the cases and the patients' risk factors. This showed our services were of good quality e.g. our bowel cancer surgery mortality is much lower than the national average.
Our theatre team have worked closely with the Tissue Viability Team to ensure that patients do not get pressure ulcers when they are immobile during surgery.

We are working to ensure that all elements of the *Five Steps to Safer Surgery* are carried out every time. This makes sure that all the appropriate checks are carried out before surgery begins and that all important information is shared between all the clinicians caring for the patient. At the last audit 100% of notes contained a WHO checklist.

Safer staffing
All our wards are staffed with at least one qualified nurse to eight patients. Many of our wards exceed this number. We undertake a bi-annual audit of staffing using a validated acuity and dependency tool to inform review of our staffing numbers.

Evidence shows that where there is one nurse looking after more than eight patients care becomes unsafe. We monitor the staffing on our wards three times a day. In these reviews we consider not only the number of nurses on the wards but the needs of the patients. For example if there are a number of acutely sick patients or a particularly vulnerable patient we may increase the number of staff on the ward.

The staffing levels are displayed at the entrance to every ward and are updated on every shift. These boards also tell visitors and patients who is in charge of the ward that day. The name of the nurse and consultant responsible for each patient is displayed at the head of each bed.

Our community teams also review their capacity regularly and escalate any concerns.

Maternity
We have developed our maternity strategy for 2015-18. Key priorities have been identified to ensure that we have a shared multi-disciplinary vision for maternity services with our partner organisations. We aim to provide integrated care pathways that support women and their families to give their children the best possible start in life.

In 2014/15 the maternity unit delivered 5402 deliveries – nearly 100 extra babies compared with the previous year.

A Department of Health grant in 2014 was used to improve the environment on the antenatal/postnatal ward. This included the provision of an en-suite bathroom for each bay. The perinatal mortality rate decreased for the period 2014/15 and is now below the national average. The caesarean section rate at BHT saw a rise of 2% during this period. The response from the maternity unit has been to produce a normal birth strategy. The aim is to bring the C-section rate down to 25% by March 2016.

A midwife for perinatal mental health has been appointed and this role will need to be evaluated over the next 18 months to ensure its effectiveness.

We had a cluster of serious incidents in early 2014 and we wanted to check that we had picked up any learning from these incidents. We asked another organisation to review these incidents to ensure that our governance processes were robust. We received positive feedback.
We pride ourselves on being a responsive service and we listened and responded to themes identified from our patient feedback mechanisms and complaints. We responded in the following ways:

- Tongue tie specialist midwife post created to improve patient experience. Historically women have had to access private tongue tie division or await referral to another healthcare organization. This service is now provided by the maternity department.

- More flexible visiting times were introduced on Rothschild ward in response to women's views

- Access to Wi-Fi for inpatient mothers – how to do guides developed in response to women's requests

Birthrate Plus is an evidence-based manpower tool which enables the midwifery team to assess patient activity, acuity and dependency. We are in the process of using the tool to review the staffing levels and take any necessary action.

4.1.3. Patient Experience

Outpatients

In our Big Conversation event patients told us that our outpatient's service needed to be brought up to date for the 21st century. We asked our patients what they thought of the service. We had 342 responses to our survey. In most cases the clinical care that was delivered was reported to be excellent. However patients felt that our supporting processes and administration had a negative effect on their experience.

To reduce the appointments cancelled at short notice (six weeks) we put in a process where this can only be authorised by a senior manager. This has so far resulted in a 25% reduction in cancellations.

We have started a refurbishment of the clinic rooms at Stoke Mandeville. They have been re-floored and painted and the seating is currently being replaced.

End of life care

The challenge that faced our End of Life taskforce was to reduce the variation in End of Life care across the Trust. During the Care Quality Commission's inspection of the Trust they found that the care in hospice was of a very high standard but that this was not always so on the acute wards. Some patients were noted to be waiting too long to receive adequate pain control.

Our pharmacy team led the work to ensure that all wards could access a defined list of End of Life drugs 24/7. The Palliative Care Matron developed 'micro teaching' sessions which she delivered on wards to increase nurses' understanding of end of life and facilitate discussion of practical problems on the wards. The Palliative Care Team increased their presence in Accident and Emergency so that the nurses working in that environment are more confident in managing end of life.

As a Trust we have committed to adopting the national "5 priorities for end of life care" from the Leadership Alliance for Care of the Dying Person. All our work on improving care at the end of life has been informed by patients and carer views on what good end of life care looks like for them. To help patients and carers share their views, the Trust has held a number of small and large events including one in December 2014 – called "One chance to get it right" – on what matters most to people in the County and their loved ones with regards care at the end of life. Guests were invited from the public and from bereaved families who had either complained or complimented the Trust on its care at the end of life.

Volunteers from those events have also agreed to help us with our improvement journey for the next 12 months. A patient reference panel is already helping us re-write patient information leaflets and website content to improve the quality of information we provide to people and their families. The same group will be contributing to our new strategy for end of life care which we hope to launch in October 2015

Since the beginning of 2015 a multi-disciplinary team has overseen the production of a new person centred care plan for people at the end of life which will aid communication, help deliver consistent care and become the patient's own record of their needs and wishes. Once piloting and testing is complete, the new care plan will be rolled out across the Trust from September 2015 onwards. Improvements in the quality of end of life care will be monitored using audits and by reviewing complaints from bereaved friends and family. We are also reviewing our bereavement care and how we can best support the recently bereaved.

To reduce the number of people admitted to hospital at the end of their life we are developing Treatment Escalation Plans where we discuss patient's wishes with them and agree a plan to manage any deterioration in their condition during the last year of life. These plans will be shared with all agencies working with the patient to reduce the number of times the patient has to tell their story. Our aim is to increase the number of people dying in their place of choice.

Buckinghamshire Integrated Respiratory Service (BIRS)

As a Trust which provides both community services and inpatient care we wish to improve patient experience and clinical outcomes by developing clinical teams which can work across the whole pathway. This reduces the number of times patients have to tell their story and allows us to deliver more complex care in the patient's home, reducing the need for hospital admissions. The BIRS service is a nurse led service which provides self-management support to patients with respiratory disease. By increasing the patient's understanding of their disease e.g. through pulmonary rehabilitation programmes for Chronic Obstructive Pulmonary Disease (COPD), we are seeing a reduction in the length of time our patients are in hospital. With support from the respiratory consultants all members of the team can deliver the full service including home oxygen assessments, enhanced care during an exacerbation, and support with smoking cessation. When patients are admitted to hospital the BIRS nurses visit them on the ward the ward and facilitate early discharge. To empower patients in managing their own disease the team helps patients devise their own self-management plan and ensures stand by medication is in place and that the patient knows how to use it.

Urgent care

In 2013/14 patients and staff were telling us that their experience in Accident and Emergency was not what we would want it to be. We have redesigned our Urgent Care Hub so that patients who have been assessed and referred to us by a GP go straight to the Surgical Assessment Unit or the medical Assessment and Observation Unit to see a specialist rather than through A&E.

We have opened an Ambulatory Emergency Care Unit where patients can receive treatments, for example blood transfusions, and then return home, without being admitted to a ward.

We have developed our REACT teams which works to ensure that patients, particularly older people or those with complex needs, receive early comprehensive assessments to quickly put packages of care in place to enable safe discharge home from the Urgent Care Hub.

On our wards we have reduced the number of wards each consultant covers so that the medical team can work more closely with the ward nursing team to deliver co-ordinated care that is focussed on meeting the patient's clinical needs and ensuring they can go home as soon as possible.

School Nurses

Our school nursing service is available to all school age children and young people who attend a Buckinghamshire school. The challenge they faced was how to make sure they were addressing the diverse needs of the children and young people across the county. We developed a website which describes our service and how to access it, and provides links to other services and advice that parents might find useful
http://www.buckshealthcare.nhs.uk/School-nursing/

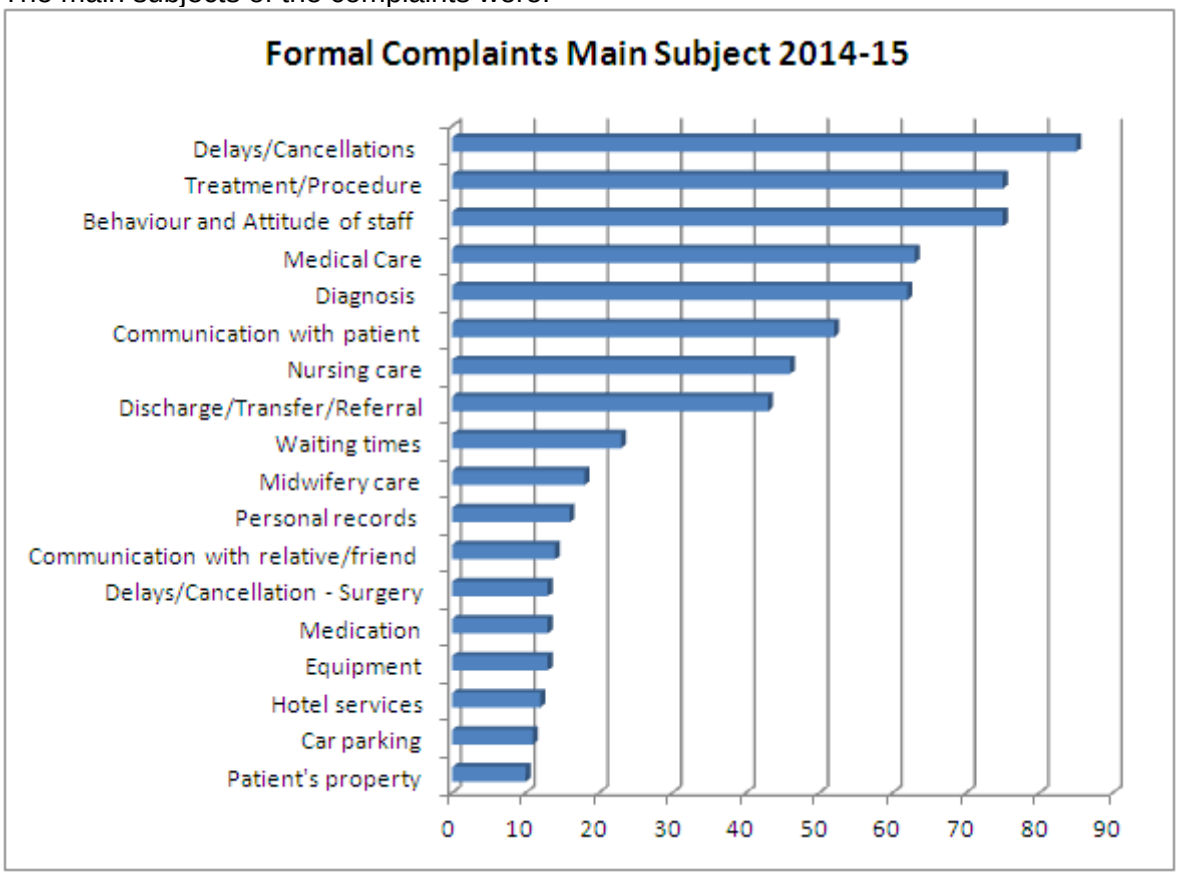
To make sure that the services we offer in each school reflect the needs of the pupils we have pioneered a web based needs assessment tool on which we record the assessments of each child at three fixed contact points – school entry, year 6 and year nine. The health reviews are completed by the parent or carer of each school entry child and then by the children and young people themselves at yrs. 6 and 9. The data is analysed by the HAPI portal and is sent back to the school nursing teams as a series of alerts requiring attention and in the form of a health profile for each of the 183 primary schools and 34 secondary schools, this will enable us to deliver a bespoke service addressing the exact needs to the health communities within each specific area.

Every school in Buckinghamshire has a named school nurse and team. All secondary schools have been offered a “Drop in” session which allows young people to access health and wellbeing advice on a regular basis during school time. We have worked with our colleagues in the mental health and voluntary services (Connexions) to develop a 1-2-1 tool which school nurses use to deliver first line, tier 1/2 mental health support. This means a faster response to a child or young person in need and ensures that all referrals to CAMHS are appropriate therefore reducing the waiting time for specialist care.

Complaints and compliments

685 formal complaints were received in 2014/15, an 11% increase; and our PALs service helped 3,566 people. 73% of our complaints were responded to within 25 working days. Our goal as an organisation is to respond to 85% of formal complaints within 25 working days. We recognise that we have more work to do to achieve this. The complexity of some complaints means that we need to take longer to make sure we provide the best response and we aim to provide this within 40 days. It is important that at the start of the process each complainant receives contact either through a phone call or a letter to let them know what they might expect in terms of response. Some complainants prefer to talk through the issues at a meeting and we try to accommodate this as far as possible. Others prefer to receive a response in writing. We also recognise the need to make contact with a complainant if the process of investigation and response is taking longer than the time anticipated at the beginning.

The main subjects of the complaints were:



We also receive thousands of compliments every year which are sent through to the corporate office and to wards and departments. In the past year we have received approximately 9,000 compliments.

The Ombudsman's "Principles for Remedy" state that an attempt to resolve a complaint should be based on:

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right
- Seeking continuous improvement

We have reviewed our complaints process and are working hard to make sure we uphold these standards. Of 13 complaints referred to the Parliamentary and Health Service Ombudsman one has been up held in full and five are still being investigated.

Friends and Family Test

We are pleased that our friends and Family scores show that 95% of our in-patients in both our main wards and maternity would recommend our services. In out-patients 85% of people would recommend our service.

We have seen a significant improvement in the number of people who would recommend our A&E and are particularly pleased that this continued through the winter when the department was attended by unprecedented numbers of people.

During 2015/16 we need to focus on rolling out the Friend and Family test across our services and on ensuring that a high proportion of our patients respond to give us an accurate reflection of the experience in our services.

4.2. Safeguarding

We are an active member of the Buckinghamshire Safeguarding Boards for both adults and children.
During the year the Multi-Agency Safeguarding Hub (MASH) was launched to enable good communication and a prompt, integrated response to safeguarding alert and we have fully engaged with this initiative.
A Domestic Violence pathway has been agreed by all partner agencies and is now in place to protect women and their dependents.
Training has been delivered across the Trust to increase awareness of Female Genital Mutilation and a Task and Finish group will be set up to implement the National FGM guidance.

Speaking Out

In October 2012 allegations relating to the late Jimmy Savile started to emerge through the media. In response to this the Trust immediately initiated an independent investigation into Savile's association with Stoke Mandeville Hospital. This investigation along with a number of other NHS investigations, was carried out under the oversight of Kate Lampard who was appointed by the Secretary of State for Health into this oversight role.

The investigation was carried out by Dr Androulla Johnstone from the Health and Social Care Advisory Service. Dr Johnstone and her team carried out a comprehensive document review and interviewed over 250 witnesses. Among these witnesses were a number of victims. All victims and witnesses were offered support throughout the process.

After the main investigation ceased gathering evidence a small number of people came forward with new accounts. These were investigated by independent investigators from Oxford Health and published as a Legacy report, and was one of 15 legacy investigations conducted nationwide.

The Speaking Out Independent Investigation report was published on the 25th February 2015 at a national launch. The Legacy report was also published on the same day.

The investigation made a number of recommendations which are incorporated into our Safeguarding Workplan. However the investigation found that the trust has a safeguarding team of experienced and qualified staff members who are fully aware of the importance of safeguarding and it has not found any safeguarding related situation where either children or vulnerable adults have been at risk.

The following actions have already been taken:

- We have put in place a comprehensive register of volunteers and all volunteers have undergone DBS checks whatever their volunteering role. All existing volunteers and new volunteers are recorded on the register and in addition to new entries the register is also updated on an annual basis to ensure information about volunteers is kept up-to-date and to provide assurance that volunteers are receiving an appropriate level of supervision

- We have put in place a new approved visitor policy. All visitors are subject to supervision regardless of their celebrity status.

- We have strengthened training and awareness of safeguarding issues in the Accident and Emergency Department. In recognition of the pivotal role that A&E staff often have in identifying safeguarding issues we continue to make this a key area of focus and development.

- We have strengthened our Whistleblowing and process for raising concerns and displayed a poster in all areas to remind staff how to use the process. There are a number of on-going initiatives to ensure that this continues to be an area of focus such as externally facilitated junior doctor feedback sessions, the Speak Out Safely campaign, and the launch of a 'hotline' where staff can raise concerns.

- We have been working with our buddy organisation, Salford Royal NHS Foundation Trust on strengthening our complaints processes. Our complaints policy is in the process of being revised to ensure that recommendations from the report are incorporated and acted upon.

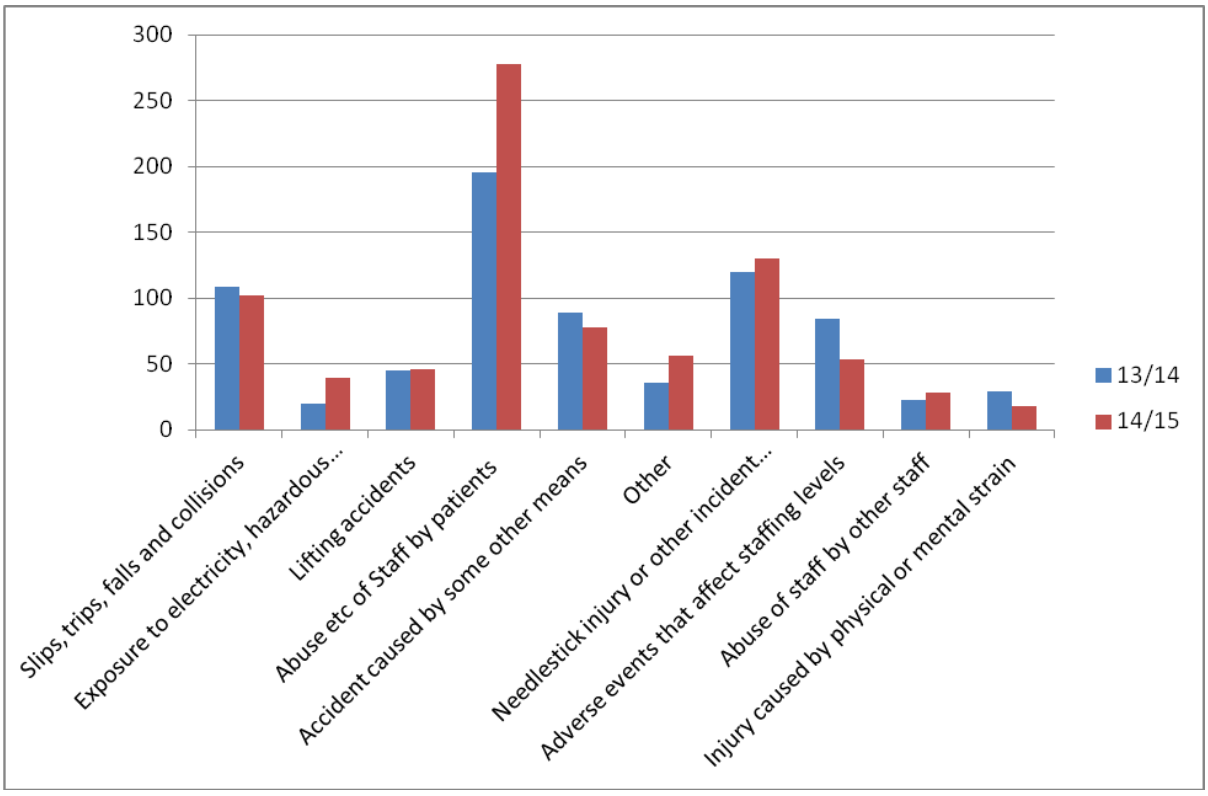
- We have developed and implemented a successful programme of support for victims of sexual abuse in partnership with Oxford Health NHS Foundation Trust.

- We have a system of Document Controllers across the organisation that are responsible for the management and archiving of key documents. This enables us to have a catalogue for where information is held in the organisation.

We have put considerable energy and effort into engaging with staff and stakeholders around our Quality Improvement Strategy. One important element within this strategy is the continued building of an open, learning culture across the organisation.

4.3. Health and Safety

We encourage our staff to report all incidents and accidents, including any incidents which are related to health and safety. Our incident reporting profile for staff related incidents is shown in the graph below:



Of particular note are the numbers of incidents where patients have been abusive towards staff. We have actions in place to improve our conflict resolution training and to strengthen security arrangements for staff.

The biggest health and safety issue emerging from incident reporting relating to patients is the number of patient falls. Again, this is a significant area of focus for improvement in 2015/16 and is described in more detail in another section of this report.

The Trust's Health & Safety Committee is informed of incidents reported to the Health and Safety Executive (HSE) under Reporting of Injuries Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).. All RIDDOR incidents reported to the HSE are investigated, recorded on a register. A quarterly summary of RIDDOR reports to the HSE is provided to the Health & Safety Committee.

The HSE can request further information from the Trust in relation to reported incidents. During 2014/15 no requests for further information or visits from the HSE were received

The graph below indicates the total number of incidents reported to the HSE during 2014/2015 and the comparison with 2013/2014

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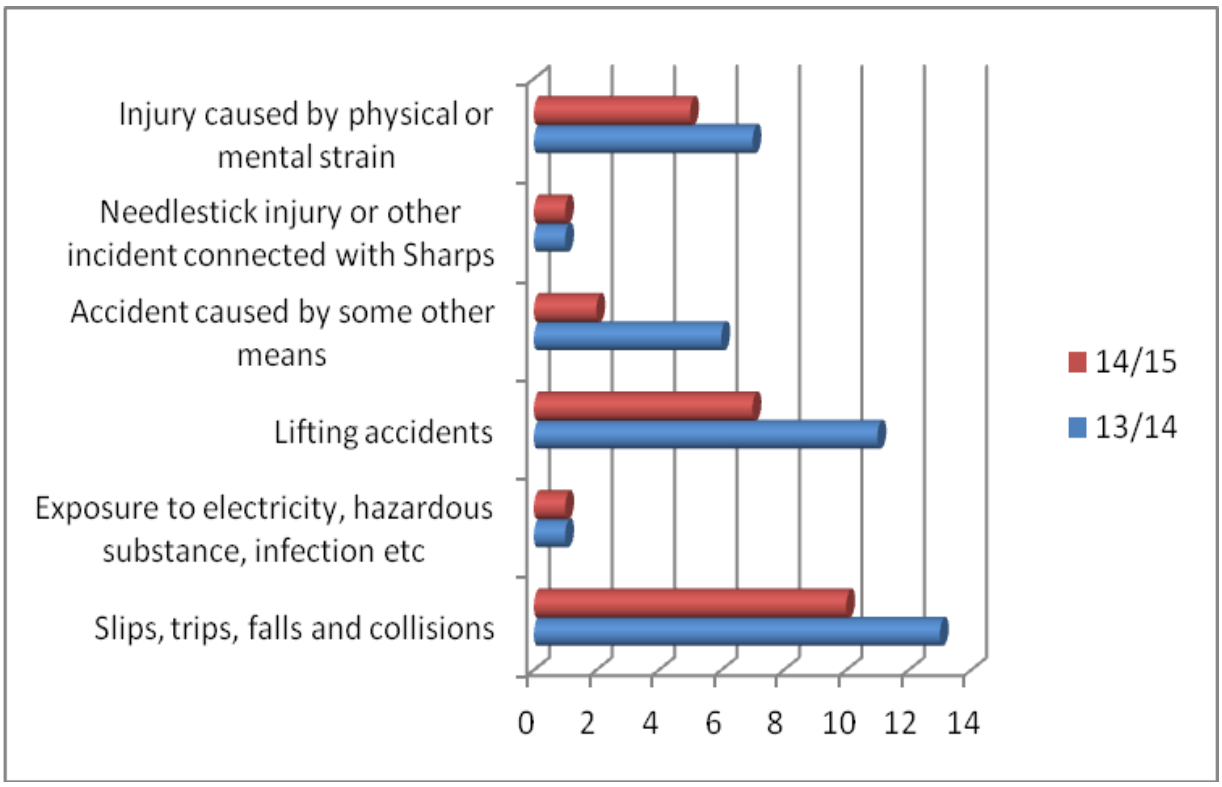
Of note is the decrease in reported incidents during 2014/2015 in comparison to that of the previous year.



Of the RIDDOR reports made during 2014/15, 3 incidents were graded at an actual harm of "severe". This category of incident can cause the staff member to have significant amount of time off work due to their injuries or on-going medical treatment. These three incidents related to a needlestick injury, musculo-skeletal injury and a fracture. In each case the investigation has led to learning and actions taken to improve health and safety.

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Health & Safety management throughout the Trust is pro-active. The Health & Safety Committee meets quarterly and has Trust wide and union representation.

Health and Safety projects which have taken place during 2014/15 include:

- Workplace (Health, Safety & Welfare) Managers Self-Assessment audits
- Health & Safety Walkabouts (formerly Workplace Safety Inspections)
- Production of reports and action plans resulting from Health & Safety Walkabouts
- Health & Safety presentation at Corporate Induction
- Inclusion of the HSE Health & Safety Law leaflet in the Trust staff handbook

The outcomes of the above projects are reported to the Health & Safety Committee.

Training sessions delivered by the Healthcare Safety Team included:

- Mandatory training (awareness) - online training module
- COSHH Assessor
- Risk Assessor

4.4. Progress against national standards

Below are a list of national quality targets and the Trusts performance against these.

March (and therefore YTD) cancer figures are provisional.

KPI	Target	RAG	14/15	13/14	12/13	11/12
Time in A&E: Percentage of patients seen within four hours	95%		92.9%	94.9%	93.6%	95.8%
Delayed transfer of care	<3.5%		2.4%	2.1%	2.3%	2.9%
Mixed Sex Accommodation breaches	0		0	0	0	
VTE Risk assessment	90%		95.7%	95.5%	94.2%	
Maintain two week cancer waits	>93%		93.8%	98.5%	99.4%	99.3%
Max 2 week wait for non-symptomatic breast referrals	>93%		95.6%	97.0%	98.2%	99.1 %
31 days diagnosis to treatment for all cancer	>96%		99.8%	99.5%	99.6%	98.4%
31 day second or subsequent treatment - surgery	>94%		100%	99.8%	99.6%	96.9%
31 day second or subsequent treatment - drug	>98%		100%	100%	100%	99.8%
62 day referral to treatment from screening	>90%		97.3%	97.2%	96.8%	93.2%
62 days urgent referral to treatment for cancer	>85%		88.3%	90.7%	91.0%	89.0%
%age within 18 weeks admitted pathway	90%		88.2%	86.9%	93.5%	92.3%
%age within 18 weeks non-admitted pathway	95%		95.4%	95.8%	98.4%	97.1%
%age within 18 weeks incomplete pathways	92%		92.7%	88.0%	92.9%	
Diagnostic test waits < 6 weeks	<1%		0.2%	0.8%	0.7%	
MRSA Bacteraemia	0		3	2	0	2
Clostridium Difficile positive results	31		36	35	31	64

The Trust has a robust performance monitoring framework in place, routinely measuring our business against a range of key performance indicators (KPIs). The framework allows the Board to monitor performance in key areas and supports our efforts to drive up quality, enhance patient experience, improve waiting times and deliver better, safer services.

Accident and Emergency – four hour standard

Our performance against this standard was affected by a number of issues affecting patient flow, both internal and external For example, our length of stay was affected by long delays for patients waiting for Adult Social Care allocation and assessment and onward care to be sourced. At some points of the year we had a high patient acuity.

A number of transformational changes have been taking place under the leadership of the Reforming Urgent Care Programme Board. These changes include expanding the Ambulatory Emergency Care unit and Multi-disciplinary Assessment Service to 7 days a week; opening up additional capacity at Stoke Mandeville hospital; providing senior management support to eradicate delays for complex discharges; increasing medical staffing; launching specialty team based ward working; and implementing a daily review panel particularly focused on discharge delays and facilitating rapid access to diagnostics or onward care.

Percentage within 18 weeks admitted pathway
The Trust was compliant with this aggregated standard from October 2014 after a significant period of backlog reduction. In late January 2015 the Trust was requested to reduce its total waiting list size (patients over 18 weeks) from 1,800 down to 1,611 (across all pathways, admitted and non-admitted) by the end of February 2015. Since we were dealing with backlog cases, current cases received less attention. This was agreed in advance with commissioners and the Trust Development Authority and was therefore a 'planned' breach of the standard, with no contractual penalties or performance fines applicable.

The Trust achieved the required backlog reduction target, reducing its overall waiting list size (patients > 18 weeks) down to 1,447.

Infection Control

We continue to minimise the risk of our patients acquiring Healthcare-associated Infections. We reported 3 MRSA bacteraemias this year, one of which was considered to be a contaminant in that the patient's condition was not adversely affected by the MRSA.

Regarding Clostridium difficile infections, although we reported 37 cases, against a limit of 33, only one of these was due to a lapse in the care of the patient while in the care of the Trust.

A forward look

National targets remain essentially the same for 2015/16. In addition a number of local quality targets with our main Clinical Commissioning Groups have been agreed. These include CQUIN (Commissioning for Quality and Innovation) payment targets, aimed at driving up quality in certain areas:

- Acute Kidney Injury
- Sepsis Screening
- Sepsis Antibiotic screening
- Dementia and Delirium (Find , Assess, Investigate, Refer and Inform (FAIRI))
- Dementia and Delirium Training
- Dementia and Delirium Supporting Careers
- Urgent Care
- Frailty
- End Of life
- Maternity low birth weight
- Diabetes
- Clinical Utilisation Review Installation and Implementation
- HIV Monitoring
- HIV Networks
- Neonatal
- Breast Screening (NHSE SC)
- Healthy Child Programme

4.5. External awards and recognition

Trust staff and services were the recipients of a number of prestigious awards and accolades during the year and these are shown below:

Bucks County Council Dignity and Respect Awards
Health category

Winner:	Salma Hussein, Healthcare Assistant on ward 12a at Wycombe Hospital
Shortlisted:	Mr Hiten Sheth, Consultant Ophthalmologist
Recognised:	Amersham Adult Community Healthcare Team and Jo Birrell, Matron, Medicine for Older People

UKActive Flame awards
Spirit of Flame category

Shortlisted: Andrew Jackson-Shaw, Volunteer in the National Spinal Injuries Centre
Ceremony not until 24 June

Journal of Wound Care (JMC) awards

Chronic oedema and compression category

Second place: Sue Lawrance, Lymphoedema Specialist Nurse at Florence Nightingale Hospice and Ruth Peachment, occupational therapy clinical specialist in National Spinal Injuries Centre

Patient Experience Network (PEN) awards

Partnership working to improve patient experience category

Winner: Care4Today cardiac rehabilitation programme at Wycombe Hospital

Wesleyan Royal Society of Medicine awards

Young trainee of the year 2013/14

Winner: Dr Sam de Silva, Clinical Training Fellow in Opthalmology
Announced January 2015

Association of Healthcare Communications and Marketing (AHCM) awards

Best use of social media category

Highly commended: 'Be the Future' recruitment campaign

Health Service Journal

Top 50 innovators in health

Named: Dr Piers Clifford,
Cardiology Consultant and clinical lead for cardiology, Wycombe Hospital

University of Bedfordshire and Buckinghamshire Healthcare NHS Trust

Placement of the Year

Winner: Marlow Community Hospital team
Based on feedback from students, audits and visits

Association of Optometrists awards

Contact lens practitioner of the year

Shortlisted: Daniel Goh, Optometrist, Wycombe Hospital

British Dietetic Association (BDA) awards

Rose Simmonds category

Winner: Samford Wong, Lead Dietitian at the National Spinal Injuries Centre

Spinal Injuries Association (SIA) Rebuilding Lives awards
Shortlisted finalists: Staff

Outstanding Consultant:	Dr Allison Graham
Outstanding Occupational Therapist	Ruth Peachment
Outstanding Nurse	Debbie Green
Outstanding Healthcare Support/Care worker	Lorraine Hedgecock

Winners: Staff

Outstanding team	St Francis Young Persons Unit
Outstanding Occupational Therapist	Michelle Clarke
Outstanding Psychologist	Paul Kennedy

5. Our staff

The Trust is one of the largest employers in the county with a staff headcount of just over 5,800 people. During 2014/15, our numbers of directly employed staff increased over the year by some 150 staff. The staff in post figure at 31 March 2015 stood at 4940 (full time equivalents).

Awaiting data about gender profile for directors, senior managers and all employees.

5.1. Recruitment and retention

We are committed to recruiting and retaining the highest calibre of staff in all areas.

The annual rolling turnover figure stood at 13.6% in March 2015, above the Trust bench mark for the year of 12% – this figure had increased throughout the year from 12.6% in April 2015 to a high of 14.5% in November and then reduced since then to the March figure.

The recruitment of qualified nursing staff remained a priority – this followed a Board decision in f/y 2013-14 to invest £5.1m in nurse staffing, which in a large part funded capacity increases, and also responded to the recommendations of the nurse review to confirm safe and optimum staffing levels at a ward level, and to ensure this establishment level was budgeted. In f/y 2014-15 we recruited some 350 nurses, of which over 100 were recruited from across the EU.

For other staff groups, we have used a combination of methods to shape the workforce structure and fill vacancies. We have bespoke action plans in place around recruitment hot spots, which have been developed and are owned at divisional level.

5.2. Equal Opportunities and Gender distribution

The Trust's Equal Opportunities and Diversity Policy sets out its aims and objectives with regard to management and promotion of equal opportunities and diversity.

The purpose of the policy is to assist the Trust in achieving its aims regarding equality and diversity in employment and in its service delivery, whether or not these are covered by statute.

The Trust Board is fully committed to the principles and practices of Equal Opportunity and Diversity in employment and service delivery. The Trust aims to create a framework which promotes a working environment in which all individuals are able to make best use of their skills, free from discrimination or harassment, and in which all decisions are based on merit and the needs of the service. People's differences will be recognised, accepted and valued.

The gender distribution for all staff and for senior managers is shown below:

As at 31 March 2015	Total headcount	% Male	% Female
All staff	5864	17	83
Senior Managers (as categorised in Electronic Staff Record)	134	32	68

As at 31 March 2015	Total headcount	% Male	% Female
Exec Directors	7	71	29

5.3. Temporary Staffing

During 2014/15 there was a continued need to use temporary staff to respond to high demand for our services, prevention and control of infection measures, sickness absence, as well as ensure safe staffing levels on all areas. The contract with Bank Partners,(who run the Trust internal bank for nursing and administrative & clerical staff) is now in its third year and sets out key performance indicators related to quality of care, in particular through the reduction of agency usage.

5.4. Equal Opportunities and Gender distribution

5.5. Employee benefits highlights

The Trust continues to provide a range of employee benefits. These include salary sacrifice schemes for staff with childcare needs in the form of childcare vouchers, and for bike purchases as part of a cycle to work scheme. We've also teamed up with a number of gyms and leisure centres across the county to negotiate discounted memberships for staff. The Pilates and Yoga onsite exercise classes at Wycombe and Stoke Mandeville Hospitals are subsidised, competitively priced and in many instances delivered by our own staff.

The staff benefits pages on the new intranet provide a plethora of local and national businesses offering discounted goods and services for staff – for everything from purchasing a new car or mobile phone, to days out with the children, restaurants and beauty services.

5.6. Education, learning and development

The Department of Health Mandate to Health Education England commits to provide all staff with personal development, access to appropriate training for their jobs and line management support to succeed. The Learning and Development team (which incorporates the management of the medical education team) works in close collaboration with the Health Education Thames Valley.

The Trust's approach to the development of our people is focused around five themes:

- Leadership and Management
- Post qualification Education
- Pre-qualification Education
- Vocational Learning
- Foundations for Education, Learning and Development

Ensuring our managers have the skills and competencies needed is key and this has been delivered during 2014-15 through a number of new initiatives within each theme outlined above:

Leadership and Management

In 2014-2015 the Leadership and Succession Planning Team in partnership with Thames Valley and Wessex Leadership Academy have successfully rolled out programmes to develop the positive leadership and coaching skills of cohorts from

middle to senior management. Through bespoke interventions we have been able to recognise and address the needs of a number of individual divisions to effect long term positive change. Recognising this is the beginning of the journey as we continue to focus our activities on developing the positive leadership and coaching skills of all levels within the organisation.

The Collaborative Programme
Designed to disseminate knowledge of the 'why' and the 'how' of process management and performance improvement.

Lessons Learnt Feedback Sessions
In January 2015 we rolled out monthly 'Lessons Learnt' feedback sessions across Stoke Mandeville, Wycombe and Amersham hospitals. These sessions are available to all staff. From March 2015 we started monthly community feedback sessions in Aylesbury with Buckingham and Marlow to follow from June. These sessions review incidents that have occurred in the Trust and disseminate the learning to ensure that we all learn the lessons of the case and improve the quality of care we provide.

Preceptorship
The introduction of the new Preceptorship model in January 2015 meant that clinical skills training was now allocated to preceptees at the beginning of their Preceptorship programme, giving them and their manager a clear plan of learning for the year ahead. The programmes of learning reflected the clinical skills needs of the Trust. The Clinical Skills Lead ensured that the programmes continued to remain current and up to date, incorporating any national changes to practice, initiatives or recommendations, as well as reflecting relevant comment and feedback.

Agenda for Change Band 1-4:
Over 80 members of staff have been supported to undertake a Modern Apprenticeship in Health and Social care, and several more have been undertaken in subjects such as Information Technology, Administration & Clerical support, Painting and Decorating and Pharmacy services. Sixteen staff progressed onto the Foundation Degree in Health and Social care, with a further 12 due to graduate this from this two year course in July, and Advanced Practitioner posts are being developed.

Statutory Training:
In April 2014 the National Learning Management System was launched to support the use of e-learning in statutory and Mandatory subjects. Uptake of statutory training compliance has increased to 81% in the last year. Along with this the Education, Learning and Development team have developed a series of face to face sessions and study days to support compliance in these subjects.

5.7. Occupational health and wellbeing

Throughout the year we addressed the NHS Constitution pledge to provide support and opportunities for staff to maintain their health, wellbeing and safety.

Improving staff health and wellbeing is a Trust priority and impacts on our ability to retain staff. To support this objective, we have an established health and wellbeing steering group and Champions group representing each of the divisions of the organisation. Benefits to the business of improved staff health and wellbeing include higher productivity, increased flexibility and customer service, for example to cover for absence and holidays, raised morale, motivation, commitment and engagement,

reduced absenteeism, improved recruitment and retention. To this end, the Trust has taken forward a number of initiatives including:
Fast track physiotherapy and counselling services
Targeted health and wellbeing for HCAs – self-care course planned for January; ward visits by OH Case Managers
Annual health checks for staff
A Case Manager approach to managing sickness absence

5.8. Case by case management approach to sickness

The focus on sickness absence continued across the Trust during the year, led by the HR Business Partners and the Sickness Absence Case Workers, with more staff than ever being managed informally and formally through the Trust's policies and supported by our Occupational Health and Wellbeing service. For much of the year, sickness absence levels remained at or below the Trust's target of 3.5%. Sickness absence levels for February 2015 (the latest available) were 3.6%.

5.9. National staff survey 2014

In 2014 we participated in the 12th annual NHS national staff survey. The Trust's response rate in 2014 was 44% (against a national average of 42%). However, this is a decrease in previous years of 47% in 2013 and 52% in 2012.

There were a number of small improvements in some of the key findings over the previous year's results, but only one of these was statistically significant - the percentage of staff receiving an appraisal in the last 12 months. There were no statistically significant deteriorations. However, the Trust is in the bottom 20% or worse than average for 17 out of the 29 key findings, 8 key findings were ranked average, 2 were better than average and in 2 of the key findings we rank in the best 20% of trusts.

The Trust's overall indicator of staff engagement increased slightly to 3.61 from 3.56 on a scale of 0 to 5. However, we are in the bottom 20% when compared with Trusts of a similar type. (The national average is 3.74.)

5.10. Consultation, negotiation and communications

The Trust recognises and has developed a positive working relationship with its trades unions, staff organisations and professional bodies over many years. We work with these bodies on a number of areas - for example organisational change, working conditions and pay, disciplinary and grievance, health and safety, harassment and bullying and improving working lives.

5.11. Communications and provision of information to employees

The Trust is committed to positive two-way communications and has well defined strategies supported by robust delivery mechanisms to involve staff with clinical, service, strategic and organisational developments. Regular activities include the monthly team-briefing from the CEO or Director to ensure messages are cascaded verbally throughout the organisation, a weekly staff e-bulletin, a monthly chief executive blog and a regular staff magazine. These activities are supported through the Trust intranet, which ensures up to date information is available to all staff. In addition, during the 2014-15 the Chief Executive held coffee mornings across the Organisation; staff were encouraged to come along and ask questions about developments or changes

and to share their ideas about how the care and services the Trust provides could be improved.

5.12. Whistleblowing and raising concerns

The Trust continues to take these issues seriously. The Trust Whistleblowing and raising concerns policy reflect current legislation and in 2014-15 its application was subject to an internal audit process. The policy explains how to raise a concern and that all staff have a duty of candour to speak up (as highlighted in the Francis Report into Mid-Staffs) if something isn't right. We have also produced some additional information to help inform managers and staff, this includes a procedure that sits alongside the policy and posters and leaflets for distribution across the Trust.

5.13. Staff Recognition and Reward

As an employer we recognise the value and importance of recognising and rewarding achievement. Annually, we host a Staff Awards programme which is directly connected to our Patient Promises and Service Standards. This event, now in its 11th year, and continues to be well received within the organisation. In addition, the "Going the Extra Mile Awards" – a monthly scheme in which staff nominated by either patients or colleagues to are awarded a cash voucher by the Chief Executive as a "thank you" in recognition of their work, go from strength to strength. For the third year running, we have hosted events to recognise those staff who have achieved 25+ years of NHS service.

6. Our partners

We know meaningful involvement of those who use our services and the public benefits both our patients and the organisation. It helps us to keep the patient perspective at the heart of what we do and improves our understanding of what matters most to patients and our other partners.

Our programme of involvement activities in 2014/15 was aimed at making sure everyone with an interest in our organisation had the chance to be involved and help us shape the future direction. The following section includes the highlights.

Over the past year we have received the views of more than **650** patients, carers and members of the public. Feedback has been collated as a result of a range of engagement and involvement activities. Some are on-going or have a fixed period and others are single events or workshops.

How have we listened?

What	When	Key messages	Action taken
"Learning From You" Two patient sessions on clinical information for patients in orthopaedics, urology and colorectal pathways. • Random sample of patients who had been through one of these pathways <12 months	June July	-More information for the rehabilitation phase. -Past patients to be invited to the education class -More information on preparation to be fit for operation at GP referral stage. -A point of contact on discharge from within the	-3 designated nurses now have an enhanced recovery remit - Participants volunteered to share their patient experience at future classes. - Colorectal patient information leaflet trialled - Discharge checklists

What	When	Key messages	Action taken
previously • Report cascaded widely • Action plan in place • Repeat sessions planned for April 2015		ward. -More information about medication and pain relief when at home	implemented -Follow up telephone calls made from ward to patients 7 -10 days after discharge
Improving our Heart Health Programme Feedback from patients who have experience of the Cardiac for Care Programme (CRP). 4 patient events countywide • Over 450 patients and carers, relatives were invited	August	-Great team, -Individualised care approach works -A unanimous response as to why patients had not been using the important self-monitoring website, i.e. registration info and process -The specific model of pedometer used received praise and has significant positive impact on patient exercise behaviours - Don't give patients too much information at once - Would like more visual aids to explain what has happened to their heart - Ensure we address patient's anxiety before attending exercise classes -Review referral processes and raise awareness on wards and with GPs. -Involve carers	-10 point staged action plan developed -Review some of the processes and information for patients - Looking into how patients can purchase pedometers directly from us
Seeking your views – Your outpatient experience. **Survey –** People were asked to respond if they had attended our outpatients departments at any time within the last 6 months. We received a good response with three hundred and fifty people participating. Improving the outpatient experience is a key work stream reporting into the Reforming Elective Care Programme Board. This was identified as a key area of work as a result of our "Big Conversation" listening events that took place countywide. Report cascaded widely internally.	May – Aug	- >90% patients said they want to be able to make their follow up appointment before they leave. -Only 4% of patients had received their appointment by choose and book - 13% of patients experienced cancellations - Only answering calls within 90 seconds for 50% of patients. - 53% said their usual experience of waits in clinics was within 30 minutes of their appointment whilst 32% said they usually wait more than 30 minutes	Action plan in place being monitored through the Reforming Elective Care Programme Board. -Work to minimise clinic cancellations, -Implementation of pagers for patients as a pilot, -Environment and signage has been reviewed -Focus on start times of clinics -Bid for new texting service being developed

What	When	Key messages	Action taken
Improving Urgent Care Aim was to : a) inform the launch of our new Ambulatory Care Unit – b) Inform the development of a patient information leaflet One face to face session. A random sample of patients who had previously attended the A&E department within the last 6 months	October	- **"Please rename it"** Patients suggested "Same Day Service" Patients strongly supported the concept -See a consultant straight away -Less waiting -Therapy assessments at front door -Access to diagnostics and can return another day -No overnight stay in hospital -Main concern was that they could still be admitted if necessary plus clear explanatory information about what the Unit does.	-Service is launched - "Same day service" is being designed into signage. - All comments incorporated into patient information leaflet - A short patient satisfaction survey put into place. -Positive tweets from patients reporting positive experiences were seen in the first week. -FFT results positive -Follow up event planned for late Spring 2015
"One Chance to Get it right" End of life Care Event One session face to face. Participants included patients, carers, public and representatives of other stakeholder organisations	December	-Patients and relatives praised the Trust for holding such an event. -Participants welcome early conversations and good end of life care planning. Very supportive. -Some asked why is it not treated like a birth plan for each individual – why do we treat it any differently? Embed this approach in primary care - Needs an individualised approach, one size doesn't fit all - More information about what to do as a relative or carer in event of a death - Clear communication and information throughout - Clarity on the do not resuscitate is needed what it really means. - Showing compassion is essential - Negative impact on loved ones when not done well, can be long lasting and damaging.	- Report of event developed. Includes record of feedback. - Quick reference key point slides developed for leads to share at team meetings - January - The Trust EOL steering group received the report - 13 participants signed up to form a patient reference panel - Feedback continues to inform actions monitored by Steering group.
End of Life patient reference panel As a result of the EOL event "One Chance to get it right",	March	Inaugural meeting 9th March. - Agreed terms of reference - Agreed programme of work	- Panel members have reviewed early drafts of information leaflets for patients and carers. - The panel have agreed

What	When	Key messages	Action taken
we wanted to create a patient /carer reference panel, to help shape and advise on our improvement work as we progress		With focus on input around - **Care Plan** - **Strategy** - **Facilities** - **Reviewing** e.g. developing patient information As a first task, the panel were asked to review five patient /carer leaflets about what to do as a relative or carer in event of a death. One good example of helpful feedback was that the leaflets had missed an important opportunity to remind people about the opportunity for organ donation.	to provide input to the development of our new EOL care plan - Matters around facilities will also be brought to the panel for their views, e.g. better privacy and dignity for patients and family members
Heart Failure – Introducing new service IV diuretics at home. Face to face session to inform IV diuretics at home service. One Face to face session Participants were patients with heart failure currently under our care. Inform development of a patient information leaflet if service launched.	November	Patients fed back that they welcomed the idea and would support the service. - They know their nurses well. --Liked the idea of not coming into hospital - Received very positively because they would be able to get on with their life by receiving care at home. - Trust keeps beds free for others in need.	-Nurses progressing with plan to implement -Leaflet finished and progressing to PEG - Nurses gained a lot of useful information from patients at this session - Implementation will result in reduction of bed days.
Equality Delivery System 2 (EDS2) -Patient grading panel. A panel of patients who share a protected characteristic were invited to participate to grade our Trust against the EDS2 national framework. Results of grades are published and combine with staff feedback to inform and shape our equality objectives.	March	- Key overall message Sensory impairment – feedback reflected that those with a sensory impairment did not feel our environments reflect their needs well. This can have an impact on access to information and in some cases treatment. Possible cost efficiency savings highlighted by the panel, if issues addressed. - Use of BSL interpreters is not felt to be as proactively offered as needs to be.	- EDS2 patient panel results report to Trust Board - Combine with staff feedback - Agree staff side union representatives - Both inform and shape equality objectives – to Trust Board - Publish overall grades by April 6th in public domain. - Action plan to address matters raised across patient and staff goals.
Patient Experience Group (PEG)		This year have focussed	The PEG has a system of

What	When	Key messages	Action taken
An on-going well established group of patients that also have outreach to other local groups. Meets every two months Service user approval of all new patient information leaflets.		on:- - our supporting processes and administration - experience of both good and not so good care - easy and close drop off points for access to A&E – better signage -more designated spaces for disabled car parking and the wider issue of car parking capacity - communication - Individual service related issues	follow up for each action raised which is reported back at the following meeting or if urgent before. If action or explanation is not satisfactory for the group senior leads are invited to explain further the actions we are taking. PEG was successful in recruiting several new members in 2014 either to broaden representation or to replace those who are unable to continue in their role.
Activities listed below are for information and more detail can be provided if required.			
NEW - Chairing Consultant appointment panels. Four patients are now trained to chair our consultant appointment panels	August	Relevant training given – now implemented and has commenced.	
PLACE More patients have been trained for PLACE assessments helpfully expanding our pool.	On-going	Recruitment for this process is on-going. Current pool 35 - 40 patients.	
NEW - Nurse training Patients are now telling stories and sharing experiences to inform nurse development and learning. Preceptorship and student nurse courses.	On-going	Feedback to date has been positive. Following one patient story a student nurse said: **" I went back to the ward with different eyes in"**	
Interviews Patient representative sat on the panel for the Deputy Chief Nurse interviews e Deputy Medical Director post HR looking to build on this positive experience	November February	Patient representative identified with appropriate experience and background.	
NEW patient representation on committees - Infection Prevention Control - Resuscitation New Clinical procedures &Mortality Reduction Group	April	Patients have been requested by Chairs or clinical leads on the committees.	

Evaluations and equality monitoring analysis is undertaken. Whilst helping us to identify outreach and representation of views which is important, it also feeds into our collation at end of year for our Public Sector Equality Duty annual publication on our website.

7. Equality and Diversity

We have a commitment to ensure that equality and diversity is integrated at the core of our organisation.

The Public Sector Equality Duty which is placed upon all NHS Trusts provides a legal framework protecting against discrimination, promoting equality of opportunity and nurturing good relations between people who share a 'protected characteristic' and those who don't. In addition, we have also implemented the Equality Delivery System (EDS) since its launch two years ago and have delivered the EDS2 in February 2015.

A summary of our EDS2 results

Of the 16 outcomes that we can make direct comparisons with from the last assessment:

5 grades were maintained - 3 for patient and 2 for staff outcomes of these (3 green and 2 amber)

7 grades improved – 5 of these were partial improvements which is a split grade. 4 improvements were for patient outcomes and 3 for the staff/leadership outcomes This is a very positive improvement overall and demonstrates real progress in some of the areas since our last assessment.

4 were downgraded – 1 of which was a partial i.e. split grade. 1 of these was for a patient outcome and 3 were related to staff and leadership outcomes.

The following key points were identified from the range of staff and patient feedback:

EDS2 Staff Survey

- **EDS2 Staff survey response** - Very positive response from staff with 549 staff responding to the EDS2 staff survey. (last assessment 515). All 13 ethnicity groups were represented for the first time; the age of the sample was representative as was gender and this sample showed a 9% level of disability as opposed to our 2.6% across the workforce. It was also evident from responses that participation was from a very broad range of staff groups including nurses, doctors, HCAs, managers and other non-clinical groups.

Better health outcomes for all

- **1.3 Transitions smooth everyone informed** (Amber/Green partial improvement) – did not achieve a green because the panel felt that discharge could still be problematic especially for those with a disability and in times of pressure.

- **1.4 Safety** (Amber) **–** Downgraded from green last year, this was very disappointing as safety had been unanimously green at the last panel assessment. The panel acknowledged the general priority that the Trust places on patient safety.

Improved patient experience

- **2.3 & 2.4 Complaints and PET** – (Green improved from Amber) The focused work we have achieved with the implementation of equality monitoring onto our PET trackers and a PALS service user survey, was praised by the panel and improvements were clearly seen. As an equality objective, focus has been given to this work and a welcome return to the green (achieving) grade has resulted. The panel previously downgraded this outcome to amber due to poor performance in complaint response times and no evidence of equality monitoring in place. FFT has also provided much more evidence of patient feedback.

  However, it was noted from the evidence that there is still a lack of representation and diversity in service users of complaints and PALS. Further work is being planned to try to understand how best to address this.

Empowered, engaged and well supported staff

- **3.2 Equal Pay –** (Amber down from Green) This outcome has resulted in a downgrade to amber in part because it has changed to increase the focus not only on fair pay and equal pay but also the evidence of an equal pay audit which we currently do not have.

- **3.3 Training and development/ (appraisal)** - (Amber /Green down from Green)

  The reason for the partial downgrading is that staff feedback is illustrating concerns about the challenges faced in being able to take the time to attend training. There is a strong theme in the responses which highlights this as an issue.

  Another reason for the downgrading is that there is a lack of evidence for the take up and positive evaluation of training by protected characteristic. Further work to be done.

  However, there is positive news on this outcome. Previously the focus included appraisal and at the time of the last assessment the staff feedback was considerable around the availability and quality of appraisal to staff.

However, this became an equality objective as a result of the last assessment because of the feedback received from staff in the EDS staff survey. With the corporate level focus on this area as well, it is really good to see the significant decrease in comment around this despite us asking the same question as last year to act as some form of measure for the equality objective.

Results clearly show that the responses do reflect a positive improvement overall with a dramatic decrease in comments and negative feedback about appraisal. However, the comments do reflect that the inability to attend training due to pressures will continue to cause problems in terms of appraisal being meaningful; as this is linked to completing their PDP in some cases, and identified through appraisal.

- **3.4 Bullying and harassment** - (Amber – maintained) Whilst this outcome remained the same grade the staff EDS2 response shows that this remains an area needing further work. Only half the number of respondents agreed with the statement on bullying and harassment with half disagreeing. Sources were identified from both patients and families and staff. Some staff reported it as part of the job when patients were abusive whilst others cited examples where staff interactions are clearly having an impact on how people feel about their jobs.

Inclusive leadership at all levels

- **4.1 Board and senior leaders routinely demonstrate commitment to equality -** (Amber down from Green). This only achieved an amber due to the feedback from staff being centred on a lack of visibility, therefore staff didn't feel they knew what commitment is demonstrated. A high number of comments reflected an "unsure" response. In addition the focus of this outcome has changed too.

- **4.2 Trust Board and major committees identify equality related impacts etc. –** (Green improved from Amber). Processes in place such as the equality impact assessment process and wider examples helped this achieve a green this year showing some evidence of progress.

- **4.3 Middle managers and other line managers support their staff to work in culturally competent ways** - (Green improved from Amber) It was pleasing to see this has slightly improved since the last assessment based on staff feedback and evidence.

Equality Objectives 2015

As a result of the 2015 EDS2 assessment, the following equality objectives based on the engagement and resulting feedback were agreed by the Board. (Other actions will result from this work but these are deemed to be the priorities)

Patient related equality objectives

Objective
1) To demonstrate an increased use of British Sign Language (BSL interpreters across the Trust by raising awareness with staff.
2) To undertake a targeted engagement exercise to promote awareness of PALS and complaints with a view to seeing improved diversity in complainants
3) To be able to evidence how we have taken the additional needs of those with sensory impairment e.g. hearing / sight into the redesign of our urgent care environment.

Staff and leadership related equality objectives

3) To see an improved response from staff to outcome 3.4 on bullying and harassment in the next staff EDS2 survey.
4) To review opportunities to progress robust evidence that meets requirements to demonstrate fair and equal pay in line with requirements
5) To further develop robust evidence for the uptake and evaluation of training by staff and by protected characteristic

8. Charitable and voluntary services partners

The Trust is incredibly grateful to the many people who give their time for free and donations in support of improving our services for patients. They include:

- the charity **Scannappeal**
- **the League of Friends, working across our acute and community** hospital sites
- the **Cancer Care and Haematology Fund** at Stoke Mandeville Hospital
- the **WRVS**, staffed almost exclusively by volunteers
- the **Florence Nightingale Hospice Charity.**

Along with individual volunteers these groups have all made a significant contribution to helping our teams improve the experience and environment for patients.

The Trust's charitable fund receives income which is made up of donations, legacies, funds from activities and investment income. These monies are used to enhance services focused on patients' welfare, staff welfare, research and general charitable hospital purposes. In year the Charity has purchased equipment, including cutting edge technology for children with spinal injuries, provided an enhanced environment for our patients, and supported our staff. We are grateful for everyone who has contributed to the Charity to help us to help our patients.

The Trust Board is the corporate trustee of the funds, and a separate annual report and accounts are produced for the charity, which are available from our website www.buckshealthcare.nhs.uk. The Charity also has a section on the website providing more information on its activities. In 2013/14 accounting rules were applied which means that the Trust was required to provide both accounts in its own right and also accounts showing the consolidated results of the Charity, which remains the case for 2014/15. However, it should be emphasised that the Charity works independently of the Trust in the allocation of its resources and does not exist to subsidise NHS expenditure

9. Academia and Industry - The Oxford Academic Health Science Network (AHSN)

Buckinghamshire Healthcare NHS Trust is involved as a partner organisation within the 4 programmes and 3 cross cutting themes comprising Oxford AHSN's work programme.

The Best Care Programme consists of 10 Clinical Networks, each working to deliver a number of measurable improvement projects. The Medical Director is a member of the Best Care Oversight Group and numerous members of staff are involved in most of the networks, including 35 doctors, 9 nurses & midwives and 7 Allied Health Professionals.

The key objective of the Clinical Innovation Adoption (CIA) Programme is to increase the speed and spread of clinical innovation adoption across the region. The Programme Board is chaired by the Chief Executive. Key projects include the Anti-coagulation (NOACs/warfarin)/ECG projects being implemented with the support of the Clinical Lead,

The Cardiac lead will also be leading rollout of the Care4Today Cardiac Rehabilitation within other Trusts within the region.

One of our stroke consultants is Lead Consultant for implementation and evaluation of the use of Intermittent Pneumatic Compression (IPC) devices for immobile stroke patients as part of a major national initiative led by NHS Improving Quality (NHS IQ). All stroke units in region have the IPC Sleeves embedded into clinical practice with utilisation increasing steadily across each unit.

We have also worked with the CIA team to complete baseline work for the Electronic Blood Transfusion project and while they have chosen not to proceed with implementation at the moment, the work has provided valuable insight into parts of the process that could be strengthened to improve avoidance of potential harm to patients.

10. Our estate and sustainability

The sustainability report is shown in Appendix 4.

11. Emergency planning, resilience and response (EPRR)

In line with its statutory obligations under the Civil Contingencies Act as a Category 1 responder, the Trust continues to provide a proactive and visible service for EPRR.

The Trust continues to work on developing and improving its resilience and ability to respond to significant incidents. Assurance for this process is run through the Trust Resilience Committee. This is chaired by the Trust COO who is the designated Accountable Emergency Officer responsible for ensuring our compliance against NHS England EPRR Core Standards. The Trust is assessed against these standards on a yearly basis. 2014/15's assessment by NHS England identified some areas of best practice and these have been shared regionally with other providers. This included our model for the Resilience Committee, our Incident Response Policy and also the current draft policy that is being developed as the Corporate Business Continuity.

The Trust Resilience Committee looks to ensure that its annual work programme addresses the requirements and compliance against the core standards as required by the NHS Commissioning Board Emergency Preparedness Framework (2013)

Reporting to the Resilience Committee are a number of project groups who work on the individual work streams. These project groups are chaired by a number of senior Trust staff from across all specialties and disciplines. The membership of each project group being specific to the work stream ensures that specialist and focused work is being done behind the scenes to ensure all plans and resources are reviewed, tested and fit for purpose.

In line with requirements the Trust takes part in the bi annual regional communications cascade exercise and also held its annual table top exercise in December 2015. The table top exercise was based around a Major/Mass Casualty exercise and had over 60 members of Trust staff participating including senior managers, Clinicians and Executive Directors. There was also representation from CCG, NHS England, and other whole systems partners such as Local Authorities and Emergency Services.

The Trust also continues to develop an on-going training schedule across all areas and sessions range from Loggist training, training for management of contaminated casualties, fit testing for FFP3 patients, Training for Gold and Silver Commanders, Business Continuity workshops, through to specific training for issues such as management of potential Ebola patients.

EPRR continues to work closely with key departments to ensure plans are integrated with daily practice and makes best use of available resources and expertise. This includes work with other stakeholders such as NHS England, CCG, primary care providers and private establishments. The Trust is well represented by the Emergency Planning Officer at a number of regional forums including the Counties Local Resilience Forum.

12. Information governance

The Trust recognises the importance of managing information appropriately and securely and has a nominated executive director as the senior information risk owner (SIRO).

The role is responsible for ensuring the Board has reliable assurance that appropriate controls are in place and that risks are managed in relation to all the information used for clinical, operational and financial purposes.

The Trust Caldicott Guardian is responsible for the establishment of procedures governing access to, and the use of, person-identifiable patient information and the transfer of that information to other bodies, where this permitted.

The Information Governance and Caldicott Committee, chaired by the Trust Caldicott Guardian, monitors the performance of the Trust against the requirements of the Information Governance Toolkit, which is a Department of Health policy delivery vehicle that the Health and Social Care Information Centre (HSCIC) is commissioned to develop and maintain. The Trust has self-assessed its performance on information governance using version twelve of the information governance toolkit. In the overall information governance submission for 2014/15 the Trust achieved a score of 80% resulting in a 'satisfactory' rating. During 2014/15 Internal Auditors Baker Tilly carried out an assessment of the standards in the information governance toolkit and the Trust is waiting for a final report to be issued. The draft report suggests areas to be concentrated on for 2015/16 should be in relation to data mapping and this is prioritised in the work plan for 2015/16.

The Trust continues to improve information risk controls which includes ensuring that all staff undertake mandatory annual information governance training. Regular communication to staff on information handling, information security and best practice continues to be a priority for the Trust and is supported by policies and guidance.

The Trust reported one "level two" serious untoward incident involving personal data reportable to the Information Commissioner's Office and Department of Health. The Trust is required to follow the Health & Social Care Information Centre (HSCIC) Information Governance Serious Incidents Checklist guidance issued November 2014.

Committed to Freedom of Information

The Trust received in total 542 Freedom of Information requests in the period 1 April 2014 to 31 March 2015, 18 less than the same period in the previous financial year. However this continues the trend shown in the last financial year with a 62.7% increase on the same period in 2012/13, compared with a 65% increase last year.

Two requests were referred on to another organisations as information requested was not held by the Trust and one was withdrawn by the requestor. Two requests were closed because no response from the requestor was received after four months following a request for clarification; two are pending responses to requests for clarification. One request underwent Internal Review which upheld the Trust's original

decision to provide only part of the information due to exemption. Full exemptions were applied to 15 requests where no information was provided to the requestor and for 46 other requests only part of the information was made available due to exemption.

13. Counter Fraud

The Trust continues to take its responsibilities serious to combat fraud. In 2014/15 the organisation received a red rated inspection report on counter fraud from NHS Protect and has put actions in place to address any gaps. Further detail is provided in the Annual Governance Statement below.

14. Our Trust Board

The Trust Board provides strategic leadership to the organisation. It sets the strategic direction, ensuring management capacity and capability, monitoring and managing performance and fosters the appropriate culture.

It outlines the vision of the organisation and champions and safeguards its values, keeping the safety of patients at the centre of its work and ensuring obligations to all key stakeholders are met. By ensuring the effective and efficient use of resources it safeguards public funds.

Non-executive and executive directors both have responsibility to constructively challenge the decisions of the Board. Non-executive directors have a particular duty to hold the executive directors to account, ensuring appropriate challenges are made. As well as bringing their own expertise to the Board, non-executive directors scrutinise the performance of management in reaching goals and objectives, and monitor the reporting of performance. They need to satisfy themselves as to the quality and integrity of financial, clinical and other information, and ensure that the financial and quality controls of risk management are robust.

14.1. Directors and the register of interests

The register is maintained by the Director for Governance who holds the original signed declaration forms. These are available for inspection by contacting the executive office on 01494 734851.

Name	Position	Interests Declared
Ian Anderson[1]	Director of Human Resources	None
Les Broude	Non-Executive Director Senior Independent Director	Works on a consultancy basis on career transition with Penna Plc. The work involves coaching people coming out of the public and private sectors; some work has been done by Penna Plc in the past with the NHS in Buckinghamshire. Trustee on the Board and Chair of the Audit Committee of The Royal Hospital for Neuro-Disability. Family friend is a NED at the Oxford Health NHS Foundation Trust.
Juliet Brown[2]	Director of Strategy & System Reform	Director and Secretary for Shining Life Children's Trust (Charitable Co) charity involved in social work in Sri Lanka
Neil Dardis	Chief Executive Officer (Interim)	None
Anne Eden[3]	Chief Executive	Visiting Professor Bucks New University
Keith Gilchrist[4]	Non-Executive Director	Advisory work with LCA (low carbon technology) and other printing industry financial funds for start-up/development companies. Son is Doctor STR Oxford JR paediatrics and will be clinical research fellow Oxford Deanery after Sept 2013.
Malcolm Griffiths[5]	Non-Executive Director	Director of Okio Limited, an IT/web design company Director of Bluespace Thinking, a consultancy company Chair of the South Central Patient Safety Federation
Graeme Johnston	Non-Executive Director	Chair of a health charity trustees (NRAS); Member of local PPG (chair); Member of Aylesbury vale CCG (north locality) patient engagement group; Member of the scientific advisory board for immunology for UCB Pharmaceuticals of Belgium for which he receives a small honorarium Chair of the Fitness to Practice Panel, Buckingham Medical School
Helen Keenan[6]		
Dr Tina Kenny	Medical Director	None
Hattie Llewelyn-Davies	Chair	Chair Viridian Housing Group. Directors' fees payable of £20k p.a. from 1.8.14 Owner/Director of consultancy business that does not undertake work with the NHS but may advise organisations that do. Working with Capsticks solicitors around housing.
Mary Lovegrove[7]	Non Executive Director	Director of Allied Health Solutions Director of Allied Health Enterprise Development Centre (Joint venture between Allied Health Solutions and Buckinghamshire New University Part time job at London South Bank University as School of

Name	Position	Interests Declared
		Health and Social Care international Lead Member of Board of Trustees-British School of Osteopathy Member of Board of Trustees College of Podiatry Trustee for World Radiography Education Trust Foundation
Neil Macdonald[8]	Acting Chief Operating Officer	Wife managing partner of Marlow Medical Group
Mike Naylor[9]	Director of Finance	None
Carolyn Morrice	Chief Nurse and Director of Patient Care Standards	None
Bridget O'Kelly[10]	Acting Director of Human Resources	None
Brenda Kersting[11]	Non-Executive Director, Deputy Chair	Lay Assessor for the National Clinical Assessment Service (NCAS) Independent Member of the Parole Board Non Executive Member of Parole Board Audit and Risk Committee Lay Fitness to Practice panellist for the Medical Practitioners Tribunal Service.
Wayne Preston[12]	Interim Director of Finance	None
John Pulsinelli[13]	Non-Executive Director	Investment Committee member at Big Issue Invest Social Enterprise Investment Fund
David Sines	Associate Non-Executive Director	Emeritus Professor - Buckinghamshire New University Non Executive Director Central London Community Healthcare Trust Trustee - The Burdett Trust for Nurses
Tom Travers[14]	Director of Finance & IT	None
Mark Warner[15]	Director of Human Resources and Organisational Development	None
David Williams	Director of Strategy and Business Development	None

1. Ian Anderson – commenced April 2015
2. Juliet Brown – left the Trust in April 2014
3. Anne Eden – left the Trust at the end of March 2015
4. Keith Gilchrist – left the Trust in April 2014
5. Malcolm Griffiths – left the Trust in April 2014
6. Helen Keenan – left the Trust in February 2015
7. Mary Lovegrove – commenced May 2014
8. Neil Macdonald – commenced this role in April 2015
9. Mike Naylor – commenced July 2014
10. Bridget O'Kelly – March – April 2015
11. Brenda Kersting – left the Trust in June 2014
12. Wayne Preston – May to June 2014
13. John Pulsinelli – commenced May 2014
14. Tom Travers – left the Trust in April 2014
15. Mark Warner – left the Trust in February 2015

REMUNERATION REPORT

14.2. Remuneration report Directors' remuneration

The Secretary of State for Health determines the remuneration of the Chair and non-executive directors nationally. Remuneration for executive directors is determined by the Trust's remuneration committee.

The remuneration committee is made up of all the non-executive directors and is responsible for agreeing the remuneration of the executive team and senior managers who are not subject to Agenda for Change (the national pay system adopted by the NHS). The committee reviews the pay of executive directors annually taking into account prevailing factors such as national pay rises and salaries paid by other NHS employers.

The executive directors are employed within a standard employment contract which provides for a six month notice period. On termination of employment the director would be entitled to contractual severance terms, such as pay in lieu of notice and redundancy.

The non-executive directors are appointed for a set term of office. Their original date of appointment, date of expiry and extended date of tenure (if applicable) are set out below:

Name	Date of appointment	Date of leaving	Date of expiry	Extended date of tenure
Ms Hattie Llewelyn-Davies (Chair)	March 2014		March 2016	
Mr Les Broude	May 2007		April 2015	April 2016
Mrs Brenda Kersting	May 2007	June 2014		
Mr Malcolm Griffiths	July 2007	April 2014		
Mr Keith Gilchrist	May 2007	April 2014*		
Mrs Helen Keenan	April 2013	February 2015		
Mrs Mary Lovegrove	May 2014		April 2016	
Mr John Pulsinelli	May 2014		April 2016	
Mr Graeme Johnston	March 2013		March 2015	March 2017

*continued to support Speaking Out Investigation until February 2015

There are no rolling contracts, nor is there any performance related pay for any director.

In 2014/15 there have been no significant awards or compensation payments made to past directors, and no amounts are payable to third parties in respect of any director.

Membership of the remuneration committee during 2014/15:

Ms Hattie Llewelyn-Davies (Chair)
Mr Les Broude
Mrs Brenda Kersting (until June 2014)
Mr Malcolm Griffiths (until April 2014)
Mr Keith Gilchrist (until April 2014)
Mrs Helen Keenan (until February 2015)
Mrs Mary Lovegrove
Mr John Pulsinelli
Mr Graeme Johnston

Full details of directors' remuneration and pension benefits are given below:

	2014-15					2013-14				
Name and Title	Service as Director in year	Salary (bands of £5000) £000	Expense Payments (taxable)* total to nearest £100 £00	All pension related benefits (bands of £2,500) Rounded to the nearest £100 £000	Total (bands of £5000) £000	Service as Director in year	Salary (bands of £5000) £000	Expense Payments (taxable) total to nearest £100 £00	All pension related benefits (bands of £2,500) Rounded to the nearest £100 £000	Total (bands of £5000) £000
Chairman										
Mrs H Llewelyn-Davies	Full Year	35-40	-	n/a	35-40	19/3/14 to 31/3/14	0-5			0-5
Non-Executive Directors										
Mr M Griffiths	1/4/14 to 4/5/14	0-5	-	n/a	0-5	Full Year	5-10	-	-	5-10
Mr L Broude	Full Year	5-10	-	n/a	5-10	Full Year	5-10	-	-	5-10
Ms H Keenan	1/4/14 to 28/2/15	5-10	-	n/a	5-10	Full Year	5-10	-	-	5-10
Mr K Gilchrist	1/4/14 to 31/12/14	10-15	-	n/a	10-15	Full Year	5-10	-	-	5-10
Mr G Johnston	Full year	5-10	-	n/a	5-10	Full year	5-10	-	-	5-10
Mr J Pulsinelli	1/5/14 to 31/3/15	5-10		n/a	5-10	N/A				
Prof. M Lovegrove	1/5/14 to 31/3/15	5-10		n/a	5-10	N/A				
Associate Non-Executive Director										
Prof D Sines	Full Year	5-10	-	n/a	5-10	Full Year	5-10	-	-	5-10
Chief Executive										
Ms Anne Eden	Full Year	170-175		107.5-110	275-280	Full Year	155-160	18	-	155-160
Chief Operating Officer										
Mr N Dardis	Full Year	130-135	-	0-2.5	130-135	Full Year	125-130	-	102.5-105	230-235
Director of Finance										
Mr T Travers	1/4/14-30/4/14	10-15		0	10-15	Full Year	120-125	13	25-27.5	150-155
Mr W Preston (Acting)	1/5/14-30/6/14	20-25		n/a*	20-25	N/A				
Mr M Naylor	1/7/14-31/3/15	105-110		0	105-110	N/A				
Chief Nurse and Director of Patient Care Standards										
Mrs C Morrice	Full year	95-100	-	210-212.5	95-100	N/A				
Medical Director										
Dr T Kenny	Full year	165-170	-	0	165-170	1/11/13 to 31/3/14	25-30	-	**	25-30
Director of HR and organisational development										
Mr M Warner	1/4/14-28/2/15	90-95	-	25-27.5	115-120	1/7/13-31/3/14	75-80	-	-	75-80
Mrs B O'Kelly	1/3/15-31/3/15	5-10	-	n/a*	5-10	N/A				
Director of Strategy										
Mr D Williams	Full year	110-115	-	112.5-115	220-225	N/A				

*Expense payments relate to the provision of a lease car that is also available for private use.
n/a Non-Executive Directors are not entitled to pension benefits
n/a* Prior year or part-year comparators are not applicable

Name and Title	Real increase in pension at age 60	Real increase in pension lump sum at age 60	Total accrued pension at age 60 at 31 March 2015	Lump sum at age 60 related to accrued pension at 31 March 2015	Cash Equivalent Transfer Value at 31 March 2015	Cash Equivalent Transfer Value at 31 March 2014	Real Increase in Cash Equivalent Transfer Value*	Employer's Contribution to stakeholder pension**
	(bands of £2500) £000	(bands of £2500) £000	(bands of £5000) £000	(bands of £5000) £000	£000	£000	£000	To nearest £100 £
Chief Executive Ms A Eden	5-7.5	15-17.5	70-75	210-215	1,471	1,277	135	-
Chief Operating Officer Mr N Dardis	0-2.5	2.5-5	25-30	85-90	406	372	4	-
Director of Finance Mr T Travers	0-2.5	0-2.5	20-25	65-70	410	399	(2)	-
Medical Director Dr C Kenny	0	0	45-50	135-140	954	1,253	(357)	-
Director of Nursing Ms C Morrice	5-10	25-30	25-30	85-90	503	320	162	-
Director of HR and Organisational Development Mr M Warner***	0-2.5	-	0-5	-	33	10	10	-
Director of Strategy Mr D Williams	5-10	15-17.5	30-35	90-95	515	400	89	-

* The Real Increase In Cash Equivalent Transfer Value is net of employee contributions to the pension scheme.

**There have not been any contributions to a stakeholder pension scheme by the Trust

*** These Directors are members of NHS Pension Scheme 2008 section and are therefore not entitled to a lump sum.

This table only includes Executive Directors where the Trust has made contributions to a pension scheme.

The information in the tables above has been subject to audit.

Sickness Absence Data

NHS organisations are required to disclose information on sickness absence in year. This is included in Note 9.3 in the Annual Accounts below.

Pay multiples

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid director in Buckinghamshire Healthcare NHS Trust in the financial year 2014/15 was £170,000 to £175,000 (2013/14 £155,000 to £160,000). This was 6.0 times (2013/14 5.6 times) the median remuneration of the workforce, which was £28,951 (2013/14 £28,002).

In 2014/15 the Remuneration and Nominations Committee reviewed the Chief Executive's salary, which had not been increased since 2009. They agreed a market adjustment in line with benchmarked data.

The increase in median salary for other employees is due to an increased number of agency staff who earn above the median

In 2014/15 2 employees (2013/14 11 employees) received remuneration in excess of the highest-paid director. Remuneration ranged from £175,000 to £183,000(2012/13 £158,000 to £209,000).

Total remuneration includes salary, non-consolidated performance-related pay (none awarded in 2013/14 or 2014/15) benefits-in-kind and any severance payments. It does not include employer pension contributions and the cash equivalent transfer values of pensions. None of the employees who received remuneration in excess of the highest paid director received redundancy payments in 2014/15 (2013/14 nil).

There was a pay freeze across the NHS during 2010/11 to 2012/13, and a 1% pay increase awarded for 2013/14.

The information above has been subject to audit.

'Off Payroll' employees

The 'Review of Tax Arrangements of Public Sector Appointees' was published by the HM Treasury in 2012, which was followed up with its Annual Reporting Guidance in December 2012. This requires the Trust to have in place contractual arrangements that allow it to assure itself of the tax arrangements of those people employed by the Trust, but not through payroll, for a period of more than six months at a cost of more than £220 per day.

The Trust is required to provide disclosures on how many of those arrangements it had in place at 31st March 2015, and new engagements during the period 1st April 2014 to 31st March 2015.

Table 1	Number
Number of existing engagements as of 31 March 2015	2
Of which, the number that have existed:	
for less than one year at the time of reporting	2
for between one and two years at the time of reporting	0
for between 2 and 3 years at the time of reporting	0
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	0

Table 2	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2014 and 31 March 2015	7

Number of new engagements which include contractual clauses giving the Buckinghamshire Healthcare NHS Trust the right to request assurance in relation to income tax and National Insurance obligations	0
Number for whom assurance has been requested	0
Of which:	
assurance has been received	0
assurance has not been received	0
engagements terminated as a result of assurance not being received	0

All off payroll engagements are subject to a risk assessment as to whether assurance is required on the individual's tax affairs.

In addition the Trust is required to provide the disclosure in the table below regarding the number of board members or managers with financial responsibility employed on such a basis.

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the year	6
Number of individuals that have been deemed "board members, and/or senior officers with significant financial responsibility" during the financial year. This figure includes both off-payroll and on-payroll engagements	82

The information above has been subject to audit.

Audit committee

The directors who were members of the audit committee during the year were:

Les Broude (Chair)	Non-Executive Director
Keith Gilchrist	Non-Executive Director (1st April to 30th April 2014)
Malcolm Griffiths	Non-Executive Director (1st April to 30th April 2014)
Helen Keenan	Non-Executive Director (1st April 2014 to 28th February 2015)
Graeme Johnston	Non-Executive Director (1st May 2014 to 31st March 2015)
John Pulsinelli	Non-Executive Director (1st May 2014 to 31st March 2015)

Auditors

Ernst and Young are appointed to provide external audit services to the Trust.

The scale fees for 2014/15 were set at £111,720 plus VAT for the audit of the financial statements, plus £10,000 plus VAT for Quality Accounts audit work.

The Audit Commission provides specific pieces of work, such as the National Fraud Initiative work, to the Trust.

Directors' declaration in respect of audit

n line with current guidance, each director has given a statement that, as far as they are aware, there is no relevant audit information of which Ernst and Young (the Trust's auditors) is unaware. Each director has taken all the steps that they ought to have taken as a director in order to make themselves aware of any relevant audit information, and to establish that Ernst and Young is aware of that information.

15. Our financial performance

The external auditors are required to ensure that the information given below is in line with that shown in the audited Financial Statements, and gives a consistent view of the Trust's financial position to that outlined in those statements.

15.1. Improving financial management to deliver better value for money

The Trust is required to demonstrate that it achieves Value for Money for taxpayers by demonstrating economy, efficiency and effectiveness in the use of the resources available to it.

The majority of our services are commissioned by other NHS organisations and Local Authorities, which accounted for 90% of our income. Within the amounts that we are paid for this activity is the in-built assumption that we will make efficiency savings of 2.5%. This, when combined with our factors such as inflationary pressures, meant that the Trust had to plan to deliver savings of £22.9m in 2014/15 in order to meet the planned surplus of £250,000.

There were a number of pressures on the Trust finances in year which meant that the Trust deliver not deliver its savings programme in the way that was planned, which are considered further in section 11.3 below. The Plan was amended to take into account the recognition of a valuation of wheelchair stock of £7.9m. However on further discussion with the auditors, it was concluded that this was not in line with relevant accounting rules. Despite a considerable amount of work to ensure that the Trust continues to meet its financial duties the Trust has had to report a deficit of £7,446,000 (after allowable technical adjustments). This means that the Trust has not achieved its breakeven duty, for the first time in 6 years. The required cumulative position of a surplus in excess of 0.5% of turnover has not been achieved and the Trust is reporting a cumulative position of -1.83%.

Ernst and Young the Trust's external auditors, consider whether the Trust has put into place proper arrangements to secure economy, efficiency and effectiveness in its use of resources as part of the audit work it carries out on the Trust. In 2014/15 Ernst and Young found…….

15.2. The efficiency programme

As outlined above, there was a 'deflator' of 2.5% built into the tariff that the Trust is paid for its activity for 2014/15 that meant that the Trust was required to deliver savings of £14.6m in year. In addition, a further £5.5m was required as savings delivered in 2013/14 could not be counted on recurrently for 2014/15, and local QIPP plans on controlling activity totalled £2.8m, giving the total efficiency requirement in year of £22.9m.

Efficiency savings of £27.5m were achieved, 20% over requirement, which helped to counter some pressures in year and deliver the surplus of £270k. The recurrent element within this is £23.6m, which has enabled the Trust to develop a balanced budget for 2015/16.

Due to operational pressures in year, savings could not be delivered in the way originally planned. The savings were achieved by reduced depreciation costs as a result of revaluing the Trust's asset base, a gain as a result of land sales and increased income levels.

15.3.Performance in year

The Trust should plan to achieve a surplus of 1% of turnover, approximately £3.6m, each year. However, before the start of 2014/15, the Trust had agreed with the Trust Development Authority that this was not the most appropriate target for this year, and the Trust should be planning to put itself on a more sustainable footing, meaning that a target surplus of breakeven was more realistic. As outlined above, the efficiency programme was formulated to achieve this. However, as also stated above, there were a number of operational pressures in year that led to this being challenged. These pressures included:

- Staffing costs, including the full year effect of the investment into more posts for safer staffing of £4.0m (£1.2m on substantive posts and £2.8m of agency costs). In addition, the use of agency staff has increased to enable unfilled vacancies to be covered. There is a premium on temporary staffing costs while the Trust recruits into its vacancies for permanent posts

- The provision of more beds, particularly at Stoke Mandeville, to relieve pressure on the emergency care pathway.

- Incentives to improve the Trust's 18 week Referral Time to Treatment performance and to provide additional winter resilience. Although the Trust obtained additional income of £1.8m and £2.0m for these, additional costs were £2.6m and £2.5m.

- Activity growth over and above that planned.

As a result of these pressures, the Trust was unable to achieve its planned surplus.

The Trust had commissioned a full revaluation of its land and buildings at 1st April 2014 to take into account their existing use following the movements in services in recent years. This led to a reduction in their value of around 10% or £24.5m, with an associated reduction in their depreciation cost of £5.2m. An increase in the market value of properties reversed approximately £6m of this reduction in valuation by 31st March 2015.
The Trust is reporting a deficit before technical adjustments of £2,125,000. These technical adjustments relate to central changes in accounting policies that impact on the reported financial performance of the Trust, and are:

- Removing the impact of the impairment to the value of land and buildings, resulting from the revaluation in year, that was charged to the Statement of Comprehensive Income, of £16,737,000.

- The impact of the change in accounting treatment for the Stoke Mandeville PFI (Private Finance Initiative) as a result of the transition to International Financial Reporting Standards (IFRS). This caused the reported deficit in 2014/15 to be £1,921,000 lower than it would otherwise have been, so needs to be deducted.

- The Trust received £1,137,000 more donated assets (which are treated as income) than the associated expense of depreciation on donated assets. If this was not taken out, the Trust would show a higher surplus.

The combination of these factors, when taken in addition to the retained deficit, generates the deficit of £7,446,000, against which the Trust is performance managed.

The Trust is required to meet, or undershoot, certain targets known as 'External Financing Limit' and 'Capital Resource Limit'. In 2014/15 the Trust achieved these targets within acceptable levels.

The external auditors are required to give the Trust a conclusion on whether, in their opinion, it obtains 'Value for Money'. In reaching this conclusion, the auditors review whether the Trust has proper arrangements for securing financial resilience and challenging how it secures economy, efficiency and effectiveness. The Trust was given unqualified conclusions in 2010/11, 2011/12, 2012/13, although in 2013/14 the auditors qualified the conclusion as the auditors felt that the Trust was not demonstrating financial resilience. Although the Trust had met its targets it had used one-off, non-recurrent items to achieve a small surplus, had required cash support and not met its Cost Improvements in the way planned. For 2014/15, the auditors view is that….

Expense recognition
In 2014/15 a small number of staff were made redundant due to service redesigns and restructurings that took place. The number of staff affected and the value of their exit packages is shown below. All exit packages were within contractual terms and no additional non-contractual payments were made.

Exit package cost band (including any special payment element)	Number and cost of compulsory redundancies	Number and cost of other departures agreed	Total number and cost of exit packages	Number and cost of departures where special payments have been made
Less than £10,000	3 £14,149		3 £14,149	0 £0
£10,000 - £25,000				0 £0
£25,001 - £50,000				0 £0
£50,001 - £100,000	1 £93,680		1 £93,680	0 £0
£100,001 - £150,000				0 £0
£150,001 - £200,000				0 £0
>£200,000				0 £0
Total	4 £107,289		4 £107,289	

Non-current assets

The Trust is required to report the 'fair value' of its non-current assets. In assessing the fair value, it takes into account the advice of experts, where appropriate. The Trust commissioned a full revaluation of its land and buildings, to take into account their existing use, from DTZ Debenham Tie Leung Limited, a firm of specialist valuers at 1st April 2014. This valuations showed that the value of land and buildings was approximately £25 million lower than had been previously accounted. Where property values decrease, any revaluation reserve balances are used to absorb the reduction, with any remainder charged through the Statement

of Comprehensive Income.

This valuation was then reviewed at 31st March 2015 in light of the movement in market prices and the value was found to have recovered by approximately £6m. The 'first call' on any valuation increase is to reverse any previous decrease taken through the Statement of Comprehensive Income. If there had been no previous charge, or it has been fully reversed, any residual increase is taken to the Revaluation Reserve.

The Trust is not aware of any material differences between the carrying value of its properties and their market value in their current condition.

Donations

We were extremely fortunate again in 2014/15 to benefit from support from Scannappeal, the Trust charities and the League of Friends; with the purchase of medical and other equipment exceeding £2.057million. There have also been donations of smaller items of equipment for which we are extremely grateful.

In addition to the purchase of medical equipment, the Trust receives support from the charities in a number of other areas, including enhancing the environment for patients and supporting staff in training and health &wellbeing.

Depreciation of donated assets in the year was charged at £0.918 million The excess of the value donated over depreciation is considered to be a 'technical adjustment' to the Trust's reported performance.

Pension liabilities

Past and present employees of the Trust are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme and is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the Trust of participating in the scheme is equal to the contributions payable to the scheme for the accounting period. Further details can be found in note 9 of the Trust's 2014/15 financial statements.

Financing arrangements

At the beginning of 2014/15, the Trust had two loans. The first was a working capital loan, which was taken out in March 2010. This loan had a fixed interest rate of 1.89%, had a balance of £2.5m at 1st April 2014, which was fully repaid in 2014/15. The second, which was taken out in March 2013, is a Revenue Support Loan. This loan, of £8m is repayable over seven years in twice yearly instalments of £0.571m (September and March). At 31st March 2015 then was £5.714m outstanding.

The Trust applied for a Capital Investment Loan in 2014/15 to support a significant investment in capital projects over a two year period. £3.1m of the total loan value of £9.0m was drawn down in March 2015 to match capital expenditure incurred to that point. The remainder is due to be drawn down in 2015/16. The interest rate is 1.45% and repayments are due to commence in September 2016.

During the financial period, the Trust incurred £91,000 (2013/14 £170,000) in interest on its loans.

During 2014/15 the Trust received £23,000,000 in temporary borrowing from the Department of Health, which was fully repaid in March 2015. At the same time as the repayment, it received permanent Public Dividend Capital of £13,000,000 to support its working capital. This is not repayable or interest-bearing. It also received Public Dividend Capital of £468,000 in 2014/15 as funding against specific investments in technology.

The Trust has applied for, and received, an interim Working Capital Revolving Support Loan as a replacement for temporary borrowing from April 2015. This enables the Trust to borrow from the Department of Health to support short-term cash flow issues for a period of up to two years, within certain parameters.

Under IFRS, the Trust is required to account for the Private Finance Initiative (PFI) schemes and any equipment held under finance leases by accounting for both the value of the asset and the future liability to pay. This future liability is shown on the Statement of Financial Position as 'borrowings'. The amount paid to our PFI partners is accounted for as either service charges for the services provided, or finance charges on the 'borrowing' for the buildings in the Income Statement. In 2014/15 the Trust accounted for £11,930,000 (2013/14 £11,604,000) in finance charges in relation to the PFIs.

Cash flow

The Trust had a year end cash balance of £1.7m. It is required to manage its cash in order to meet, or 'undershoot', its External Financing Limit (EFL). The Trust underspent against its EFL by £0.2m in 2014/15

The Trust actively manages its operational cash flows by pursuing its debt in order to minimise amounts outstanding and by paying its creditors as they fall due.
The Trust's loan arrangements are discussed under 'Financing Arrangements' above.
The Trust has modelled its future cash flows in order to meet its financing obligations and capital expenditure requirements, and these form the basis of its cash management strategy.
The Trust earns interest on its bank balances and is subject to interest rate fluctuations on these earnings. Interest rates are currently very low, so the risk of them reducing by a material amount and thus reducing the Trust's income earned is also considered to be low. The Trust's loans are at fixed interest rates so the Trust is not exposed to interest rate risk in respect of loans.
Interest earned on bank balances during the year amounted to £31,000 (2013/14 £37,000).

Better payment practice code

The Better Payment Practice Code (BPPC) requires the Trust to aim to pay all valid NHS and non-NHS trade creditors by the due date, or within 30 days of receipt of goods or a valid invoice, whichever is later. The Trust's performance in 2014/15 shown below:

Better Payment Practice Code

	2014-15 Number	**2014-15 £000s**	2013-14 Number	2013-14 £000s
Non-NHS Payables				
Total Non-NHS Trade Invoices Paid in the Year	**64,816**	**162,641**	62,868	156,876
Total Non-NHS Trade Invoices Paid Within Target	**53,392**	**144,725**	52,264	142,281
Percentage of NHS Trade Invoices Paid Within Target	**82.37%**	**88.98%**	83.13%	90.70%
NHS Payables				
Total NHS Trade Invoices Paid in the Year	**2,290**	**10,596**	2,498	**52,334**
Total NHS Trade Invoices Paid Within Target	**1,512**	**3,949**	1,661	**47,218**
Percentage of NHS Trade Invoices Paid Within Target	**66.03%**	**37.27%**	66.49%	90.22%

The Trust is working to improve its performance under the Better Payments Practice Code, which requires that 95% of undisputed invoices should be paid within 30 days of receipt. Further efforts will be made in 2014/15 to improve the percentage achieved.

The Trust has also signed up to the 'Prompt Payments' code, which encourages organisations to act responsibly in making payments to their suppliers in a timely way.

Compliance with setting charges for information
The Trust is compliant with the Treasury's guidance on setting charges for information which can be found under http://www.hm-treasury.gov.uk/psr_mpm_annexes.htm

15.4. 2015/16 and beyond

NHS England's Five Year Forward View shows that the challenges for the Trust going forward remain as considerable in the past. However, the Trust is considering ways to meet those challenges from looking at how it best uses the estate available to it to investing in new patient administration systems. This will help the Trust to deliver its services in the most effective way, ensuring that the capacity in our services is available to meet the demands being placed on them.
The Trust will be continuing to work with the Trust Development Authority on ensuring that it is financially stable and resilient to support the application for Foundation Trust status.
The Trust has worked with its commissioners in agreeing contracts for activity levels in 2015/16 to provide an element of certainty over income levels. It will continue to invest in recruitment of permanent staff in pressure areas, such as nursing and certain medical specialities, to improve quality and reduce the requirement for higher cost temporary staffing.

2015/16 sees the move to the 'Better Care Fund', which seeks to ensure that resources are available within appropriate care settings as close to the patients' homes as possible, to remove patients from the acute hospital care, which is better for their long term treatment and management.

STATEMENTS OF RESPONSIBILILTY

Statement of accountable officer

The Chief Executive of the NHS Trust Development Authority has designated that the Chief Executive should be the Accountable Officer to the trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Chief Executive of the NHS Trust Development Authority. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;

- value for money is achieved from the resources available to the trust;

- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;

- effective and sound financial management systems are in place; and

- annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

nb: sign and date in any colour ink except black

Signed.....Chief Executive

Date.....

STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE ACCOUNTS

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, recognised gains and losses and cash flows for the year. In preparing those accounts, directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury;

- make judgements and estimates which are reasonable and prudent;

- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

By order of the Board

nb: sign and date in any colour ink except black

.....Date.....Chief Executive

.....Date.....Finance Director

Financial statements

AUDITORS' OPINION AND CERTIFICATE

ANNUAL GOVERNANCE STATEMENT

GOVERNANCE STATEMENT

As Accountable Officer from 1 April 2015, I have responsibility for reviewing the effectiveness of the system of internal control. This review reflects a number of informed views, of which there are a number of key elements.

I rely on the internal control mechanisms carried out by the previous Accountable Officer who was responsible during the 2014/15 year.

The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the controls reviewed as part of Internal Audit's work programme.

Secondly, executive directors within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance that the controls are in place.

Thirdly, the Board Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. This is the live document underpinning the Annual Governance Statement.

My review is also informed by:

- The key findings and action plan arising from the Chief Inspector of Hospitals' inspection of acute services in March 2014 as reported at a Quality Summit held on 11 June 2014.
- External reviews from other sources such as the Deanery, clinical networks, and the Health and Adult Social Care Select Committee for Buckinghamshire County Council.
- The annual report of the Trust's external auditors and regular reports from the Trust's internal auditors.
- A comprehensive programme of clinical audit as reported in the Quality Accounts
- Internal monitoring arrangements such as the quality report, the financial, workforce and operational performance reports, and the Divisional and Service Delivery Unit performance dashboards.
- Trust Development Authority monitoring and other benchmarking.

My review of the effectiveness of internal control has also taken into consideration feedback from the Quality Committee, Finance and Business Performance Committee, Audit Committee and Trust Board. A system of continuous improvement is in place with in-depth focused work triggered by identification of risks.

The Board has monitored progress against the top risks facing the organisation and assured itself that the actions to address risks against the strategic objectives are proportionate and effective across the range of its business.

This review is a recurring process throughout the year marked by revisions of the Board Assurance Framework and a review of performance by the Board every month.

SCOPE OF RESPONSIBILITY

The Board is accountable for internal control. As Accountable Officer, and Chief Executive of this Board from 1 April 2015, I have taken over responsibility for maintaining a sound system of internal control that supports delivery of the policies, aims and objectives of Buckinghamshire Healthcare NHS Trust. I also have responsibility for safeguarding the public funds and assets for which I am personally responsible as set out in the Accountable Officer Memorandum.

I am accountable to the Chair of the Trust and the Chief Executive of the NHS Trust Development Authority. I am performance managed through appraisal undertaken by the Chair of the Trust Board.

In addition, the NHS Trust Development Authority team has met regularly with Chief Executive and Executive Directors to formally review our performance in delivering the organisation's objectives through the monthly Integrated Delivery Meetings. In particular we have been reviewed this year on our delivery of the agreed action plan arising from the inspection by the Chief Inspector of Hospitals which was published in June 2014.

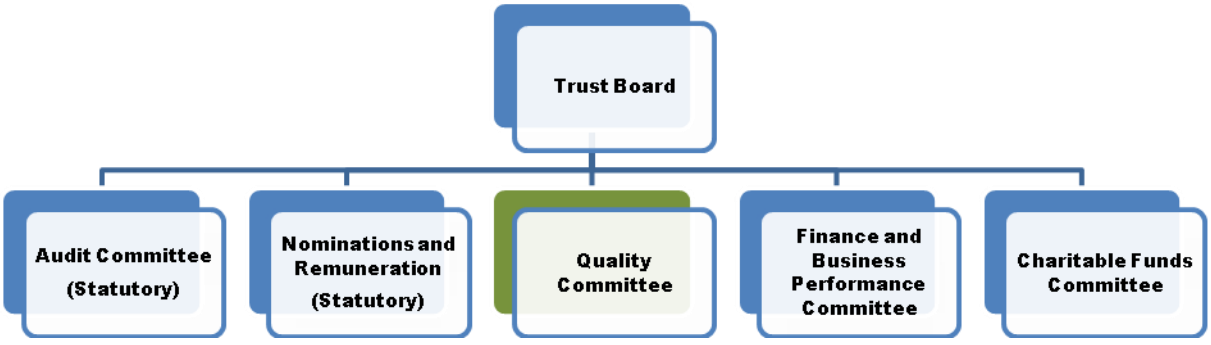
I work with partners across the health and social care economy. In particular, there are strong relationships with Healthwatch, Buckinghamshire County Council and local Clinical Commissioning Groups (Chiltern and Aylesbury Vale). This working partnership includes performance and contract reviews, regular meetings with the executive team, and with other leaders in Buckinghamshire at the whole system transformation Board.

THE GOVERNANCE FRAMEWORK OF THE ORGANISATION

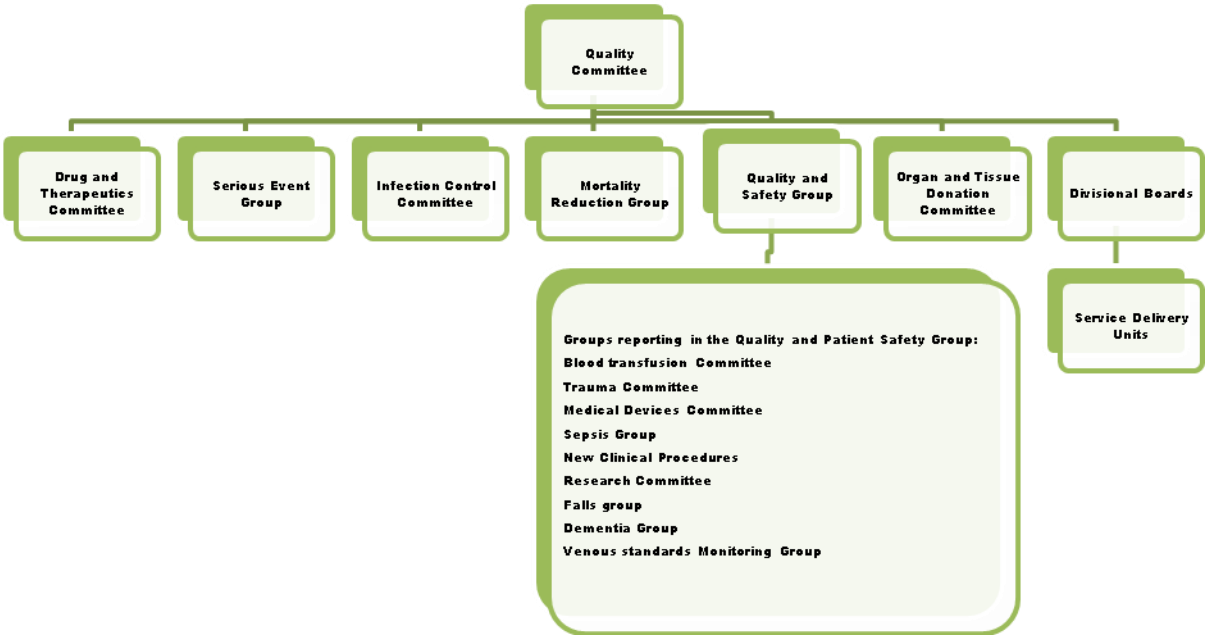
The role of the Board Committees is critical to setting the strategic direction and monitoring the delivery of the organisation's objectives. A governance framework and processes are in place across the organisation. This is to ensure that information flows clearly to the Board providing assurance where possible and highlight risk identified through gaps in control or gaps in assurance. This supports strategic decision making by the Board which in turn flows back through the organisation.

The diagrams below illustrate the top level governance structures. The Board working arrangements, including composition of the Executive and Non-Executive membership, the committee structure and membership, and the Board development plan are in line with the Code of Governance expected of NHS Foundation Trusts and the guidance contained within 'The Healthy NHS Board'.

Board of Directors Committee Structure



Quality Committee and sub-committees



Executive Committees

Description of Board and sub-committees

Board of Directors
The Board of Directors has responsibility for setting the overall direction, agreeing the Trust's principal objectives, assessing and managing strategic risks to the delivery of those objectives, and monitoring progress through regular performance monitoring reports.
The Board has delegated scrutiny of assurance processes, finance and information to three of its sub-committees, namely the Audit Committee, Finance and Business Performance Committee and the Quality Committee. The committees work together to deliver an integrated approach to governance. All three of these committees have a non-executive chair and membership with a significant common membership across the three committees. Each has terms of reference which have been reviewed in 2014/15 and an annual work plan approved by the Board.

Audit Committee
The Audit Committee is responsible for reviewing the establishment and maintenance of an effective internal control and risk management process across the whole of the Trust's activities that supports the achievement of the Trust's objectives and monitors:

- The integrity of the financial statements of the Trust;
- The independent auditors' qualifications, independence and performance;
- The performance of the Trust's Internal Audit function and Local Counter Fraud provision
- Compliance by the Trust with legal and regulatory requirements

Quality Committee
The Quality Committee provides the Board with assurance concerning all aspects of quality relating to the provision of care and services in support of getting the best clinical outcomes, ensuring safety, and providing the best experience for patients. It assures the Board directly and through consultation with the Audit Committee that the structures, systems and processes are in place and functioning to support an environment for the provision and delivery of excellent quality health services. It also assures the Board that where risks and issues exist that may jeopardise the Trust's ability to deliver excellent quality healthcare, these are being managed in a controlled and timely way.

Finance and Business Performance Committee
The purpose of the Finance and Business Performance Committee is to provide the Board with assurance concerning all aspects of finance, workforce and operational performance relating to the provision of care and services in support of getting the best clinical outcomes and experience for patients. On behalf of the Trust Board, the Finance and Business Performance Committee will oversee all aspects of the financial arrangements of the Trust. It will provide the Trust Board with assurance that the financial issues of the Trust are being appropriately addressed, and will provide the Board with information and advice on key issues. The Committee also has oversight of the Trust's performance management framework and will, as required, focus on specific issues where the Trust's performance is deteriorating or there are issues of concern.

Trust Management Committee
The Trust Management Committee provides a forum for making major operational decisions in support of my role as Chief Executive. It is the most senior management committee of the Trust. The purpose of the Committee is to assist me in the performance of my duties including:

- The development and implementation of strategy, operational plans, policies, procedures and budgets;
- The monitoring of operating and financial performance;
- The assessment and control of risk identified through the assurance framework
- The prioritisation and allocation of resources

Nominations and Remuneration Committee

Chaired by the Chair of the Trust with a non-executive membership plus the Chief Executive the Nominations and Remuneration Committee oversees:

- The formal, rigorous and transparent procedures in place for the appointment of executive directors to the Board;
- The remuneration policy and performance management framework.
- Restructuring and redundancy

The Charitable Funds Committee

The Charitable Funds Committee has a non-executive membership plus the Director of Finance. The overall purpose of the Committee is to assist the Board in its role as Trustee of the charity in the performance of its duties. This is through providing assurance that the Trust's charitable activities are within the law and regulations set by the Charity Commissioners for England and Wales. The Committee approves charitable funds expenditure in accordance with standing orders and standing financial instructions as well as approving investment policy and monitoring investments on a regular basis.

Board Membership and Development
The Board of Directors has seen significant change in 14/15. Changes are set out below.

Directors who have left the organisation

Name	Post	Leaving date
Mr Tom Travers	Director of Finance	April 2014
Mrs Juliet Brown	Director of Strategy and System Reform	April 2014
Mr Mark Warner	Director of Human Resources and Organisation Development	February 2015
Ms Anne Eden	Chief Executive Officer	March 2015
Mrs Brenda Kersting	Non-Executive Director	June 2014
Mr Malcolm Griffiths	Non-Executive Director	April 2014
Mr Keith Gilchrist	Non-Executive Director	April 2014
Mrs Helen Keenan	Non-Executive Director	February 2015

Directors who have started with the organisation or have been in interim roles

Name	Post	Dates
Mr Wayne Preston	Interim Director of Finance	May to June 2014
Mr Mike Naylor	Director of Finance	Commenced July 2014
Mrs Carolyn Morrice	Chief Nurse and Director of Patient Care Standards	Commenced April 2014
Mr David Williams	Director of Strategy and Business Development	Commenced April 2014
Mrs Bridget O'Kelly	Interim Director of Human Resources and Organisation Development	Commenced March 2015
Mrs Mary Lovegrove	Non-Executive Director	Commenced May 2014
Mr John Pulsinelli	Non-Executive Director	Commenced May 2014
Mr Graeme Johnston	Non-Executive Director (previously NED designate)	Commenced July 2014

The following changes occurred at the start of the 15/16 financial year:

Mr Neil Dardis	Chief Executive Officer (interim)	Commenced April 2015
Mr Neil Macdonald	Chief Operating Officer (interim)	Commenced April 2015

With the number of changes in both the executive and non-executive directors in 14/15, the priority for the board development programme has been to ensure that the core principles set out in the Healthy NHS Board are well established for the board at Buckinghamshire Healthcare NHS Trust. To this end the Board has commenced an externally facilitated programme which builds on the existing knowledge and skills of the individual members and promotes best practice in board culture and behaviours. This programme will continue into 15/16 and will prepare the Board for the next phase of the Foundation Trust development process.

A review of attendance by Board members at Board meetings, seminars and sub-committees shows great commitment from all the current Board members. The attendance record is reviewed at each Trust Board meeting in public.
The Board is compliant with all aspects of the UK Corporate Governance Code (Financial Reporting Council September 2012) which apply to an NHS Trust.

RISK ASSESSMENT
The risk management process is set and monitored by the Board as part of its governance duties. The Board review of the effectiveness of the system of internal control enables them to take a clear view of the range and scale of risks facing the organisation. This is particularly evident through an agenda item at the end of each Board meeting where the Director for Governance is asked to sum up the key risks emerging from the business of the meeting and the Board agrees their understanding of these risks and how they are being managed.
The Board approves the Risk Management Strategy and Risk Management Policy which ensures that the Trust approaches the control of risk in a strategic and organised manner. The strategy describes the corporate and individual accountability for managing risk, the risk management process, the approach to training and how the success of the strategy will be monitored.
The process underpinning the core organisational risk documents is shown in the two diagrams below:

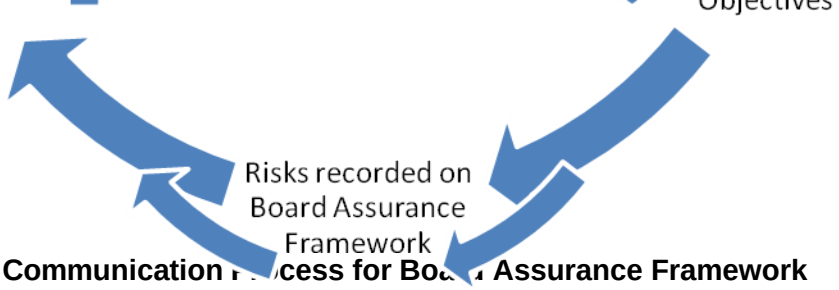


Diagram 1 Risk Communication Process for Board Assurance Framework

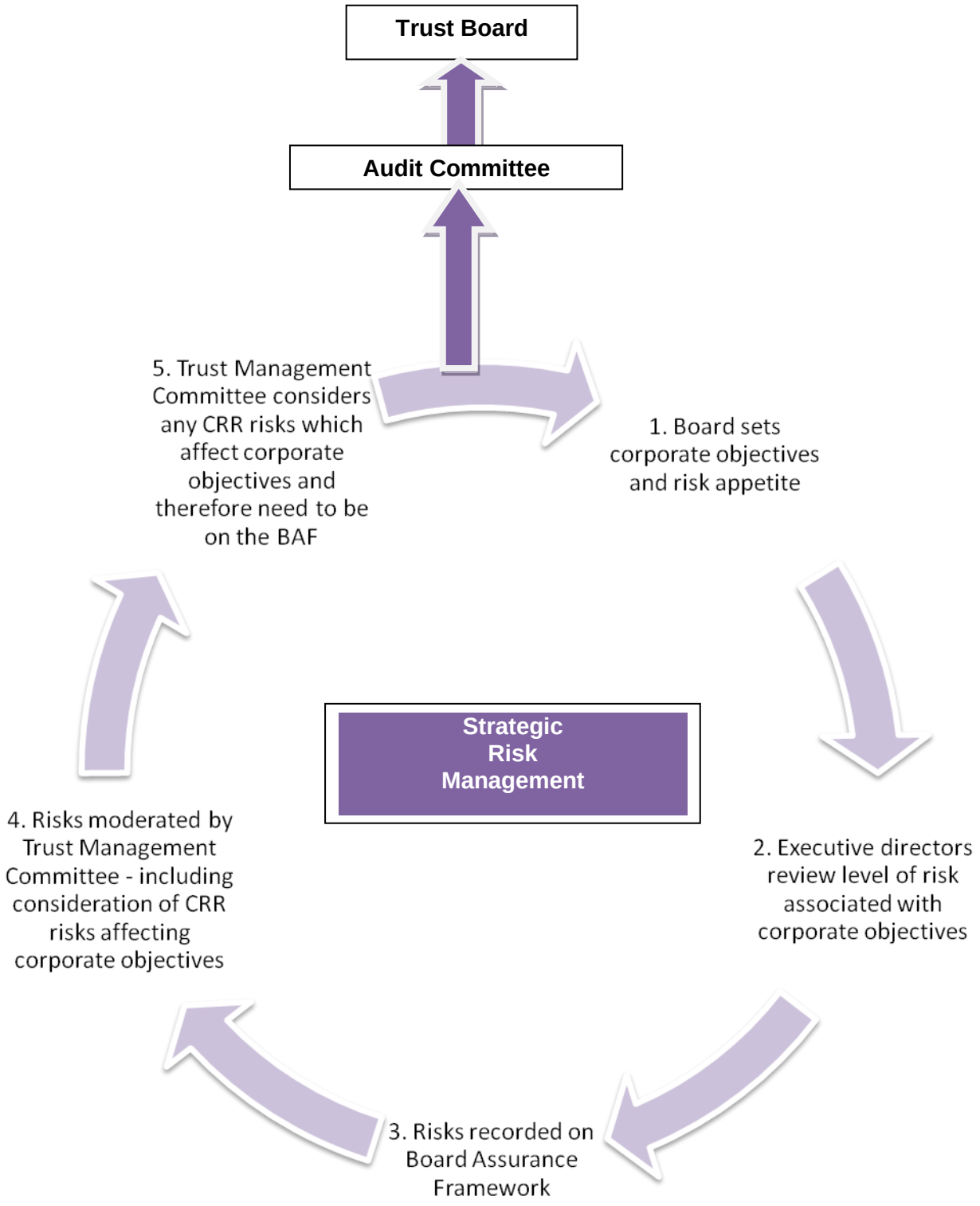
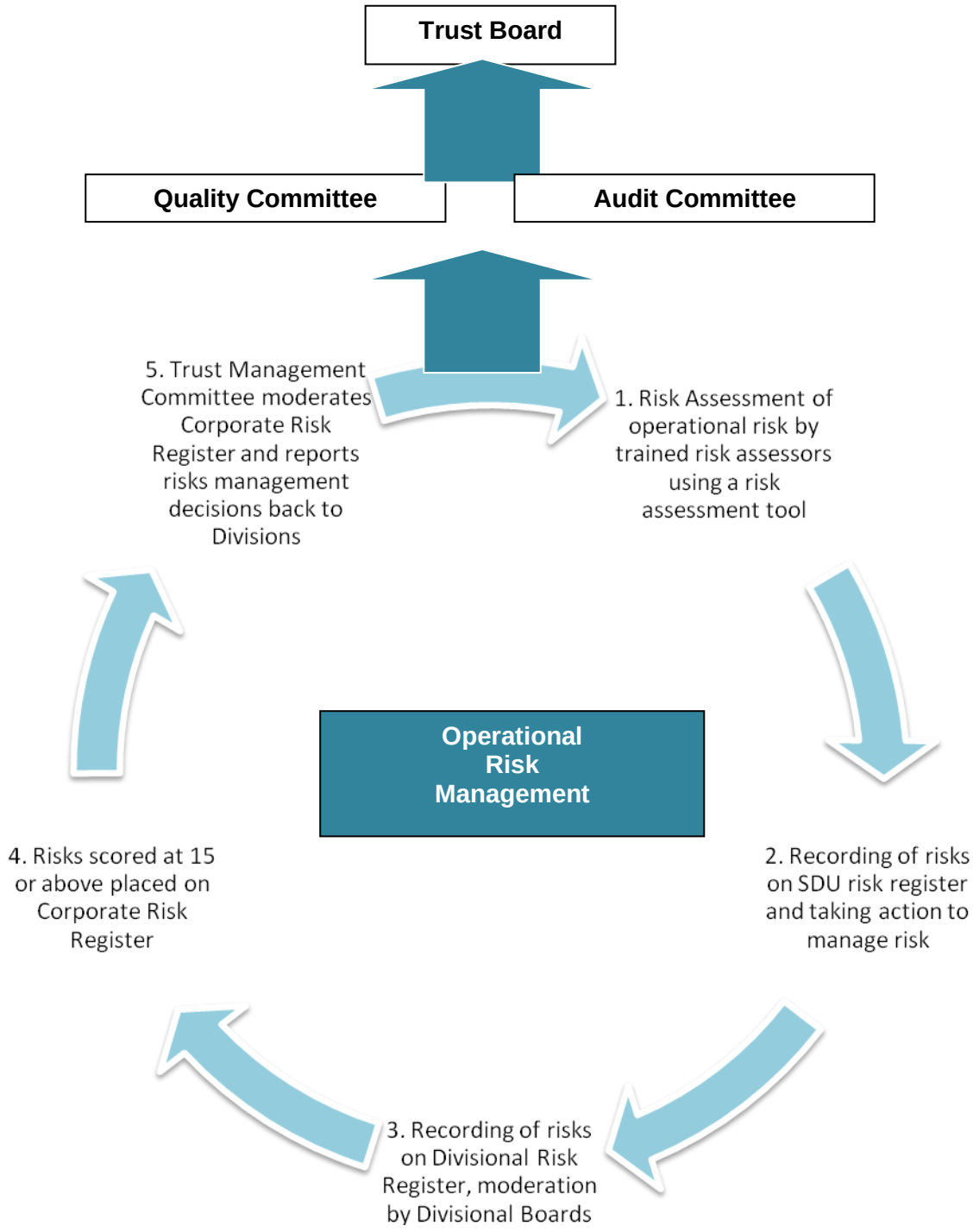


Diagram 2 Risk Communication Process for Corporate Risk Register



Each executive director has responsibility for a specific area of risk in addition to their corporate board responsibilities.
At a Divisional level the risk management processes are the responsibility of the Divisional Chairs, Assistant Chief Operating Officers and Associate Chief Nurses.
Risk management training and awareness is included in the mandatory corporate induction programme and additional risk training is available for staff.

Guidance is also provided by specialist advisers including:

- Director of Infection Prevention and Control, and the Infection Control Team
- Head of Occupational Health
- Health and Safety Adviser
- Fire Safety Advisers
- Radiological Protection Adviser
- Chief Pharmacist
- Leads for Safeguarding Adults and Children
- Human Tissue Act Designated individuals
- Security Advisers
- Caldicott Guardian
- Information Governance Advisers

The Board is committed to a culture of continual learning and quality improvement. The Board and its Committees receive feedback from audits, inspections, complaints and incident reporting.

Risks Identified in 2014/15
A range of risks were identified in 2014/15 and were reported to the Board through the Board Assurance Framework and the top risks from the Corporate Risk Register.

Strategic Risks
The top strategic risks facing the organisation through the year were as follows:

Quality

- The Board has been regularly apprised of the risk to patient experience resulting from waiting times for patients on the urgent care pathway. A number of reforms and system redesign have gone some way to improving the situation but there is more work to do to consistently achieve compliance with the national standard around 4 hour waits.

- The Hospital Standardised Mortality Ratio has continued to be above 100, although within the expected range of the 'funnel'. The Medical Director has led an action plan focused on improving mortality and monitored through the Mortality Reduction Group

- The Board has set a goal for a significant reduction in numbers of patient falls with the expectation that this will reduce harm from falls. Although the number of falls has reduced year on year over the last three years the pace of change does not yet match the goal. A falls learning collaborative has been put in place with 17 tests of change across the organisation in order to speed up the pace of improvement. All falls resulting in serious harm are reported as Serious Incidents and investigated with a Root Cause Analysis approach.

- The completion and publication of the Speaking Out investigation into Savile's past association with Stoke Mandeville Hospital resulted in a risk of anxiety and distress for Savile's victims, and a risk that public perception of the effectiveness of the Trust's safeguarding processes would be adversely affected. A comprehensive support system was put in place for those suffering distress linked to this investigation. An action plan was put in place to address the recommendations within the report and the actions were well underway before the publication of the report in February 2015. Dedicated support was provided to manage the communications and public confidence at the time of publication.

Workforce

- The Board recognised the risk that if staff are not sufficiently engaged with organisational objectives then there is a risk to the delivery of those objectives. The National Staff Survey for 2014 shows the Trust continuing in the lowest 20% of the country for staff engagement. A programme of work has continued through the year to engage with staff in designing the people strategy and the five year strategy.

- One of the top risks facing the organisation has been the challenge to recruit and retain the right levels of permanent clinical staff. A reliance on the use of temporary staff as well as creating a significant cost pressure also carries with it the risk of an adverse impact on the quality of patient care. Recruitment and retention has therefore been a high priority during this year and will continue into 15/16.

- The risk to achieving 95% compliance with staff statutory training has challenged the Board in 14/15, particularly with the introduction of the national e-learning package which had some initial difficulties. Actions to address this have been to reinforce the importance of statutory training, improve access to e-learning and face to face training, and tougher sanctions for non-compliance.

- The Board has recognised that with the number of director changes in 14/15 that there is a risk to board stability with the potential to impact on delivery of objectives. A focus on rigorous induction and delivery of a board development programme mitigates this risk.

Infrastructure

- The risk to business continuity associated with the introduction of a new patient administration system scheduled to take place in October 2015 is deemed to be at a significant level. There is a full programme plan in place to deliver the change with a governance process to monitor progress against the plan.

Finance

- Throughout the year the Board has monitored and managed the risk around the delivery of the annual financial plan. This is deemed to be one of the top 3 risks facing the organisation. To assist this assurance the Trust Board established a Finance and Business Performance committee to examine the financial position in a greater degree of detail.

Operational risks

Operational risks showing on the Corporate Risk Register which link to the strategic risks include reliance on temporary staff, compliance with national standard for 4 hour waits in Accident and Emergency, a shortage of consultants in Accident and Emergency, statutory training and appraisal, the replacement of the patient administration system, and the financial challenges.

Other risks showing on the Corporate Risk Register are the risk to consistent delivery of high quality end of life care; the continuity of service in the cardiac catheterisation laboratory due to equipment failures; the rollout of new Graseby syringe drivers; compliance with the WHO surgical safety checklist; safety of electrical systems in theatres at Stoke Mandeville Hospital; booking issues for patients with acute macular degeneration; and assurance around compliance with standards in prevention of venous thrombo-embolism.
One other key risk has been the introduction of electronic medical records using the Evolve system. Risk to continuity of patient care and treatment resulting from inaccessibility of records has been managed and will continue to be closely monitored.

THE RISK AND CONTROL FRAMEWORK

The Trust's strategy for managing its risk is to:

- Adopt an integrated approach to risk management, whether the risk relates to clinical, organisation, health and safety or financial risk. Through the processes and structures detailed in the Trust's risk management strategy and its relating polices, which have all been updated during 2014/15
- Manage risk as part of normal line management responsibilities and provide funding to address 'risk' issues as part of the normal business planning process
- Undertake risk assessment on both existing, new and proposed activities to ensure that:
    - Significant risks are identified
    - Assessments are made of their potential frequency and severity
    - Risks are avoided where possible, and minimised by implementing durable and effective controls
    - Risks are recorded on the Trust's risk register
- Ensure that the Board reviews the significant risks identified on the Board Assurance Framework and Corporate risk Register periodically and monitors the delivery of the Trust's objectives
- Use the risk registers to inform the trust's business planning and investment decision making process so that informed decisions are made in the full knowledge of the level of risk
- Record the results of risk assessments on the Trust's risk registers and use them to ensure that any decision to accept risk is taken as an appropriate level in the Trust
- Utilise internal and external audit, the healthcare compliance assessment and other assessments by independent regulatory bodies to provide assurance that risk is being managed appropriately
- Review the impact of the actions to confirm that they are successfully reducing risk

Within each clinical division there are clinical governance leads and teams attached to the Service Delivery Units whose role is to ensure that:

- Risks within the division are identified through a process of risk assessment, prioritised, where possible eliminated, and if not, minimised.
- The importance of managing risk is communicated to all staff within the division

- The Trust Management committee is made aware of any unacceptable risks that cannot be managed within the divisions
- Data from incidents, claims and complaints etc. is reviewed to identify any trends or areas for retrospective action.
- Learning is identified and that the feedback loop is completed.

Each division also has a clinical audit lead, medical devices lead and control of infection link nurses. Managers are responsible for ensuring effective risk management within their own area.

The Risk Management Strategy also requires liaison with co-employers on broader risks.

The Risk Management Strategy applies to all staff employed by Buckinghamshire Healthcare NHS Trust as well as temporary, agency and contracted staff and stresses the need to involve public stakeholders, as appropriate, in the risk management process.

The Board Assurance Framework (BAF) provides the Trust with a tool for the identification and treatment of principal risks to the achievement of the organisation's objectives. It also provides a structure for the evidence to support

(a) the annual governance statement and
(b) the statement of compliance with national healthcare regulations.

Documented in the Board Assurance Framework are the levels of unmitigated risk, the controls put in place to minimise principal risks, and the residual risk. The Framework also seeks to give assurances that these controls are effective. Many of these controls are already well established in systems of working which reduce the likelihood of risks being realised. Where gaps in control or assurance are identified, action plans are developed and put into place to address them. The BAF ensures that appropriate internal and external assurances are in place in relation to the management of all high-risk areas.

The Trust recognises the importance of managing information and personal information in particular, appropriately and securely. The Senior Information Risk Owner (SIRO) is responsible for ensuring the Board has comprehensive and reliable assurance that appropriate controls are in place and that risks are managed in relation to all information used for operational and financial purposes.

The Information Governance and Caldicott Committee monitors the performance of the Trust against the requirements of the Information Governance Toolkit. The Trust has self-assessed its performance on information governance using version twelve of the information governance toolkit. The Trust's overall submission for 2014/15 achieved a score of 80% resulting in a 'satisfactory' rating. During 14/15 Internal Auditors Baker Tilly carried out an assessment of the standards in the information governance toolkit and the Trust is awaiting the final report to be issued. The draft report suggests that areas to be concentrated on for 2015/16 should be in relation to data mapping and assurance around operational risk assessments, and these have been included in the workplan for 2015/16.

This section sets out key sources of assurance to confirm that internal control mechanisms are in place and working effectively. Where weaknesses have been identified these have been addressed with timely and appropriate action.

External reviews
Chief Inspector of Hospitals' Inspection of Acute Services March 2014

In June 2014 the Care Quality Commission formally provided the results of this review into acute services at a Quality Summit attended by key stakeholders. Following this Quality Summit the Trust was removed from 'Special Measures'.

Overall the Trust achieved a rating of 'Requires Improvement'. Overall judgements against each domain were as follows:

Are services at this Trust safe?	Requires improvement
Are services at this Trust effective?	Good
Are services at this Trust caring?	Good
Are services at this Trust responsive?	Requires improvement
Are services at this Trust well-led?	Requires improvement

The review rated the caring domain for critical care at Stoke Mandeville Hospital as 'Outstanding'. Also 'Outstanding' were the effective and caring domains within the National Spinal Injuries Centre.

The effectiveness of end of life care at Stoke Mandeville and Wycombe hospitals was judged to be 'Inadequate' as was the responsiveness of the Accident and Emergency service at Stoke Mandeville Hospital.

There were a number of other areas of outstanding practice identified within the report including aspects of women and children's services.

This inspection identified ten actions that the Trust 'MUST' take to improve. These relate to the following issues:

- Timeliness of assessment by an appropriate specialist inpatient team for patients in Accident and Emergency
- Timeliness of the decision to admit patients by the Accident and Emergency team
- Availability of appropriate equipment in the Accident and Emergency department
- Procedures and facilities in the treatment room on Ward 16B
- Storage of medicines
- Availability of the appropriate medicines for end of life care
- Care planning
- End of life care planning
- Completion of 'do not attempt cardio-pulmonary resuscitation' forms
- Compliance with NICE standards for end of life care for adults

These actions, along with other actions were incorporated into the Quality Improvement Plan and have been closely monitored by the Quality Committee.
The Care Quality Commission does not issue compliance notices when a Trust is in Special Measures. However, these are issued retrospectively when a Trust comes out of Special

Measures. The Trust was issued in October 2014 with the following compliance notices resulting from the inspection in March 2014:
Outcome 4, Regulation 9, Care and Welfare of Service Users

- Timely assessment of patients in A&E by appropriate specialists
- Care plans for all patients
- End of life care

Outcome 16, Regulation 10, Assessing and monitoring the quality of service provision

- Monitoring length of time patients are waiting in A&E

Outcome 11, Regulation 16 Safety, availability and suitability of equipment

- Equipment in A&E

Outcome 9, Regulation 13, Management of Medicines

- Treatment room on Ward 16B
- Storage of medicines in fridges
- Availability of medicines for end of life care

Outcome 21, Regulation 20, Records

- Do not attempt cardio-pulmonary resuscitation forms

With respect to the compliance notices these are only lifted on the basis of the results of further inspection by the Chief Inspector of Hospitals. We have completed the majority of the actions and continue to keep the Care Quality Commission informed of progress against longer term actions.

Chief Inspector of Hospitals' Focused Inspection of Community Services March 2015
This focused inspection of community services also included a review of progress against some of the issues identified in the acute inspection in March 2014, including the urgent care pathway and end of life care. The Trust is expecting to receive feedback from this review in June 2015.

NHS Protect review of Counter Fraud
This review took place on the 14 October 2014. The Trust was deemed to be partially compliant with standard 4.5, not compliant with standards 4.1, 4.2, 4.3, 4.4, and 4.7. A summary of the identified issues is shown below:
4.1 Timely recording of counter fraud information on the FIRST toolkit
4.2 The use of the FIRST toolkit to support and progress the investigation of fraud, bribery and corruption allegations. As due to the issues for 4.1 the data set in the FIRST toolkit was incomplete it therefore was not possible to comply with the requirements for 4.2.
4.3 Using the FIRST toolkit to investigate and ensure relevant legislation, such as the Police and Criminal Evidence Act 1984 is adhered to
4.4 Demonstrate commitment to pursuing the full range of available sanctions. The delay in recording in the FIRST toolkit the sanctions which had been taken led to non compliance with this standard.
4.7 Recovery of NHS funds which have been lost or diverted. The information about sanctions taken in one particular case was not updated in the FIRST system and therefore resulted in a judgement of non compliance.
It may be seen that the key issues in all the above standards relate to issues of compliance with the use of the FIRST toolkit. This situation has now been rectified and the FIRST system is being used in the required way.

NHS Protect review of security

A focused quality assessment of compliance against NHS Protect standards for providers (Security Management) took place in January 2015. The assessment focused on the 'Prevent and Deter' section of the standards and resulted in a red assessment rating.
The Trust was deemed to have met standards 3.7 and 3.8; partially met the standards for 3.1, 3.4, 3.5, and 3.11; and not met the standards for 3.2, 3.3, 3.6, 3.9, 3.10, 3.12, 3.13, 3.14 and 3.15.
The resulting action plan will strengthen processes around training, lone working, asset protection, lockdown and security related policies. This action plan is being led by the Security team with the support of Health and Safety leads and monitored through the Health and Safety Committee which reports in turn to the Trust Management Committee.

Internal Audit
The Head of Internal Audit has provided the following opinion for 14/15:
Significant Assurance with exceptions:
Based on the work undertaken in 2014/2015, significant assurance can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently.
However, some weaknesses were identified during the year where we issued either a Red or an Amber Red opinion that put the achievement of particular objectives at risk. In addition, our work in the area of Access Targets -18 Weeks RTT identified that whilst progress has been made since our previous review in this area, a number of areas for improvement are still required and were being addressed by the Trust.
In 14/15 the Internal Audit programme issued 25 reports of which seven are review or advisory reports. The assurance ratings are below:

<u>Green</u>
- Asset Management – Medical Equipment and the EBME Department
- Cash management
- Board Assurance Framework
- Payments and Creditors
- Risk Management

<u>Amber Green</u>
- Sickness Absence
- Clinical Audit
- Divisional Reviews – Performance Management Frameworks
- Income and Debt Management
- Whistleblowing
- General Ledger
- Cost Improvement Programmes – Planning and Monitoring Delivery
- CQC

<u>Amber Red</u>
- Bank and Agency Usage
- Statutory and Mandatory Training
- Publishing Ward Nursing Data (Draft)
- Private Patients

<u>Red</u>
- Stock Management – Medical Consumables and Electrical Stock

<u>Advisory</u>

- Access Targets – 18 Weeks Referral to Treatment (Advisory)
- Follow Up – Procurement and Contract Management (Some Progress)
- Project Management – Position Statement (Advisory)
- Information Governance (draft) (Advisory)
- Financial Forecasting – Follow up review (draft) (Good Progress)
- Board Governance – Follow Up of KPMG Recommendations Implementation (Good Progress)
- Payroll (Advisory)

All red and amber red reports are considered in detail at Audit Committee, with Executive Directors required to present actions plans to rectify risk areas identified. Review or advisory reports are not given an assurance rating but are also considered at the Audit Committee.

Compliance with NHS Operating Framework
A comprehensive set of performance reports covering quality, finance, operational performance and workforce have been presented at each Board meeting.
The Trust carries out internal audit reviews of its elective data quality twice a year, and external audits every 3 years. In 2014 the NHS Intensive Management Support Team conducted a thorough review of the Trust's assurance process around managing its elective waits, and in its closure report noted significant improvements in both the operational delivery of elective standards and the on-going monitoring of data quality standards. Supporting the internal audit programme, the Trust's information department run prospective data quality checks on a monthly basis on patients both deemed to be compliant and non compliant with the RTT standards.

The operational performance report demonstrated compliance over the year for all indicators with the following exceptions:

- The 4 hour emergency access target which achieved 92.9% against a standard of 95%
- MRSA bacteraemia, 3 recorded cases against a zero standard
- Clostridium difficile infection rate – 37 recorded cases against a standard of 33 (of those only 2 were avoidable)

Admitted patients finishing their pathway – achieved 91.1% by 31 March 2015.

The quality and accuracy of the data on elective waiting times has been reviewed by the NHS Interim Management and Support team who were assured that the reporting and validation process was good.

In addition a follow-up Internal Audit showed progress with this.

We have introduced an electronic referral to treatment time form to improve the accuracy of data; we have set up a central validation team; the information team carry out spot check audits of the data; and we have significantly invested in staff training and development.

National Staff Survey

The survey took place between 6 October and 3 December 2014. 850 members of staff were randomly selected and invited to participate in the paper based survey. 44% of staff responded.
Key items of note:

- Overall indicator of staff engagement has gone up slightly to 3.61 from 3.56 on a scale of 0 to 5. However, we are in the bottom 20% when compared with Trusts of a similar type. (The national average is 3.64)

- There were also improvements in questions relating to Key Finding (KF) 24 "staff recommending the Trust as a place to work or receive treatment", however we rank in the bottom 20% of comparator Trusts. (The national average is 3.67)

- There were no statistically significant deteriorations in the 29 Key Findings

- There was one statistically significant improvement, KF 7 "the percentage of staff appraised in the last 12 months"

The Trust's top ranking scores (where we compare **most favourably** to other Trusts) were in the following areas:

- KF2 "percentage of staff agreeing their role makes a difference to patients"
- KF7 "percentage of staff appraised in the last 12 months"
- KF13 "percentage of staff reporting errors, near misses or incidents witnessed in the last month"
- KF16 "percentage of staff experiencing physical violence from patients, relatives or the public in the last 12 months"
- KF26 "percentage of staff having equality and diversity training in the last 12 months"

The Trust's bottom ranking scores (where we compare **least favourably** to other Trusts) were in the following areas:

- KF9 "support from immediate managers"
- KF14 "fairness and effectiveness of incident reporting procedures"
- KF15 "Percentage of staff agreeing that they would feel secure raising concerns about unsafe clinical practice"
- KF21 "percentage of staff reporting good communication between senior management and staff"
- KF23 "staff job satisfaction"

We have developed and approved a People Strategy in 2014 and an action plan is in place to address the issues raised through this survey.

Clinical Audit

A wide range of clinical audits have been undertaken in 2014/15 which are reported in detail in the Quality Account. These provide assurance that controls are in place for clinical processes, and, where risk is identified through these audits this is escalated through the risk management system.

Never Events

The Trust has declared two Never Events in 2014 both relating to wrong tooth extraction. The events do not show a common theme. Each has been separately investigated and actions taken to minimise the risk of recurrence.

Single Sex Accommodation

The Trust declared no breaches of single sex accommodation during 2014/15.

Quality Account

The organisation has assured itself with regard to the information contained in the Quality Account 2014/15 through the following measures:

- Control mechanisms within the Care Records Service application
- A programme of clinical audit, including engagement with required national audits
- Multiple reviews of the Quality Account whilst in draft by Board members, clinical leads, and contributors to the document to check for accuracy
- Provision of a draft for review by the Buckinghamshire Health and Adult Social Care Select Committee and Health Watch England.
- External audit of compliance with the Quality Account regulations and detailed review of two indicators within the report
- Consideration of the draft Quality Account by the Audit Committee prior to submission to the Board for approval

Information Security

There has been one Level 2 data security incident in 2014/15 which was reported to the Department of Health and Information Commissioner. This was investigated and signed off by the Trust Serious Event Review Group in August 2014.

Public Sector Equality Duty

2014/15 has continued to demonstrate good progress against the Public Sector Equality duty (PSED) with the following summary of outcomes from the Equality Delivery System assessment.

Of the 16 outcomes that we can make direct comparisons with from the last assessment:

- **5 grades were maintained** - 3 for patient and 2 for staff outcomes of these (3 green and 2 amber)
- **7 grades improved** – 5 of these were partial improvements which is a split grade. 4 improvements were for patient outcomes and 3 for the staff/leadership outcomes. This is a very positive improvement overall and demonstrates real progress in some of the areas since our last assessment.
- **4 were downgraded** – 1 of which was a partial i.e. split grade. 1 of these was for a patient outcome and 3 were related to staff and leadership outcomes.

Speaking Out Investigation

In October 2012 allegations relating to the late Jimmy Savile started to emerge through the media. In response to this the Trust immediately initiated an independent investigation into Savile's association with Stoke Mandeville Hospital. This investigation along with a number of other NHS investigations, was carried out under the oversight of Kate Lampard who was appointed by the Secretary of State for Health into this oversight role.

The investigation was carried out by Dr Androulla Johnstone from the Health and Social Care Advisory Service. Dr Johnstone and her team carried out a comprehensive document review and interviewed over 250 witnesses. Among these witnesses were a number of victims. All victims and witnesses were offered support throughout the process.

After the main investigation ceased gathering evidence a small number of people came forward with new accounts. These were investigated by independent investigators from Oxford Health NHS Foundation Trust under the supervision of the Savile Legacy Unit set up by

the Department of Health. The report was published as a Legacy report, and was one of 15 legacy investigations conducted nationwide.

The Speaking Out Independent Investigation report was published on the 25th February 2015 at a national launch. The Legacy report was also published on the same day.
The investigation found that between 1968 and 1992 Savile sexually abused 60 individuals connected with Stoke Mandeville Hospital. These victims ranged in age from 8 to 40 years. The victims were patients, staff, visitors, volunteers and charity fundraisers. The sexual abuse ranged from inappropriate touching to rape. Savile was an opportunistic predator who could also on occasions showed a high degree of premeditation when planning attacks on his victims.

The report concludes that although a small number of verbal reports and one formal complaint (which was subsequently dropped by the victim's father due to her serious ill health) were made, none of these were escalated to senior management. Consequently no intelligence about Savile's behaviour was gathered over the years and no action was taken.
The Stoke Mandeville Hospital NHS Trust Board elect (1991) and formally appointed NHS Trust Board (1994) tackled Savile 'head on' from 1991 and, whilst it was to take several years, were able to control Savile and diminish his authority. The placing of statutory powers at local service provider level allowed the NHS Trust to address what had become an unworkable situation.

At the same time, the Hospital introduced more restrictions and stringent processes, thanks in part to clear and unambiguous national guidance on procedures for complaints, whistleblowing, security, staff checks and volunteering. These factors combined to create a climate that was no longer conducive to a continuation of either Savile's managerial authority or his opportunistic sexual abuse.

The current Buckinghamshire Healthcare NHS Trust has undergone a stringent process of review and investigation in relation to safeguarding and governance. Today Stoke Mandeville is a very different place. The Investigation says that now: "The Trust has a safeguarding team of experienced and qualified staff members who are fully aware of the importance of safeguarding" and it "has not found any safeguarding related situation where either children or vulnerable adults have been at risk."

FINANCE
The Trust faced an extremely challenging year financially ending with a £7.5M deficit compared to its planned surplus of £250K, within this out-turn the Cost Improvement Plan (CIP) was over achieved by £6M on a recurrent basis and £7M non recurrently . This achievement needs to be considered along with the additional investment of £6M in nursing staff to meet safe staffing requirements.
The Trust received £13M of additional PDC to support the cash position and £2.5M of loan financing to enable key clinical developments.
The Trust has worked to strengthen its planning and forecasting, and improve its reporting processes. It is enhancing its PMO function and developing new roles to ensure continuous business planning, and total economy strategic alignment. The plan for the 2015/16 financial year is a realistic and deliverable one, and contractually agreed with its commissioners.
The trust along with the NHS as a whole faces a challenging financial agenda. We are well placed to meet this with the Long Term Financial Model (LTFM) submitted to the Trust Development Authority showing a clinically and financially sustainable organisation. This LTFM has been agreed with key commissioners. The trust strong track record on financial performance illustrates commitment by the board to achieving financial targets.
BOARD COMMITTEE REPORTS

<u>Audit Committee</u>

The Committee received assurance through briefings around counter fraud, internal and external audit, clinical audit, risk documents and matters of financial governance. The Audit Committee also considered the following matters:

- Commenced a programme of 'deep dives' into lines on the Board Assurance Framework. Presented by Executive Directors these 'deep dives' strengthened both the risk and assurance process
- Whistleblowing awareness and processes

The Committee also received reports from the chair of the Quality Committee and Finance and Business Performance Committee.
The committee produced an annual report to the board giving assurance that a sound system of internal control existed within the Trust

Finance and Business Performance Committee

The Finance and Business Performance Committee reviewed in detail issues of financial, operational and workforce performance.
The Committee was consulted in the preparation of the Long Term Financial Model and examined and recommended to the board the annual financial revenue and capital plan.
Deep dives into the Evolve patient records system and the replacement of the Patient Administration System also took place.
The Committee was briefed around significant projects such as the new multi-storey car park.
Particular emphasis was directed during the year around the governance and progress of the cost improvement programme
One particular area of note during the year was the work on Service Line Reporting and the Patient Information and Costing System. The committee reviews all service lines on a cyclical basis comparing profitability with organisational objectives

Quality Committee

The Quality Committee focused this year on strengthening the involvement of the clinical divisions at the meetings, and overseeing the progress of the Quality Improvement Plan agreed at the Quality Summit in June 2014. The Committee received presentations from clinicians on selected serious incidents to provide assurance of learning and improvement.
Presentations from clinicians also covered the following subjects:

- Numbers of term babies being admitted to neonatal intensive care
- 'Sign up to Safety' initiative
- Infection prevention and control
- Maternity peer review
- Medicines management
- Whistleblowing
- Learning collaborative
- Cardiac catheterisation

The Committee received regular assurance reports with regard to adult and child safeguarding.

Final Statement

I confirm that arrangements are in place for the discharge of statutory functions. These arrangements are checked through audit and performance review for any irregularities. We are legally compliant.

With the exception of the internal control issues that I have outlined in this statement, my review confirms that Buckinghamshire Healthcare NHS Trust has a generally sound system of governance that supports the achievement of its policies, aims and objectives and that those control issues have been or are being addressed and that there are no significant internal control issues.

Accountable Officer: Neil Dardis

Organisation: Buckinghamshire Healthcare NHS Trust

Signature:

Date:

APPENDICES

Appendix 1 - Become a member of the Trust

As part of our aim to become an NHS Foundation Trust, we would like to invite you to become a member of the Trust. To become a member you can join on our website www.buckshealthcare.nhs.uk or request information from us at:

Membership office

Buckinghamshire Healthcare NHS Trust

Amersham Hospital

Whielden Street

Amersham Bucks

HP7 0JD

Appendix 2 - Feedback on the annual report 2014/15

It is important our annual report is easy to read and understand, and it is available in a variety of versions, including in other languages and as an audio book, on request. In producing ours we have used guidance on content from the Department of Health, as well as learning from reports produced by other NHS trusts.

We value feedback on this year's report – please complete the feedback form below and post the page to the address shown. Alternatively, you may email your comments to communications@buckshealthcare.nhs.uk.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The information in this annual report was easy to understand					
There was enough information about the Trust and its services					
There was enough information about the Trust's achievements					
There was enough information about the Trust's finances					
The layout of the document was clear					

Please post feedback to:

Communications

Buckinghamshire Healthcare NHS Trust

Amersham Hospital

Whielden Street

Amersham Bucks

HP7 0JD

Or telephone: 01494 734959

Or email: communications@buckshealthcare.nhs.uk

Appendix 3 - Glossary

Acute hospital services Medical and surgical interventions provided in hospitals.
Accruals An accounting concept. In addition to payments and receipts of cash, adjustment is made for outstanding payments, debts to be collected and stock (items bought, paid for but not yet used). This means that the accounts show all the income and expenditure that relates to the financial year.
Agenda for Change Agenda for Change is the pay system for the majority of NHS staff.
Annual governance statement The chief executive as the accounting officer is required to make an annual statement alongside the accounts of the Trust, which provides a high-level summary of the ways in which risks are identified and the control systems in place.
Annual health check The annual health check produced by the Care Quality Commission involves the assessment and rating of the performance of each NHS organisation. The annual health check rating for the previous financial year is published in October.
Assets In general, assets include land, buildings, equipment, cash and other property.
Assurance framework (and Board Assurance Framework) The assurance framework provides organisations with a simple but comprehensive method for the effective and focused management of the principal risks to meeting their objectives. It also provides a structure for the evidence to support the statement on internal control.
Better payment practice code The better payment practice code requires the Trust to aim to pay all valid non-NHS

invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

Break-even (duty)

A financial target. In its simplest form it requires the Trust to match income and expenditure.

Capital

Expenditure on the acquisition of land and premises, individual works for the provision, adaptation, renewal, replacement and demolition of buildings, items or groups of equipment and vehicles, etc. In the NHS, expenditure on an item is classified as capital if its costs exceed £5000 and its useful life expectancy is greater than one year.

Care pathway

This is the route and interactions with healthcare services that a patient will take from their initial meeting with a GP to completion of their treatment.

Care Quality Commission(CQC)

The Care Quality Commission provides an independent assessment of the standards of healthcare services, whether provided by the NHS, the private sector or voluntary organisations. The CQC replaces the Healthcare Commission.

Charitable funds

Our charity, registered number 1053113 includes a general amenity fund (unrestricted), a research fund (restricted) and an endowment fund.

Choose and book

It is the government's aim to allow patients to choose the hospital they are treated in. Patients needing elective treatment are offered a choice of four or five hospitals once their GP has decided that a referral is required. These could be NHS trusts, Foundation Trusts, treatment centres, private hospitals or practitioners with a special interest operating within primary care. Choose and book is a national service that, for the first time, combines electronic booking and a choice of place, date and time for first outpatient appointments.

Clinical Commissioning Groups

Clinical commissioning groups (CCGs) are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England. They are clinically led groups that include all of the GPs in their geographical area. The aim of this is to give GPs and other clinicians the power to influence commissioning decisions for their patients.

Clinical division

The Trust's organisation management structure is based on three clinical divisions, each led by a divisional clinical chair who is a medical consultant supported by an associate chief nurse and associate chief operating officer. The three divisions are:-

- integrated medicine
- surgery and critical care
- specialist services.

Clostridium difficile (C. difficile)

Clostridium difficile is a bacterium that can cause an infection of the gut and is the major infectious cause of diarrhoea that is acquired in hospitals in the UK.

Commissioning

A continuous cycle of activities that underpins and delivers on the overall strategic plan for healthcare provision and health improvement of the population. These activities include stakeholders agreeing and specifying services to be delivered over the long term through partnership working, as well as contract negotiation, target setting, providing incentives and monitoring.

Community care

Healthcare care provided in a community setting such as at home or from a community hospital.

CQUIN (Commissioning for Quality and Innovation) payment targets

These new payment targets are aimed at driving up quality in certain areas. They have been developed to support implementation of *High Quality Care for All*.

Cost improvement programme

The 'savings' plan agreed for 2009/10.

Corporate trustee

A corporate trustee is a corporation which has been appointed to act as a trustee of a charity. In the case of the NHS, the NHS Trust Board is the corporate trustee of our charitable funds.

Current assets

Debtors, stocks, cash or similar whose value is, or can be converted into, cash within the next twelve months.

Disability equality scheme

The Disability Discrimination Act amended in 2005 gives the Trust 'general' and 'specific' duties to promote disability equality.

Eighteen week and cancer waits

The NHS improvement plan gave a commitment that by December 2008 no one will have to wait longer than 18 weeks from GP referral to hospital treatment. However, many patients will be seen much more quickly. For example by December 2005, cancer patients were guaranteed a maximum two month wait from urgent GP referral to first treatment and a maximum one month wait from diagnosis to first treatment for all cancers.

Elective inpatient activity

Elective activity is where the decision to admit to hospital could be separated in time from the actual admission, i.e. planned. This covers waiting list, booked and planned admissions.

Emergency inpatient activity

Emergency activity is where admission is unpredictable and at short notice because of clinical need.

Equality delivery system (EDS)

The EDS was designed in 2011 as a tool to support NHS commissioners and providers to deliver better outcomes for patients and communities and better working environments for staff, which are personal, fair and diverse. The EDS is about making positive differences to healthy living and working lives.

Evolve

Evolve, is a new electronic document and records management system (EDRM) which has been rolled out from Autumn 2013.

Executive directors

The executive directors are senior employees of the NHS Trust who sit on the Board of Directors and will include the chief executive and finance director. Executive directors have decision-making powers and a defined set of responsibilities thus playing a key role in the day to day running of the organisation.

GDP Gross domestic product – a measure of the value of national economic activity.
Governance Governance arrangements are the 'rules' that govern the internal conduct of an organisation by defining the roles and responsibilities of key officers/groups and the relationship between them, as well as the process for due decision making and the internal accountability arrangements.
Health and Social Care Act 2012 The Health and Social Care Act 2012 is an Act of the Parliament of the UK. It is the most extensive reorganisation of the structure of the NHS in England. It abolished NHS primary care trusts and strategic health authorities from April 2013, with clinical commissioning groups made up of GPs now responsible for buying health services for their population.
Health Education Thames Valley Health Education Thames Valley is the local education and training board covering Buckinghamshire and responsible for NHS workforce planning, education and training in the area. It is a committee of Health Education England, the organisation established as part of the Health and Social Care Act 2012 to lead on workforce issues nationally.
HSMR The Hospital Standardised Mortality Ratio (HSMR) is an indicator of healthcare quality used by the NHS that measures whether the death rate at a hospital is higher or lower than you would expect.
ICT Information and communications technology.
Integrated business plan The Trust's Integrated Business Plan (IBP) describes services provided by Buckinghamshire Healthcare. It outlines plans for the Trust to operate as a legally-constituted, financially viable and well- governed NHS Foundation Trust over a five-year period and will form part of our Foundation Trust application to the Trust

Development Authority.

Integrated care

Integrated care – also known as *coordinated care*, *comprehensive care*, *seamless care* – is a worldwide trend in health care reforms and new organisational arrangements that focuses on more coordinated services across acute, community and primary care sectors.

International Financial Reporting Standards (IFRS)

IFRS are the standards, interpretations and the framework adopted by the International Accounting Standards Board (IASB) to promote high quality financial standards globally.

Key performance indicators (KPIs)

KPIs are the nationally recognised method for calculating performance in NHS acute trusts and are defined by the NHS Information Authority. In 2009/10 the KPIs covered existing commitments and national targets set out by the Department of Health (DH) and Care Quality Commission (CQC); clinical quality, outcome and clinical efficiency indicators and activity levels, workforce and health & safety indicators.

Local health economy

The NHS organisations including GP practices, and voluntary and independent sector bodies involved in the commissioning, development and provision of health services for particular population groups.

Methicillin resistant staphylococcus aureus (MSRA)

This is a strain of a common bacterium which is resistant to an antibiotic called methicillin.

NHS foundation trust(FT)

NHS foundation trusts have been created to devolve decision-making from central government control to local organisations and communities so they are more responsive to the needs and wishes of their local people.

NHS trusts

NHS Trusts are hospitals, community health services, mental health services and ambulance services which are managed by their own boards of directors. NHS trusts are part of the NHS and provide services based on the requirements of patients as commissioned by PCTs.

Non-executive directors

Non-executive directors, including the chairman, are Trust Board members but they are not full time NHS employees. They have a majority on the Board and their role is to bring a range of varied perspectives and experiences to strategy development and decision-making, ensure effective management arrangements and an effective management team is in place and hold the executive directors to account for organisational performance.

Order communications

An electronic system for the requesting and reviewing of test results. For example, pathology results.

Outpatient attendance

An outpatient attendance is when a patient visits a consultant or other medical outpatient clinic. The attendance can be a ‘first’ or ‘follow up’.

Health and Adult Social Care Select Committee Buckinghamshire County Council (HASC)

HASCs have the power to scrutinise health services. This contributes to their wider role in health improvement and reducing health inequalities for their area and its inhabitants.

Patient administration system (PAS)

A computer system used to record information about the care provided to service users. The data can only be accessed by authorised users.

Patient Advice and Liaison Service (PALS)

All NHS trusts are required to have a Patient Advice and Liaison Service. The service

offers patients information, advice, quick solution of problems or access to the complaints procedure. PALS are designed to offer on the spot help and information, practical advice and support for patients and carers.

Payment by results (PbR)

Payment by results (PbR) aims to be a fair and transparent, rules-based system for paying NHS Trusts. It uses a national price list (tariff) linked to activity and adjusted for case complexity.

Private finance initiative (PFI)

The private finance initiative (PFI) provides a way of funding major capital investments, without immediate recourse to the public purse. Private consortia, usually involving large construction firms, are contracted to design, build, and in some cases manage new projects

Primary care

Family health services provided by family doctors, dentists, pharmacists, optometrists, and ophthalmic medical practitioners.

Protected characteristics

The Equality Act 2010 makes it unlawful to discriminate against people with a 'protected characteristic' (previously known as equality strands / grounds). The protected characteristics are Age, Disability, Gender Reassignment, Pregnancy and Maternity, Marriage and Civil Partnership, Race, Religion or belief, Sex and Sexual Orientation.

Provisions

Provisions are made when an expense is probable but there is uncertainty about how much or when payment will be required. Provisions are included in the accounts to comply with the accounting principle of prudence.

Public Sector Equality Duty (PSED)

The Equality and Human Rights Commission published new guidance in January 2013 on the public sector equality duty (PSED) under the Equality Act, to help public authorities encourage good relations, promote equality and eliminate discrimination in

the workplace and in delivering public services.
Quality account From 2009/10 onwards all NHS trusts have to publish quality accounts to give information about the quality of the services being delivered.
Revenue Expenditure other than capital. For example, staff salaries and drug budgets. Also known as current expenditure.
Ring-fenced Funding specifically designated for a purpose and which can only be used for that purpose.
RiO An electronic patient records system for community health organisations.
Risk register A register of all the risks identified by the organisation, each of which is assessed to determine the likelihood of the risk occurring and the impact on the organisation if it does occur.
Scannappeal An independent registered charity that's objective is to raise money for scanners and other life saving medical equipment for hospitals in Buckinghamshire.
Secondary care Care provided in hospitals.
Service standards The Trust's service standards focus on themes around communication, courtesy, compassion and commentary. For the first time they set out the standards of behaviour we expect all of our staff to deliver, with every interaction, every day, with

every patient or colleague.

Tariff / national tariff

The national tariff underpins the implementation of the payment by results policy by providing a national price schedule for commissioning services for patients in England. The tariff is a schedule of prices for healthcare resource groups (HRGs). These HRG's cover a range of clinical procedures, treatments and diagnoses that cover a large proportion of hospital services in England.

Tripartite agreement

This is an agreement between three parties.

Trust Board

The Trust Board comprises the chairman, executive and non-executive directors and is the body responsible for the operational management and conduct of a particular NHS Trust.

Trust Development Authority

The NHS Trust Development Authority (NHS TDA) is a national body established through the Health and Social Care Act 2012 to support the performance management of NHS trusts and manage foundation trust applications. It has special health authority status and also looks at clinical quality, governance and risk in NHS trusts and oversees the non-executive appointments of chairs, non-executive directors and trustees for NHS charities.

Whole system reform

In relation to our agenda this involves looking at the whole system of NHS care in Buckinghamshire, for example the organisations and professions involved, and improving it collaboratively.

Working capital

Working capital is the current assets and liabilities (debtors, stock, cash and creditors) required to facilitate the operation of an organisation.

Appendix 4 – Sustainability report

Sustainability Report

Introduction

Sustainability has become increasingly important as the impact of peoples' lifestyles and business choices are changing the world in which we live. We acknowledge this responsibility to our patients, local communities and the environment by working hard to minimise our footprint.

As a part of the NHS, public health and social care system, it is our duty to contribute towards the level of ambition set in 2014 of reducing the carbon footprint of the NHS, public health and social care system by 34% (from a 1990 baseline) equivalent to a 28% reduction from a 2013 baseline by 2020. It is our aim to meet this target by reducing our carbon emissions 10% by 2015 using 2007 as the baseline year.

Policies

In order to embed sustainability within our business it is important to explain where in our process and procedures sustainability features.

Area	Is sustainability considered?
Travel	No
Procurement (environmental)	Yes
Procurement (social impact)	Yes
Suppliers' impact	Yes

One of the ways in which an orgnisation can embed sustainability is through the use of a Sustainable Development Management Plan (SDMP). We will be putting together an SDMP in the near future for consideration by the board.

As an organisation that acknowledges its responsibility towards creating a sustainable future, we help acheive that goal by running awareness campaigns that promote the benefits of sustainability to our staff.

Climate change brings new challenges to our business both in direct effects to the healthcare estates, but also to patient health. Examples of recent years include the effects of heat waves, extreme temperatures and prolonged periods of cold, floods, droughts etc. Our board approved plans address the potential need to adapt the delivery the organisation's activities and infrastructure to climate change and adverse weather events

Partnerships

The NHS policy framework already sets the scene for commissioners and providers to operate in a sustainable manner. Crucially for us as a provider, evidence of this commitment will need to be provided in part through contracting mechanisms.

We have not currently established any strategic partnerships. For commissioned services here is the sustainability comparitor for our CCGs:

Organisation Name	SDMP	GCC	Board Lead	Adaptation	SD Reporting score
No commissioners identified					

More information on these measures is available here: http://www.sduhealth.org.uk/policy-strategy/reporting/sdmp-annual-reporting.aspx

Performance

Organisation

Since the 2007 baseline year, the NHS has undergone a significant restructuring process and one which is still on-going. Therefore in order to provide some organisational context, the following table may help explain how both the organisation and its performance on sustainability has changed over time.

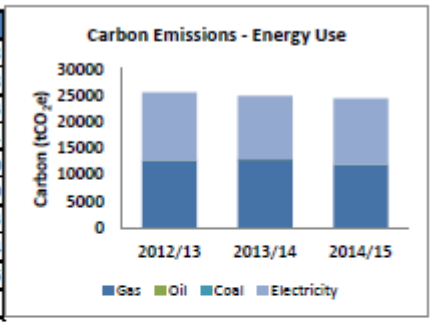
Context info	2007/08	2012/13	2013/14	2014/15
Floor Space (m^2)	0	139767	140463	138983
Number of Staff	0	4718	5598	5800

In 2009 the Carbon Reduction Strategy outlined an ambition to reduce the carbon footprint of the NHS by 10% (from a 2007 baseline) by 2015. We have supported this ambition as follows:

Energy

Buckinghamshire Healthcare NHS Trust has spent £3878725 on energy in 2013/14, which is a 11% decrease on energy spend from

Resource		2012/13	2013/14	2014/15
Gas	Use (kWh)	62390963	61108989	56646548
	tCO_2e	12749.59329	12963.66093	11884.61588
Oil	Use (kWh)	172229	56262	309983
	tCO_2e	54.91521665	17.9672697	99.20057491
Coal	Use (kWh)	0	0	0
	tCO_2e	0	0	0
Electricity	Use (kWh)	26116347	26155176	25741523
	tCO_2e	12794.54062	12015.38585	12476.00214
Total Energy CO_2e		25599.04912	24997.01404	24459.8186
Total Energy Spend		£ 4,020,796	£ 4,356,889	£ 3,878,725



Performance

Athough both the electrical and gas has reduced, the increase in energy is due the oil used to run stand alone generators . We are working with the Carbon Energy Fund to reduce energy and cost by improvements through insulation and upgrading.

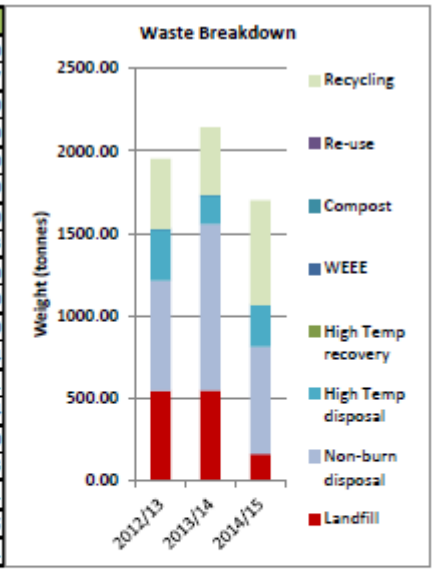
0% of our electricity use comes from renewable sources.

Commentary

By using the Carbon Energy Fund, the Trust are introduced to companies that will make the required improvements at no cost. This is achieved by using the savings achieved through new equipment, upgrades and staff culture change.

Waste

Waste		2012/13	2013/14	2014/15
Recycling	(tonnes)	426.00	410.00	632.00
	tCO_2e	8.95	8.61	13.27
Re-use	(tonnes)	0.00	0.00	0.00
	tCO_2e	0.00	0.00	0.00
Compost	(tonnes)	0.00	0.00	0.00
	tCO_2e	0.00	0.00	0.00
WEEE	(tonnes)	0.50	2.00	1.50
	tCO_2e	0.01	0.04	0.03
High Temp recovery	(tonnes)	0.00	0.00	0.00
	tCO_2e	0.00	0.00	0.00
High Temp disposal	(tonnes)	311.00	173.00	252.00
	tCO_2e	68.42	38.06	55.44
Non-burn disposal	(tonnes)	669.00	1010.00	649.31
	tCO_2e	14.05	21.21	13.64
Landfill	(tonnes)	546.00	550.00	165.00
	tCO_2e	133.45	134.43	40.33
Total Waste (tonnes)		1952.50	2145.00	1699.81
% Recycled or Re-used		22%	19%	37%
Total Waste tCO_2e		224.88	202.35	122.71



Performance

All the domestic waste at Wycombe General Hospital, Amersham Hospital and some of the community is recycled. The cardboard is separated and the remainder goes to the Grundon's waste to energy plant, any residue is used to form breeze blocks.

Commentary

The Trust are in early stages of moving to the offensive waste stream and reusable sharp boxes, therefore reducing our carbon footprint by not burning the containers. Both are culture changes which will reduce costs.

Finite resource use - Water

Water		2012/13	2013/14	2014/15
Mains	m^3	169882	169092	157232
	tCO_2e	155	154	143
Water & Sewage Spend		£ 292,294	£ 331,794	£ 286,552

Performance
We continue to use water at the same rate as last year. we are investigating ways of reducing our usage as part of the Carbon Energy Fund contract. In the short term we have requested Schneider to investigate quick fix solutions.

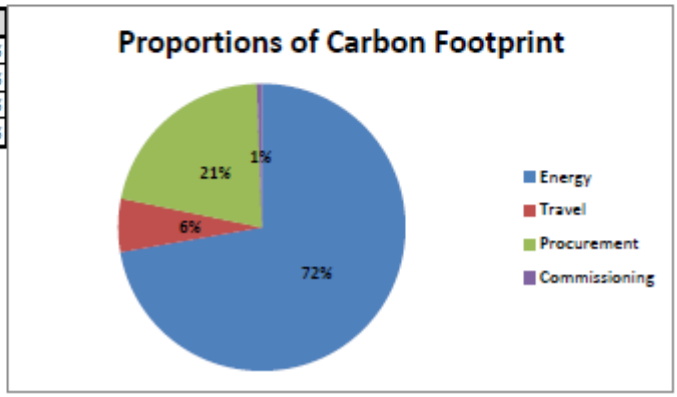
Commentary
We are investigating ways of reducing our usage as part of the Carbon Energy Fund contract. In the short term we have requested Schneider to investigate quick fix solutions.

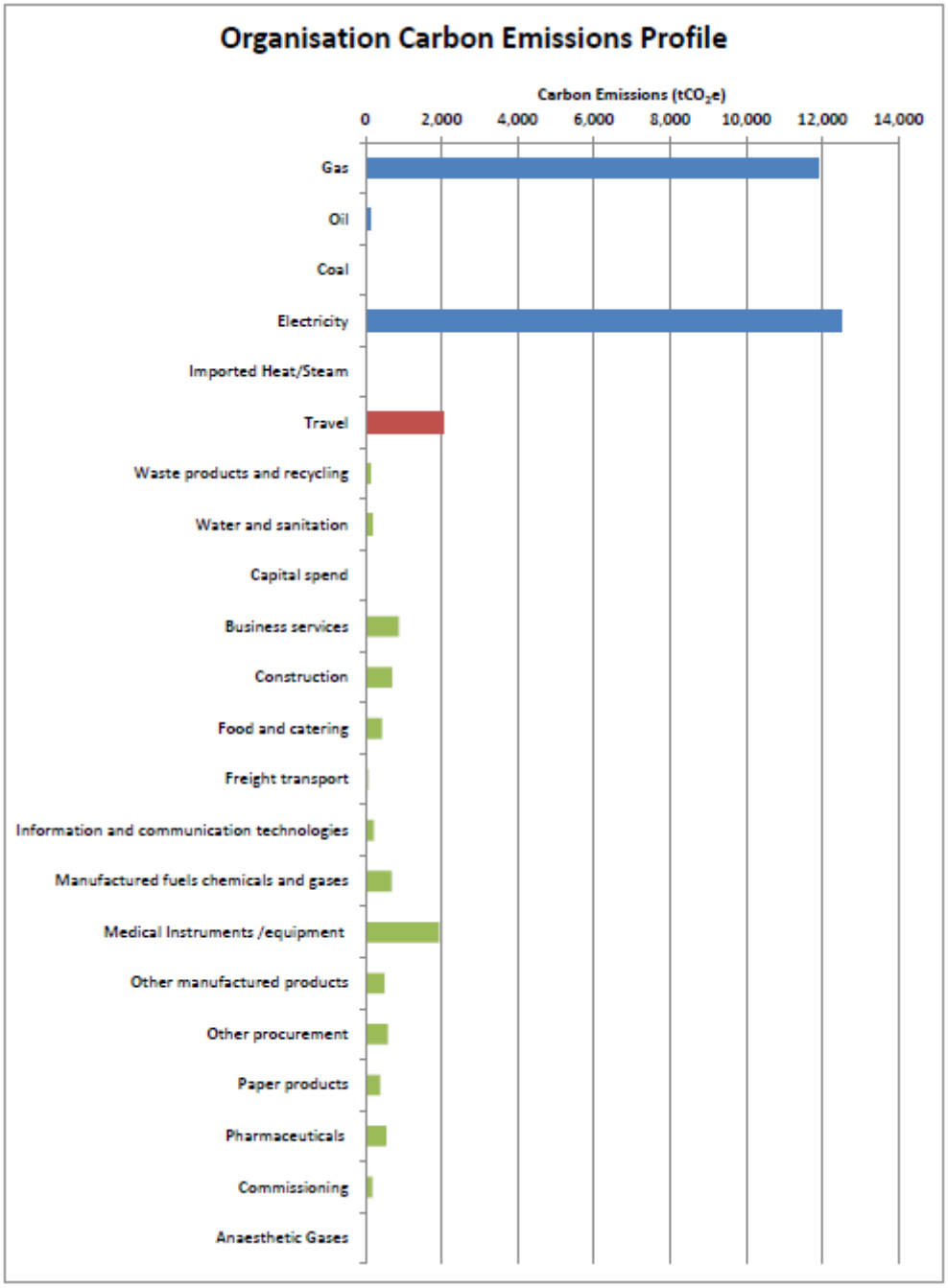
Modelled Carbon Footprint

The information provided in the previous sections of this sustainability report uses the ERIC returns as its data source. However, we are aware that this does not reflect our entire carbon footprint. Therefore, the following information uses a scaled model based on work performed by the Sustainable Development Unit (SDU) in 2009/10. More information available here: http://www.sduhealth.org.uk/policy-strategy/reporting/nhs-carbon-footprint.aspx

Resulting in an estimated total carbon footprint of 33,856 tonnes of carbon dioxide equivalent emissions (tCO_2e).

Category	% CO_2e
Energy	72%
Travel	6%
Procurement	21%
Commissioning	1%




Organisation Carbon Emissions Profile
Carbon Emissions (tCO2e)
0
2,000
4,000
6,000
8,000
10,000
12,000
14,000
Gas
Oil
Coal
Electricity
Imported Heat/Steam
Travel
Waste products and recycling
Water and sanitation
Capital spend
Business services
Construction
Food and catering
Freight transport
Information and communication technologies
Manufactured fuels chemicals and gases
Medical Instruments /equipment
Other manufactured products
Other procurement
Paper products
Pharmaceuticals
Commissioning
Anaesthetic Gases