Buckinghamshire Healthcare NHS
NHS Trust

Buckinghamshire Healthcare NHS Trust Annual report 2012 / 13

Where your needs always come first

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1. Our Trust

Buckinghamshire Healthcare NHS Trust is a major provider of integrated hospital and community services, providing care to over half a million patients every year.

Since becoming an integrated Trust providing both acute and community services we are responsible for a significant proportion of NHS care in Buckinghamshire and neighbouring counties. We provide health care in various locations including people's homes, our five community hospitals, our two acute hospitals, Stoke Mandeville and Wycombe and from over 20 other settings such as health and leisure centres and GP practices.

Our aim is to provide comprehensive and value for money care aimed at giving patients the right treatment, in the right place, at the right time. Over 5,700 highly trained doctors, nurses, midwives, health visitors, therapists, healthcare scientists and other support staff make up our workforce.

We are also 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 and we are also recognised nationally for our urology and skin cancer services. Regionally, we are a specialist centre for burn care, plastic surgery and dermatology.

2012/13 in numbers:

- 500,000 patient contacts in the community
- 162,202 new outpatient attendances at our hospitals
- 272,668 follow-up outpatient attendances
- 6,146 elective inpatient admissions
- 40,693 elective day case admissions
- 38,082 emergency admissions
- 93,877 people attending our emergency services.

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. Chair and Chief Executive's Foreword

Welcome to our annual review of Buckinghamshire Healthcare NHS Trust. As 2012/13 draws to a close we look back on a year that can best be described as one of two halves – contrasted by high-profile achievement but also some very challenging events for our Trust.

To start, what a great sense of pride we felt in the organisation as the country celebrated hosting the summer Olympics. Hailed as one of the most successful Games to date, London 2012 was also symbolic in bringing to the fore the achievements of less able-bodied athletes.

With delight we watched Stoke Mandeville Hospital take centre stage, as the National Spinal Injuries Centre was celebrated as the birthplace of the Paralympics. Established in 1944, it was NSIC founder Professor Sir Ludwig Guttmann who organised a competition for his patients at the hospital to coincide with the 1948 London Games. How moving it was to watch his legacy live on through the work in NSIC today, brought to life for the nation in coverage like Channel 4's *This is Rehab* and the excellent BBC drama *The best of men*. Watching the patients' challenging rehabilitation journeys, with some even ending with medals, made us very proud to be part of the NHS. London 2012 was a major boost for the organisation, and an ambition for 2013/14 is to continue promoting the excellent practice of our teams as they deliver our mission to always put patients first.

Our strategy to improve patient pathways, experience and quality of care went a step further with the implementation of *Better Healthcare in Bucks* (BHiB). This award-winning health services reconfiguration programme, coordinated by NHS Buckinghamshire and designed by local doctors, involved over 1,000 people in redesigning a safe and sustainable NHS for the future. We now have emergency and acute surgical services based at Stoke Mandeville, and specialist teams for cardiac and stroke care centralised on the one site at Wycombe Hospital. With more services provided closer to patients own homes, the strategy is helping us to make the most of our specialist clinical teams and the estate by consolidating expertise in single, fit-for-purpose departments.

We are already seeing very real benefits from the centralisation of specialist care in the hyperacute stroke unit at Wycombe. The service was voted best in region in a review by the Royal College of Physicians, who commended the improving quality and outcomes for patients. The next step is to take the principles of this and roll out to other services - with more tailored support for patients to help them back to health and to their own homes as soon as possible.

As experienced across the country, the long harsh winter and outbreaks of norovirus contributed to intense pressure in some of our services especially emergency services and urgent care. This meant that we did not meet the A&E four-hour standard. However, our teams have worked remarkably well under such pressure, delivering an ambitious cost improvement programme

and improving the quality of services at the same time. For example we have seen the lowest number of C. difficile ever recorded and not a single case of MRSA, highlighting our commitment to providing clean and safe care as a priority.

Amongst all the good work that went on, we experienced shock and sadness at the Jimmy Savile revelations and allegations of abuse at a number of locations including Stoke Mandeville Hospital. We are cooperating with the national investigations and have our own investigation, *Speaking Out*. For more information please visit the investigation website. (www.speakingoutinvestigation.com)

The publication of the Francis report into allegations of poor practice and care at Mid Staffordshire Hospital provided us with an opportunity to consider the recommendations and review our efforts to always put patients first. We believe that our exemplar initiative is already ahead of the game in monitoring all wards on a number of measures which are important for patients and recognising wards where staff are focused on ensuring the best possible experience and outcomes for patients.

Buckinghamshire Healthcare Trust finds itself as one of 14 trusts who have been included in Sir Bruce Keogh's national quality and mortality review following a higher than average mortality ratio. We welcome this external scrutiny into an issue which we have recognised and been actively working on over the last two years.

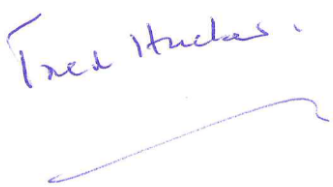
We would like to say a huge thank you to all our staff, volunteers, supporters and members for their continued hard work throughout the year. We are very lucky to have such a committed team, and you can read about some of their achievements both locally and nationally in the pages of this report.

2013/14 is an important year for the NHS, as the new structure detailed in the Health and Social Care Act 2012 starts to embed. We are looking forward to working more closely with local GPs through the two clinical commissioning groups as well as our local authority and mental health colleagues to provide the best services and outcomes for the people of Buckinghamshire.

Anne Eden

Chief Executive

Fred Hucker



Chair

In the spotlight

Making history: The National Spinal Injuries Unit (NSIC) and London 2012

NSIC was at the centre of the action during London 2012 thanks to the legacy of Professor Sir Ludwig Guttmann and his creation of the Paralympic games.

From the torch arriving at Stoke Mandeville Hospital to the medal wins of ex-patients, Trust staff helped to make history as part of the most successful Paralympic Games ever.

London 2012 showcased the very best of British and drew much-deserved attention to NSIC, the oldest and one of the largest spinal injuries centres in the world. Originally founded by Professor Sir Ludwig Guttmann to treat servicemen who sustained spinal cord injuries in World War II, NSIC opened in 1944.

Professor Guttman believed sport was a vital ingredient in rehabilitation, and it was his competition at NSIC for 16 paralysed patients during the 1948 Olympic Games that is recognised as the moment the Paralympic movement was born. Fast forward to 2012 and headlines from last summer, including:

- three ex-patients winning medals for wheelchair tennis doubles, the men's shot put and sailing
- welcoming the torch relay at Stoke Mandeville Hospital
- an event for global business leaders including an assistive medical technologies summit showcasing work at NSIC
- unveiling of the Guttmann statue at Stoke Mandeville Stadium
- the athletes' Stratford health centre being named as the *Sir Ludwig Guttman Health Centre for the NHS*
- Worldwide media coverage of NSIC with over 2,000 mentions for its staff, patients and the Trust
- The prime-time Channel 4 documentary, *This is Rehab*, which followed staff and patients in the NSIC.

Dr Allison Graham, NSIC consultant, said: *"To see former patients go through rehabilitation at the centre then go on to achieve success at this level is truly inspirational. Equally we were proud of all the former patients who competed but did not win and staff who helped make the games such a success."*

3. Our mission and strategy

Our mission is excellence – to provide each and every patient with the best care, ensuring they have an excellent experience and achieve the best possible health outcome in the most cost effective way.

3.1 Strategic priorities

The following five long-term strategic priorities shaped our corporate work programme in 2012/13, along with our promises and service standards.

1. Quality – to excel in the delivery of clinical care, safety and patient experience
2. People – to employ, engage, develop and retain the highest calibre dedicated people who are proud to work for Buckinghamshire Healthcare
3. Optimised integration – to ensure our full range of services, from community to highly specialised services, are integrated and sustainable
4. External collaboration – to work effectively across organisations and with our communities to ensure the best outcomes for patients and to influence the national agenda
5. Efficiency – to be a highly effective, sustainable Foundation Trust through maximising efficiency, productivity and cost effectiveness

3.2 Promises

Our promises were first developed in 2008 with patient and stakeholder involvement and they were then revisited in 2010 in recognition of our new integrated remit. The promises are reflected in our strategy, goals and objectives; continuing to guide all that we do today:

- **Clean and safe practice**, clinics and hospitals so you never need to worry unduly
- **A caring, helpful and respectful attitude** from approachable teams, who listen to you, involve you in decisions about your care and ensure you're clear about what to expect
- **Respect for your time** with care closer to home, offering choice and flexibility with a minimum of delays and cancellations. If you need to stay in one of our hospitals, we're making sure your stay is as short as possible, ensuring that you return home as quickly as possible
- **Easy access to comfortable and modern facilities**, offering privacy and dignity, personal space and good healthy food. We're committed to offering the best care in environments that promote health and wellbeing

- The **best clinical care** from teams of skilled healthcare professionals, who help you improve and maintain your health. Our commitment is to give you the highest standards of care.

3.3 Service standards

We expect our services to demonstrate the following qualities:

- compassion and empathy
- communication and delivery
- courtesy and professionalism.

This is completely dependent on our staff and so we have used our written service standards to remind all staff of our expectations and carefully monitor their use.

3.4 A forward look to 2013/14

Building on our strategic priorities we have set ourselves specific goals for 13/14:

1. Ensure that high quality patient experience is at the heart of our service provision, improving the compassionate care delivered and monitoring this through the friends and family test and the use of real time feedback achieved with the Patient Experience Trackers

2. Improve the care we offer to our sickest patients through consistent use of the national early warning system, continued implementation of the critical care outreach team and better management of our higher dependency patients

3. Continue to deliver improvement against the NHS safety thermometer, ensuring that our patients benefit from safe, high quality care. In particular we will reduce the incidence of harm from patient falls and avoidable pressure ulcers as well as reduce the time it takes to investigate serious incidents. We will consistently apply the learning from these across the organisation improving the roll out of evidence based care.

4. To develop stronger staff engagement throughout our services as evidenced by the national staff survey, collection of real-time staff feedback and staff experience of a high quality appraisal process.

5. to invest in staff well being and work with staff to reduce sickness levels and therefore reliance on temporary staff.
    a. Realise the full benefits of our reconfigured acute services implemented in 2012 in line with proposals agreed through

Better Healthcare in Bucks, optimising both our integrated care pathways and our specialist units.

b. Develop 7 day a week services to minimise variation in quality of care provided at the weekend compared with during the week.

6. To work with commissioners and primary care providers to transform the delivery of ambulatory care services, supported by modern, technology assisted administration processes

7. To work across the health and social care system to implement the joint vision for integrated care, aligning the work of our community teams with that of social care, primary care and mental health with immediate focus on elderly care services.

8. Successfully progress through the Foundation Trust application process and achieve authorisation as a Foundation Trust

9. Through the use of well developed quality and market information work with GPs to repatriate referrals from practices on the borders of our county.

10. delivery of financial surplus via effective management of resources including the delivery of our identified cost improvement programmes and appropriate response to commercial opportunities

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). The 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.

The principal risks and risk management are discussed in more detail in the Annual Governance Statement in section 14.

4. Performance highlights and challenges

Maintaining quality and safety and ensuring a positive patient experience is paramount to all that we do. Last year saw us beginning to maximise the benefits of being an integrated provider and this section reports back on our performance highs and lows.

4.1 Quality, safety and improving the patient experience

Infection rates continue to drop

The Trust's zero tolerance approach has resulted in the lowest number of cases of C. difficile infection ever reported by the organisation over one year. We reported 31 cases for 2012/13 against a trajectory limit of 45 cases for the same year. This compares with 64 cases reported in the previous year and therefore demonstrates a fall of over 50%.

When benchmarking data is released in July 2013 it is likely that we will be amongst the best-performing Trusts in the UK. The excellent performance is due to the vigilance and care of our clinical staff who ensure that any case is investigated promptly, minimizing the risk to other patients.

We did not have a single case of MRSA Bacteraemia during the year.

Stroke services named best in region by national audit

Our integrated stroke service, with Wycombe Hospital as its base, performed best in region according to a 2012 audit by the Royal College of Physicians.

The two-yearly initiative measured all eligible hospitals in England, Wales and Northern Ireland against key indicators such as levels of staffing, access to consultant specialists, the quality of discharge support, communication between staff and with patients, 24/7 access to services, availability of thrombolysis therapy and TIA (mini stroke) services. It is a component of the Sentinel Stroke National Audit Programme and uses national guidelines from the Department of Health, NICE and the intercollegiate stroke working party as the baseline for effective care for people suffering a stroke.

Buckinghamshire Healthcare performed in the top 25 per cent of 151 hospitals, and best in the south Central region. The Trust was delighted to see an improvement in performance since the last report in 2010, when it appeared in the middle half of the nation's acute NHS trusts. See more on this service on page 18.

Six exemplar wards named

The exemplar ward initiative was launched as part of our new nursing quality framework. Exemplar ward accreditation recognises those areas that have gone above and beyond expectations. It measures wards against how well they meet standards linking to our promises – for example respecting patients'

time, showing compassion and empathy, ensuring the highest standards of cleanliness / infection control, involving patients / acting on feedback, providing a comfortable environment and health & safety. It also looks at the support offered to teams, including clinical supervison and appraisal.

In 2012/13, six wards achieved exemplar status, with more on track for success in 13/14 including other areas becoming involved such as pharmacy, therapies and blood sciences. Congratulations to ward 5 (for haematology, oncology and general acute patients) for being named the very first exemplar ward, and for also receiving Jacie accreditation - the European certified standard for bone marrow transplantation – during the year.

Inpatient survey

The survey looked at a wide range of areas, from arriving at hospital, to the quality of care received and discharge arrangements. Patients were asked about their experiences in July 2012.

The inpatient survey found that 79% of inpatients when asked to rate their overall experience on a scale of 0 to 10 with 0 being a very poor experience and 10 being a very good experience, rated their experience in the range 7 – 10. 78% of patients said they were ‘always’ treated with dignity and respect.

Patients rate cancer care highly

Findings published in September 2012 in the Department of Health’s National Cancer Survey show that almost nine out of 10 cancer patients rated care provided by the Trust as ‘very good’ or ‘excellent’.

Over 450 patients completed the survey issued in 2011, with the results putting the Trust in the top 20 per cent of hospitals in the country. Our services scored particularly well in areas such as the provision of clear information and self-help guidance, follow-up information to GPs, out-of-hours access for information from staff, respecting patients’ privacy and dignity and prompt oncology appointments.

Respecting patients’ wishes at the end of life

An end of life care register will soon be online as part of the Trust’s wider strategy to provide best standard care to patients who are dying and their families.

The new register, soon to be piloted, shares information securely between acute, community, ambulance and hospice staff so that everyone will be clear about a patient’s wishes. This can be in relation to decisions about treatment, their preferred place to die and what to do in the case of resuscitation. The register only includes patients who have given consent, and they will be asked to carry cards to show healthcare staff that their wishes can be viewed online.

New critical care outreach service

The critical care outreach service on the Stoke Mandeville site has been in existence since August 2012, providing a 12-hour service seven days a week.

Outreach consists of a highly skilled workforce of experienced and senior intensive care nurses, led by a nurse consultant in critical care. The team are able to work autonomously, providing critical care across professional boundaries, locations and directorates. Feedback is positive from medical and nursing teams who now have rapid access to experienced critical care staff.

Outreach has been pivotal in reducing adverse events, promoting patient safety and highlighting clinical governance issues. The service is part of a strategic approach to the delivery of critical care by identifying local needs and forging links with the critical care network.

Outreach has proven to be cost-effective too, with fewer referrals to the intensive care unit (ICU) and ICUs more able to discharge back to the wards. Since August, there has been a 1.9 per cent reduction of ward admissions to the unit as the outreach teams are having a positive impact on the way patients are managed. A further fall in numbers is expected in 2013/14 as the new way of working embeds.

Reviewing hospital mortality and quality

In February Sir Bruce Keogh, Medical Director of the NHS, announced the launch of a national review into hospital quality and mortality. The review is looking at 14 organisations.

The Trust welcomes this extra external scrutiny, having spent the past two years focusing efforts on understanding why we continue to record a higher than average Hospital Standardised Mortality Ratio (HSMR). In the past two years our HSMR has fallen, but according to this method for measuring mortality in hospitals our performance still falls outside of the expected range. Our ongoing action plans include doctors reviewing deceased patient notes on a monthly basis and the establishment of a mortality task force, which looks at patient care, the patient experience and clinical coding.

The national review will comprise analysis of a range of data and information, patient and staff feedback, onsite visits by an external team in early Summer and a summit event. Findings from the review are expected to be published later in 2013.

The new NHS Friends and Family Test (FFT)

The NHS Friends and Family Test is a national initiative giving patients the opportunity to provide feedback on the care and treatment they receive. This is accomplished by asking the patients/carers one simple question, 'How likely are you to recommend our wards/department to friends and family if they needed similar care or treatment?'

The Trust began gearing up to implement the new process in January with a pilot of postcards and using the Trust's website to receive the feedback. Full roll out to all inpatient areas, and to A&E commenced from February with the provision of a Kiosk being made available in A&E and postcards and the website being used for all other inpatient areas.

Reports have been produced from March onwards. Official national reporting of figures is released into the public domain in June.This information will then be analysed alongside other patient feedback to drive improvements in our services and give the Trust a patient experience score on the NHS Choices website www.nhs.uk

4.2 Service developments

Holistic nursing clinic pilot in lung cancer

A structured holistic nursing assessment clinic for patients with a lung cancer or mesothelioma diagnosis was launched as a six-month pilot at the end of 2012. It is the first clinic of its kind in the Thames Valley area, running weekly from Stoke Mandeville Hospital.

About 4-6 weeks post diagnosis lung cancer and mesothelioma patients are offered screening using a validated screening tool that identifies concerns and areas of particular distress. Patients with complex concerns are then offered an appointment with a nurse, aimed at providing them and their families with support in its widest sense.

The clinic appointment allows the lung cancer nurses to explore in detail the emotional and financial impact of the cancer on patient's day-to-day lives, alongside advice on the management of physical symptoms and the impact of treatment. The outcome of the clinic enables the nurses to provide information on symptom control, psychological support, diet and nutrition, benefits support, and complementary therapies.

It also supports onward referrals to other healthcare professionals and alternative services including our Trust lung cancer and mesothelioma support group. On completion of the pilot a formal report will offer quantitative and qualitative data showing the benefits of this approach to holistic assessment in order to inform and develop the service for other cancer patients within the Trust.

New service for young first time parents

In collaboration with key partners, the Trust launched a new service in December for young first time parents called the Family Nurse Partnership programme (FNP).

FNP is a voluntary programme offered to young women under 20 having their first baby, and their families, throughout their pregnancy and up to their child's second birthday. It is provided by specially trained nurses from a variety of

backgrounds such as midwifery, health visiting and school nursing who see young women in their own homes and in a variety of community settings across the county.

The programme is able to support young mums and dads to be the parents they want to be, have a healthy pregnancy, enjoy parenting and raise babies and children who are healthy and ready to learn.

Awarded children and young people's occupational therapy contract

Following a rigorous tender process, the Trust's children and young people's occupational therapy team were delighted to be chosen by Buckinghamshire County Council as the county-wider provider.

The integrated service went live in January 2013, with the aim of supporting children and young people to live their lives to the full and achieve their potential. The new contract offers a number of benefits to Buckinghamshire families; not least because it is fully integrated with children and young people's physiotherapy, health visiting, school nursing and paediatric services. A new user-friendly website is also being developed to support clients with advice and information on the services available.

New accommodation for antenatal and gynaecology services

The antenatal and outpatient gynaecology services at Wycombe Hospital moved to newly refurbished accommodation opposite the Wycombe Birth Centre in May. This move, to a much larger area of the hospital, benefits patients by providing one main entrance for all women and children services. The new colposcopy suite is purpose-built and the move allows our antenatal clinics to be located near to the birth centre. The services affected include antenatal clinics and screening, gynaecology clinics including colposcopy and the early pregnancy clinic.

4.3 Fit for the future

Better Healthcare in Buckinghamshire

Following an award-winning engagement and consultation programme, proposals to reconfigure acute services across Stoke Mandeville and Wycombe hospitals were approved by the NHS Buckinghamshire & Oxfordshire Cluster and the Health Overview and Scrutiny Committee in June 2012.

Over 1,400 people contributed to the programme known as *Better Healthcare in Buckinghamshire (BHiB)*; which was led by the PCT, supported by the Trust and designed by doctors to meet the changing needs for healthcare in the county. The aim of BHiB is to develop services that offer high quality with good outcomes for patients, a good patient experience; and care and treatments that are accessible and maintainable in the long-term. A summary of the proposals follows, plus more information on the changes already in train.

The approved BHiB proposals:

- Retain urgent care services at Wycombe Hospital, with a minor injuries and illness unit (MIIU) run by GPs and emergency nurse practitioners.

- Centralise the A&E consultant team and specialist inpatient care at Stoke Mandeville, complemented by the specialist stroke and cardiac services already based at Wycombe Hospital.

- Create a specialist breast care centre at Wycombe Hospital, to provide initial assessment and first outpatient appointments for people with breast problems. This will exploit new digital technologies and include a faster 'one-stop-service' providing women with diagnostics and results on the same day.

- Retain routine vascular services including carotid surgery at Wycombe Hospital, but transfer complex vascular surgery to the John Radcliffe in Oxford.

- Open a multi-disciplinary day assessment unit (MuDAS) for older and frail people to allow them to be diagnosed and treated without an overnight admission, and a 'step-down' ward for elderly and medical patients, both at Wycombe Hospital.

- Improve telephone and email advice for GPs and ambulance crews to help them better support patients out of hospital.

- Offer more urgent next-day outpatient appointments to help patients avoid hospital admission.

- Give full specialist diagnostic support to GPs to help them better manage patients in the community or at home.

Wycombe Minor Injuries and Illness Unit

The new MIIU opened in October 2012 at Wycombe, replacing the emergency medical centre. It is run by GPs from Buckinghamshire Urgent Care (BUC) for patients with minor injuries and illness, who the GPs assess and then either treat, give advice about self-help or using a pharmacy, or refer onto the emergency service at Stoke Mandeville.

Strict clinical protocols have been developed between the Trust, GPs and ambulance service to govern the new network of minor injuries and illness, accident and emergency services across the county. They are aimed at giving patients the right treatment, in the right place, at the right time from the best-staffed and qualified teams.

Stoke Mandeville A&E upgrade and ward moves

In support of the centralisation of accident and emergency (A&E) services at Stoke Mandeville in November 2012, a £5m expansion and modernisation programme is underway.

The latest phase of the programme is the opening of the new clinical decision unit (CDU) and resuscitation area in March 2013. The CDU will help patients go through the emergency department in a more structured way, in order to speed up the time they are seen, assessed, treated and either admitted or discharged. The CDU takes up to 20 patients at a time, significantly reducing pressure on the emergency department. Phase two of the redevelopment in 2013/14 includes a new room for relatives, dedicated space for patients with dementia and modernisation of the existing area.

Ward moves have also taken place at the hospital, to enable plans to centralise elements of specialist medical inpatient care including diabetes, respiratory, gastroenterology and acute medicine for older people. Some surgical services at Stoke Mandeville have also moved within the site, with the co-location of specialities in fit-for-purpose ward. The changes are helping the Trust to 'cluster' similar specialties, to get the best out of our teams and space and so improve patient experiences.

Wycombe Multi-disciplinary Day Assessment Service

The Wycombe MuDAS opened in October 2012, aimed mainly at frail older people in the south of the county who have complex medical problems but do not require urgent admission to A&E. MuDAS bridges the gap between the care provided by GPs and A&E. It is run by the specialist medicine for older people team who provide comprehensive assessment, nursing and therapy review, diagnostics and a discharge management plan. GPs can arrange next-day appointments for patients that they think need more specialist support, to prevent a patient's condition from escalating and triggering an inpatient admission.

A new organisational structure

A new organisational structure has been put in place to support the ongoing integration of acute and community services and improving care pathways for patients. The new structure follows discussion and engagement with clinical chairs via the Trust Management Committee and involved moving from six to the three clinical divisions of **integrated medicine, surgery** and **critical care and specialist services**.

At the close of 2012/13 the new divisional chairs, associate chief operating officers and associate chief nurses had been appointed. They are now determining the wider divisional staff structures. Read more on our workforce in section 5, *Our staff*.

Preparing for the new NHS landscape

The Trust has been working collaboratively to develop good working relationships with the shadow clinical commissioning groups as GPs prepared to take responsibility for commissioning local health services in April 2013.

Regular meetings have been held to discuss clinical and operational issues, including a joint workshop in December to create a vision for integrated care in Buckinghamshire. This was attended by all the chief executives of the constituent health and social care organisations and as a result the Bucks Healthy Leaders group was re-established. We also participated nationally at a King's Fund-hosted event involving Care and Support Minister Norman Lamb to share learning on integrated care.

Foundation Trust application

During the year the Trust continued to progress its way through the application process to become an NHS foundation trust. We met all the milestones in the tripartite formal agreement, including a successful board to board meeting with NHS South of England in December. The last milestone, the application to the Department of Health, was scheduled for April 2013 but the process has now changed to be overseen by the new Trust Development Authority (TDA).

In consultation with the TDA we have now agreed a new application submission deadline of July 2013. This three-month window is giving us extra time to consider findings in the recently-published Francis report, to review our business model in light of new NHS commissioning arrangements, to restore our A&E performance (adversely affected by the long winter) and to review our financial year-end position.

In the spotlight: Excellence in stroke care

Summer 2012 was the first anniversary of the opening of the hyperacute stroke unit (HASU) at Wycombe Hospital, recently named as the best performing stroke service in the south Central region by the Royal College of Physicians (see page 12).

The HASU serves patients in Buckinghamshire and East Berkshire, offering intensive care, rehabilitation and therapy for three days following a stroke - a vital ingredient for ensuring positive outcomes for patients. Another important component of the care provided there includes 24/7 access to thrombolysis, so that all patients who meet the criteria receive a life-saving injection to disperse blood clots and reduce damage in the early stages of the condition.

The number of patients treated with thrombolysis has gone up nearly ten-fold since before the HASU opened, with 13% of patients from Buckinghamshire receiving the drug. Thanks to the high volume of stroke patients going through the new unit the speed of treatment has also improved dramatically: over half of patients now get a brain scan within an hour of arrival in the hospital, compared to 10% before the HASU opened. In addition, the time from arrival at the hospital to treatment with thrombolysis is now 42 minutes on average compared to 88 minutes before the HASU opened.

Another element of the acute stroke service focuses on patients suffering TIAs (transient ischaemic attack or 'mini-strokes'). This rapid access outpatient service has already received a world-class rating in a 2010 Royal College peer review, and now sees people on weekends and bank holidays as well as during the week.

Dr Matthew Burn, stroke consultant, said: "*Our own monitoring has been showing Buckinghamshire stroke care improving dramatically since the centralisation of services at Wycombe Hospital, but patients and their families can take extra reassurance from this independent audit by the Royal College of Physicians that the changes we made mean we are providing high quality care to our patients.*

"As well as the HASU, we have also established a dedicated community team supporting patients to receive rehabilitation in their own home, allowing them to return home sooner to their families and friends and to a familiar environment."

4.4 Progress against national standards

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.

KPIs are defined by the NHS Information Authority as the nationally recognised method for measuring performance in NHS acute trusts. In 2012/13 the KPIs covered commitments and standards set out by the Department of Health (DH) and Care Quality Commission in the operating framework. The guidance for how each indicator is defined and calculated is found in the document 'Technical Guidance for 2012/13 Operating Framework' published by the Department of Health in December 2011 and found on their web-site at the following address: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/152159/dh_132045.pdf.pdf .

Our performance in key areas is summarised in the table below.

2012/13 National Priority Indicators	Performing	Q1 RAG Status	Q1 Actual	Q2 RAG Status	Q2 Actual	Q3 RAG Status	Q3 Actual	Q4 RAG Status	Q4 Actual
Total time in A&E - 95% of patients should be seen within four hours	**>= 95%**	G	95.5%	G	96.4%	R	93.7%	R	88.4%
Delayed transfers of care	**<=3.5%**	G	3.3%	A	3.7%	G	2.5%	G	2.2%
Mixed Sex Accommodation breaches	**0%**	G	0%	G	0%	G	0%	G	0%
VTE Risk Assessment	**>= 90%**	G	92.3%	G	94.8%	G	94.1%	G	95.3%
Hospital Acquired Infections									
MRSA Bacteraemia	**<=1 year**	G	0	G	0	G	0	G	0
Clostridium Difficile infection rate	**<=45 year**	G	9	G	11	G	5	G	6
Waiting times									
Admitted patients finishing their pathway –90% within 18 weeks	**>= 90%**	G	93.4%	G	93.7%	G	93.7%	G	93.5%

Non admitted patients finishing their pathway - 95% within 18 weeks	**>= 95%**	G	98.8%	G	98.6%	G	97.5%	G	98.4%
Incomplete pathways - 92% within 18 weeks	**>= 92%**	G	96.6%	G	96.2%	G	95.6%	G	92.9%
RTT delivery in all specialties	**0**	A	2	A	1	A	1	A	2
Diagnostic test waits <6 weeks	**< 1%**	G	0.1%	G	0.2%	G	0.2%	G	0.7%
Cancer Targets									
2 week GP referral to 1st outpatient appointment	**93%**	G	99.4%	G	99.4%	G	99.6%	G	99.3%
Max 2 week wait for all breast referrals	**93%**	G	97.1%	G	98.4%	G	99.1%	G	98.4%
31 day second or subsequent treatment - surgery	**94%**	G	99.3%	G	100.0%	G	100.0%	G	99.3%
31 day second or subsequent treatment - drug	**98%**	G	100.0%	G	100.0%	G	100.0%	G	100%
31 day diagnosis to treatment for all cancers	**96%**	G	99.6%	G	100.0%	G	99.8%	G	99.1%
62 day referral to treatment from screening	**90%**	G	94.9%	G	100.0%	G	98.4%	G	95.5%
62 days urgent referral to treatment of all cancers	**85%**	G	90.1%	G	92.1%	G	92.2%	G	89.9%

A forward look

National targets remain essentially the same for 2013/14, but with the reintroduction of the 28-day last minute cancelled operations indicator of 2011/12. 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:

- new to follow-up ratios
- introduction of a referral/discharge forum
- redesign of front door of A&E to include a health and social care model
- audit of appropriateness of admission
- VTE(deep vein thrombosis and pulmonary embolism)
- dementia care
- friends and family test
- a range of innovation schemes to improve patient care and experience.

4.5 External awards and recognition

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

Spinal cord research award

National Spinal Injuries Centre (NSIC) dietitian Mr Samford Wong was awarded the prestigious 'Spinal Cord Prize' by the International Spinal Cord Society for his research published on the relationship between the role of nutrition and clinical outcomes for patients with spinal cord injury.

Two visiting professorships

Chief executive Anne Eden and chief nurse Lynne Swiatczak were formally appointed as visiting professors by Buckinghamshire New University. Anne's role will involve her playing a key part in the university's Institute of Applied Leadership and Lynne's professorship is in the Faculty of Society and Health.

Four Queen Nurse awards

Four of the Trust's staff were named Queen's Nurses by the Queen's Nursing Institute, a registered charity dedicated to improving the nursing care of people in their own homes. The accolade recognises nurses' commitment to improving standards of care and to their own learning. Congratulations to Gail Tucker, lead nurse specialist community nursing; Helena Masters, heart failure specialist nurse; Teri Holmes, advanced case manager and Jo King, public health nurse and health visitor.

Royal Society of Medicine (RSM) recognition

The RSM Jephcott medal for outstanding contribution to clinical medicine was awarded to Trust consultant endocrinologist Dr Ian Gallen for his work in managing diabetes in athletes.

Accolade for midwife

The prestigious title of Midwife of the Year 2012 was given to Trust midwife Debbie Oram by the Royal College of Midwives.

Communications team double win

The communications team won two awards in the 2012 Association for Healthcare Communicators and Marketing Awards for best media handling (during the Paralympics) and best engagement/consultation (for the Better Healthcare in Bucks acute service reconfiguration).

Double celebration for community head injury service (CHIS)

CHIS lead consultant and the ‘Working Out’ rehabilitation programme were both recognised at the 2012 Vocational Rehabilitation Association (VRA) Awards. Consultant clinical neuropsychologist Dr Andy Tyerman won the vocational rehabilitation category while ‘Working Out’ was highly commended.

Human resources (HR) awards

Congratulations to the HR team who helped the Trust secure a number of accolades including Investors in People (IiP) accreditation, an IiP health and wellbeing award, Employer of the Year award from Amersham and Wycombe College for supporting work-based learning through apprenticeships and an award from the Healthcare People Management’s Association for reducing staff sickness (see more on page 27).

5. Our staff

During 2012/13 the Trust's People Strategy *was developed, setting out the links between the Trust's mission for excellence and our workforce requirements.*

The strategy comprises six elements: excellence in leadership and management; attracting and retaining the best talent; listening, engagement and involvement; excellence in learning, education & development; valuing our people and promoting their health and wellbeing; excellence in people management practices.

A priority for 2013/14 is embedding the strategy through all elements of the human resources agenda in the forthcoming year.

5.1 Recruitment and retention

We launched a number of work programmes to address key retention and recruitment issues within our workforce with a particular focus on nursing. Our Trust values were embedded within the selection processes and we successfully recruited nurses from Ireland and Portugal to supplement recruitment in the UK. A comprehensive induction programme was put in place to support all the new nurses – both qualified and unqualified - particularly during their first few months with the Trust.

A new temporary staffing partner

November 2012 saw the Trust move its temporary staffing contract to Bank Partners after a formal tendering process. Bank Partners have been tasked to help the organisation reduce reliance on temporary staff, to meet both patient experience and financial objectives. Although it is early days, the trends are encouraging.

Supporting staff through change

A major programme of work for the HR team in 2012 was supporting the *Better Healthcare in Buckinghamshire* programme (BHiB – see more on page 15). The team led the staff consultation process, engaging over 700 staff through one-to-one meetings, team meetings and drop-in events. They worked closely with staff members, their managers and the unions to support the redeployment and moves of over 450 staff.

The impact of this significant change programme on our staff, in relation to their performance and morale, is being monitored through appraisal and leavers' processes.

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 good number of gyms and leisure centres across the county to negotiate discounted memberships for staff. The Zumba, 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.

Equal opportunity and diversity

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. These principles extend to the Trust as a:

- Fair employer
- Commissioner and provider of services
- Community partner engaging with service users and the general public

The Trust's equal opportunities policy aims 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. This policy (which covers all aspects of equality and diversity including disability) is currently being reviewed and is due to be ratified by the end of the first quarter of 2013-14 financial year.

5.2 Education, learning and development

2012/13 saw a renewed focus on education, learning and development with a number of work programmes to address key retention and recruitment issues. The Healthcare Assistant (HCA) Programme is now fully established with all new recruits participating in an interview day when values and behaviours aligned to the NHS Constitution are tested along with literacy, numeracy, skills and competencies. This approach is also being reflected throughout our wider nurse recruitment. All grades of nurses new to the Trust now undertake a week-long induction prior to entering a clinical environment.

Doctors have also been targeted thanks to funding from the Oxford Deanery (since April Health Education Thames Valley). All newly qualified junior doctors now undertake a four-day induction which includes two days of shadowing outgoing postholders. These initiatives support recommendations from the newly-published Francis Report emphasising the need for caring, compassionate, appropriately skilled staff as central to positive patient experience.

Following a successful workforce bid to NHS South of England the Trust has now delivered the *Leading for Quality Improvement/Intermountain Programme*. The programme, supported by the King's Fund, has been undertaken by both clinical and non-clinical staff from across the Buckinghamshire health and social care community. It has covered improvement projects such as delivering an emergency health service for children and young people; improving the orthogeriatric pathway; improving patient safety by reducing dispensing errors and patient admission avoidance through better multi-disciplinary working.

5.3 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.

Accreditation for quality

We were delighted to be the first NHS trust in the South Central region to achieve accreditation by the Royal College of Physicians for the local Occupational Health and Wellbeing (OHW) service. This national scheme accredits successful organisations as Safe, Effective, Quality, Occupational Health Services (SEQOHS), giving both internal and external clients the confidence about the quality of services they are using.

Selected by NHS Employers

We were selected by NHS Employers to become a Department of Health pilot site for implementing their five 'high impact changes' aimed at making a difference to staff health and wellbeing. Locally we are concentrating on smoking, exercise, obesity, alcohol and mental health.

New rapid access to treatment policy

Plans were launched to implement a 'rapid access to treatment' policy for staff with a view to providing earlier intervention for those needing hospital appointments/treatment. This will be handled separately to our patient waiting lists and is aimed at benefiting patients by facilitating a faster return to the work by substantive staff.

Case by case management approach to sickness

The Trust's staff sickness absence rate for 2012/13 was 4.1 per cent, against the strategic health authority's benchmark of 3.2 per cent. Higher levels of sickness during this winter than in 2011/12 contributed to the figure, with an outbreak of norovirus being one factor.

The Trust continues to work hard to reduce absence through close management of all sickness absence and levels are now beginning to reduce

in many areas. There was a marked reduction in the rates of sickness within the organisation in 2011, accredited to a new ‘case management approach’ by the OHW service, which was recognised nationally by an excellence in health and wellbeing management award from the Healthcare People Management Association (HPMA) in 2012. The new approach involves a more detailed analysis of staff who are off sick and regular support from a case manager.

5.4 National staff survey 2012

Between October and December 2012 the Trust participated in the 10th national NHS staff survey. The results from the survey are used by the Department of Health to help define policy and inform the public and patients of progress and developments in the NHS. Locally, we use the results to measure compliance with essential standards of quality and safety, and as a temperature check on how staff are feeling.

Improvements and tackling problem areas

Published in March 2013, the results were varied and showed that we had improved in some areas; in particular the number and quality of appraisals taking place. There were improvements also in the number of staff able to contribute to improvements at work, fewer staff experiencing discrimination at work and more staff feeling satisfied with the quality of work and patient care they are able to deliver. One of the areas where the results deteriorated included the number of staff experiencing work related stress (which also increased nationally). When compared with the national average there were fewer incidents of violence and abuse from patients and staff, and more staff receiving equality and diversity training.

Engagement score

The overall staff engagement score improved slightly to 3.59 against a national average of 3.69 (scale score of 0 to 5) and this is reflected in the efforts the Trust has made to engage and communicate with staff particularly around our financial challenges, our foundation trust application and latterly the *Better Healthcare in Bucks* programme. While progress is being made, the Trust recognises that more needs to be done to improve in this area.

A deeper look into the results

In early 2013 the Trust concluded a ‘deep dive’ into results from the recent staff surveys. This involved over 1,000 members of staff sharing ideas about what would make a positive difference to their working lives and has informed the publication of an organisation-wide action. This is complemented by action in divisions and departments in response to their direct, local circumstances raised by the 2012 staff survey.

5.5 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 working conditions and pay, disciplinary and grievance, health and safety, harassment and bullying and improving working lives. In 2012/13 a major objective was working closely with the consultative committees to ensure that all matters relating to organisational transformation were consulted upon and negotiated.

Communications and provision of information to employees

The Trust is committed to positive two-way communications and a new corporate communications strategy was approved by the Board during the year. This places much emphasis on staff communications, and regular activities include the monthly team-briefing and feedback session for senior staff with executive directors, a weekly staff e-bulletin, a monthly chief executive blog and a regular staff magazine. A major boost for internal communications was the development of the new intranet for staff, which allows for better two-way communications and feedback; alongside a central, easily accessible storage point for the important policies and procedures.

Whistleblowing and raising concerns

In response to the Mid Staffordshire Hospital inquiry and a Department of Health campaign entitled *Speak up for the NHS*, the Trust undertook a review of its whistleblowing arrangements. We reviewed and re-published our *whistleblowing and raising concerns in the workplace* policy, introduced an e-learning module as part of the statutory and mandatory training framework for all staff and launched a new poster campaign, *"If you see something, say something"*. Whistleblowing is also addressed as part of the induction process for all new starters. The Trust saw an improvement in some of the indicators relating to this area in the 2012 staff survey.

In the spotlight: Celebrating good practice at the staff awards

2012 was our eighth annual staff and volunteer awards. The initiative is aimed at recognising and rewarding staff, volunteers and contractors who go that extra mile for both patients and colleagues. The 2012 event was exceptionally special, as it also marked the year in which Stoke Mandeville Hospital celebrated its position as the birthplace of the Paralympics at London 2012.

Held at the Waterside Theatre in Aylesbury, the awards celebrated the achievements of over 160 staff, volunteers and contractors. The award categories marked healthcare professional of the year, healthcare team of the year, exceptional contribution to quality, outstanding contribution, team of the year, support services ambassador, volunteer of the year, lifetime achievement and a special chief executive's 2012 Olympian award.

The evening was made all the more special by guests including former Spinal Injuries Unit patient and paralympian Peter Norfolk OBE and Mrs Ann

Cutcliffe, the vice-president of the Paralympic Association. It also marked the first performance of the newly established Bucks Health Choir.

Anne Eden, Chief Executive, said: *"The staff awards are a way of saying 'thank you' to those staff, contractors and volunteers who consistently provide a high level of care and quality to our patients, often going above and beyond the call of duty."*

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 2012/13 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.

6.1 How we involve

A membership approach

The Trust continues to maintain a membership of more than 12,000 public and staff members. Members can be as involved as much or as little as they like – with some limiting their involvement to receiving our twice-yearly newsletter and others contributing more in person.

Our key member engagement event was held in July last year as we saw the first anniversary of the new hyperacute stroke unit in Wycombe (see more on page 12). This is a significant service development which is reaping better health outcomes and benefits for the people of Buckinghamshire and beyond.

The event *Celebrating our stroke services* was well received by the 70-plus people who attended. Evaluation showed high levels of satisfaction with the content presented by our specialist nurses and lead consultant for stroke services.

Older patients speak out

Following national concerns about the quality of care for older patients in hospitals, the Trust welcomed Buckinghamshire County Council Health Overview and Scrutiny Committee's (HOSC) decision to undertake their own review of local services in spring/summer 2012.

The HOSC asked to speak individually to patients and staff and as a result we set up focus groups for people to attend and offered inpatients the opportunity to feedback views from the wards. HOSC members also visited wards where patients were asked how they felt about privacy and dignity, food and nutrition and a range of other areas. Trust Board members also played a role in meeting with the review team.

Patients provided much positive feedback as did the report, while also highlighting a few key areas for improvement. This has helped us develop an action plan which addresses areas such as improving response times to call bells, the consistency of use of the red tray system and better information

sharing for patients receiving care across multiple departments. We have recently presented the feedback, and our progress with actions at our *Celebrating Our Older People's Services* event in April.

The Trust worked closely with the county council and was pleased at their overall report that: *"In general, patients spoke glowingly of the care they had received from staff during their stay in hospital".*

Designing the new Minor Injuries and Illness Unit (MIIU)

Our patients with a range of physical and sensory impairments helped inform plans for facilities at the new MIIU, which is run by doctors from Buckinghamshire Urgent Care. Patients highlighted the importance of having hearing loop facilities in the reception area, lowering the height of the welcome desk for wheelchair users, having a designated area for using mobile phones and how information screens should be set up. Some of these suggestions have already been put into place.

Developing dermatology services

In October we invited more than 60 dermatology inpatients to share their views on new proposals for our dermatology services. To keep in step with best practice nationally, these include being able to offer more care and treatment on a day-case, outpatient and outreach basis in addition to inpatient beds. We would like to do this by developing a day unit at Amersham Hospital in place of the inpatient ward and provide an outreach service from Stoke Mandeville.

Clinical leads were present at the event and participant feedback has now been collated. Our proposals have been shared with staff and the HOSC who agreed with the proposed new model. All this feedback will inform how we go forward with developing the service in 2013/14.

The Patient Experience Group (PEG)

The PEG meets every two months and continues to have representation from more than 20 patient and carer groups. It provides a valuable opportunity for input from patients and service users and for two-way dialogue. Staff representatives also attend and there is a now a direct link to the nursing, midwifery and therapists professional board which is chaired by the chief nurse, ensuring that the learning from compliments and concerns can be established and the necessary actions taken.

The PEG's 2012/13 activities included:

- members playing a vital role in making sure all new patient information leaflets are user-friendly by reviewing over 80 leaflets over the past year
- collecting evidence to help the Trust assess the wider level of awareness of Choose and Book and help with a publicity drive

- bringing patient experience intelligence to the group and feeding back key messages from the Trust to their own members
- providing a helpful reminder about the importance of communicating in a wide range of formats
- having their voices heard at the executive level through 'meet the director' slots and learning more about the role of directors
- highlighting the importance of staff wearing name badges that are clear and visible
- raising the need for more disabled car parking spaces at Stoke Mandeville Hospital and general parking issues
- helping to promote membership and the new Friends and Family Test (see page 14).

The PEG were collectively nominated and received a well earned volunteer of the year award in the Trust's Awards 2012 (see page 29).

Patients also helped the Trust with:

- national Patient Environmental Assessment Teams (PEAT) reviews (now known as Patient Led Assessment of the Clinical Environment - PLACE)
- participating as members of an equality and diversity patient grading panel
- judging for the annual staff and volunteer awards (see page 29)
- representation on the infection control committee, research governance group, risk management committee and the monitored dose project
- a King's Fund leadership training course which aims to shape NHS leaders for the future by sharing their experiences of being in hospital with course members.

6.2 Equality and diversity

We have a commitment to ensure that equality and diversity is integrated at the core of our organisation. Diversity is about valuing difference, in order to create a culture where everyone can participate and thrive.

The Trust made good progress on the equality and diversity agenda over the past year. For example:

- We collated and published a wide range of equality information to demonstrate our compliance with the pubic sector equality duty (PSED). This is available from the website
- We completed the first launch of the equality delivery system (EDS) process which included establishing a patient grading panel to help assess our progress against key criteria

- Patients and staff developed equality objectives which were approved by the Trust Board and are now embedded as part of the corporate objectives.
- Equality monitoring was established in 11 new areas
- An equality and diversity staff survey was undertaken at the beginning of 2012 with a good response rate. The results helped to shape the new equality objectives
- Three new diversity staff networks were launched – for black and minority ethnic staff, staff with a disability and those staff who may be lesbian, gay, bisexual or transgender
- Partnership working began with Buckinghamshire County Council and Buckinghamshire New University. One of our first projects together will be promoting *Tackling Hate Crime Week* in May 2013.

Patients identifying the need and shaping the outcome

In 2012 our local patient Equality Delivery System (EDS) patient grading panel, highlighted better access to the PALS / complaints service for patients with a hearing impairment as a key area to prioritise for improving access. As a result, a video in British Sign Language on our website was suggested by the panel and approved as one of our four equality objectives by the Trust Board.

The project went live on our website PALS pages in December last year and is an excellent example of how patients identified a need, helped shape the outcome and were involved in the delivery of the product.

6.3 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**, whose support this year involved the Cancer Fighting Fund, which is funding bowel screening equipment at Stoke Mandeville and digital breast screening equipment at Wycombe hospitals. Scannappeal also runs the Brain Injury Unit Appeal at Amersham and the Small Project fund, supporting projects across all our sites

- 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.

Charitable Fund

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. The Trust Board is the corporate trustee and a separate annual report and accounts are produced for the charity, which are available from our website www.buckshealthcare.nhs.uk.

7. Our estate and sustainability

The Trust is committed to being a sustainable organisation and continued with efforts to reduce our impact on the environment throughout 2012/13.

Reducing our impact on the environment

We continued to monitor our energy and water usage through software called TEAM. The system gives a month-by-month reading of our electrical, gas and water consumption. We also continue to work with our PFI partners to reduce our costs and carbon usage.

We have made several improvements to reduce our electricity costs through our Combined Heat and Power (CHP) unit at Stoke Mandeville which runs on natural gas and produces electricity via an engine and hot water from the exhaust gas. The Trust is now working with the Department of Health's Carbon & Energy Fund on a project to invest in energy saving equipment and building materials.

The Carbon Reduction Committee

The national carbon reduction targets for the NHS have been set by the government at 10 percent by 2015, followed by further target reductions of 34 percent and 80 percent by 2020 and 2050 respectively. Our Trust has already achieved the 10 percent saving, however this is an ongoing requirement especially when the cost of CO^2 will rise from £12 per tonne to £16 per tonne in 2014/2015.

Despite our efforts to reduce our carbon usage there was a slight increase in 2011/12, which is partially due to the reconfiguration of services and associated construction works.

Waste not, want not

Although we have negotiated one of the lowest rates for disposal of clinical waste within the NHS, the challenge has been to make even further improvements to waste generation through the better segregation of waste within the wards. Awareness training for staff and a new bin system will be key to this success in 2013/14.

We are in the final stages of tendering the domestic waste/recycling contract. This is high on the Trust's agenda to go '100 per cent recycle' in all areas, including food.

Sustainability Management Group

Sustainability Management Group members are now fully integrated into a number of other key groups that meet regularly, to ensure that this work stream is fully active in all areas of the Trust. This includes monthly meetings

with our PFI partners, waste contractors, project teams, clinical staff and infection control.

For the full sustainability report please refer to appendix 16.4 on page 75.

7.1 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.

This last year has seen the successful implementation of plans around Olympic and Paralympic activity with close involvement by the Trust in local and national celebrations during the course of the London 2012 games.

Following a new template being issued by the strategic health authority for business continuity plans, there has been work to adapt these for Trust use. They are due to be rolled out in the first quarter of the coming year in order to ensure divisional plans are current and in line with the corporate policy.

The Trust continues to meet its requirement with regard to testing our EPRR capability and a number of multidisciplinary and whole systems practice exercises have taken place. Plans have also been tested with real time incidents, for example during a norovirus outbreak in February 2013. Other exercises included a clinically-led major casualty table-top exercise in which many clinical departments and senior doctors participated, and testing around the development of a regional burns major incident plan.

EPRR continues to work with and support all departments across the Trust, with evidence of team working seen in the joint approach for the flu vaccination programme, fit test training and various communications strategies.

8. 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 Caldicott and Information Governance committee, chaired by the Trust Caldicott Guardian, oversees all work related to information governance.

The Trust has an obligation to self-assess its performance on information governance using the Information Governance Toolkit provided by Connecting for Health. The Trust's overall information governance submission for 2012/13 achieved a score of 75 per cent resulting in a 'satisfactory' rating. The main areas of improvement were seen within 'confidentiality and data protection assurance", "information security assurance" and "corporate information assurance".

Progress continued on implementing and improving information risk controls which included ensuring that all staff under-take 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 no 'level three' serious untoward incidents involving personal data.

Committed to Freedom of Information

The Trust received in total 330 Freedom of Information requests in the period 1 April 2012 to 28 February 2013. This represented a 9.6 per cent increase for the same period in the previous financial year.

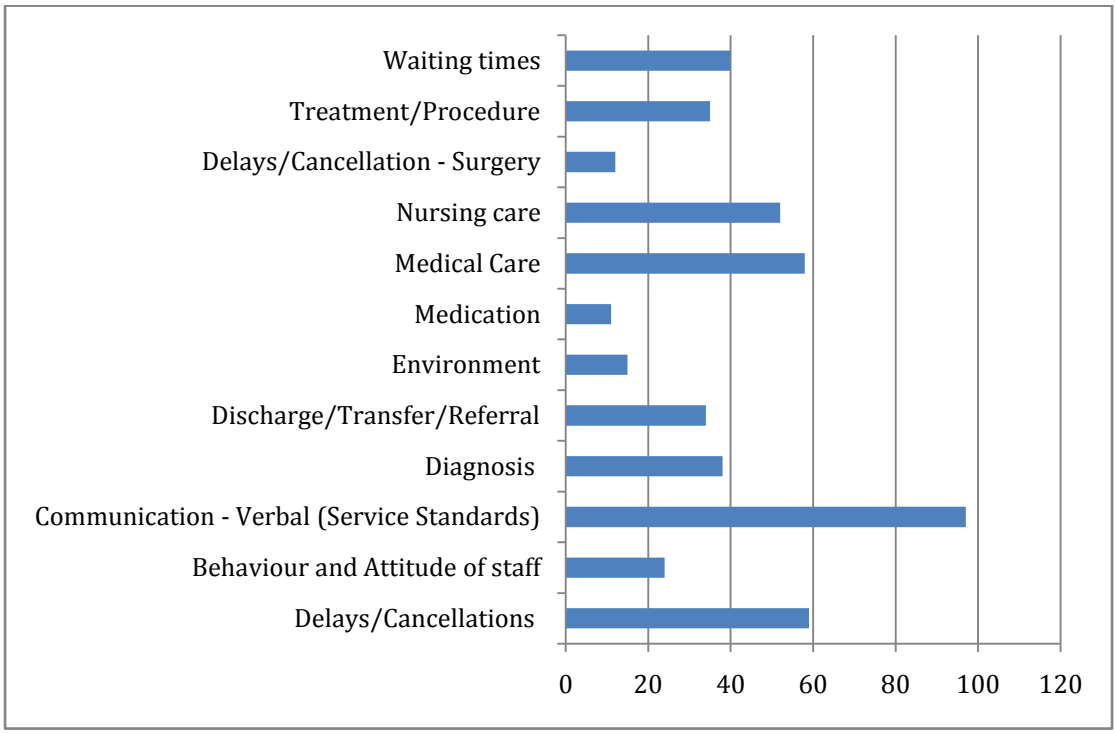
Four requests were referred on to other organisations as information requested was not held by the Trust and three were withdrawn by the requestor. The majority of requests were responded to within the 20 working day target. One was closed as no response was received after three months following a request for clarification.

Full exemptions were applied to 33 requests where no information was provided to the requestor and for 10 other requests only part of the information was made available due to exemption.

9. Complaints and compliments

It is vitally important that the Trust learns from the experiences relayed by people through feedback, especially their complaints. This learning is identified through complaints investigations which our staff then translate into actions.

581 formal complaints were received in 2012/13. The main subjects of the complaints were:



All enquiries and complaints are investigated individually. Complainants' enquiries are acknowledged in writing and the complaints process and time frames explained. Complainants are also given the direct telephone number of an administrator so that they have a named person to contact in order to discuss progress and the way they would like their complaint managed.

Some of the actions which took place as a result of complaints are shown below:

1. Service standards training for any members of staff identified in complaints has been implemented.
2. Protected administration time is being put in place for staff booking in women for C-sections.
3. Cardiology have developed a process to ensure better communications with other trusts when patients are being transferred for surgery.
4. New support sessions for staff on breaking bad news.

5 Recording guidelines for consultations and patient meetings have been drawn up and approved at Caldicott Guardian meeting.
6 Software has been installed in car parks at the front of Amersham Hospital by the estates team to enable disabled drivers better access to the hospital.
7 The effectiveness of bedside handover to be audited by matrons to ensure comprehensive information is passed on.
8 Discharge checklists to be given to patients and family members.

We also receive thousands of compliments through to the corporate office or wards and departments. In the past year, we have recorded over 8,300 compliments although this does not represent all compliments received locally.

9.1 Principles for remedy

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.

The Trust makes every effort to comply with these principles. We are always ready to apologise where our service has not been what the service user expected, and to put things right for complainants as promptly and appropriately as possible. Our aim is to use the lessons learned from complaints to make sure that we do not make the same mistakes again.

10. Our Trust Board

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

It defines 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 have responsibility to constructively challenge the decisions of the Board. Non-executive directors have a particular duty to ensure 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.

Directors and the register of interests

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

Name	Position	Interests Declared
Les Broude	Non-Executive 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 in the past with NHS Buckinghamshire. Family friend Chair of The Royal Hospital for Neuro-Disability Family friend NED at the Oxford Health NHS Foundation Trust.
Juliet Brown	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 [1]	Chief Operating Officer	None
Anne Eden	Chief Executive	Visiting Professor Bucks New University
Ian Garlington	Director of Property Services	Director The Stoke Mandeville Hospital Postgraduate Society Ltd Trustee of the National Society for Epilepsy Trustee of Scannappeal Partner works for GV Health Ltd
Keith Gilchrist	Non-Executive Director	Advisory work with LCA (Low Carbon Accelerator) finance fund for low carbon development companies Son is speciality registrar ST2 paediatrics currently seconded to Oxford University research and SMH
Malcolm Griffiths	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
Fred Hucker [2]	Chair	Trustee, Dipex Oxford

Brenda Kersting [3]	Non-Executive Director	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.
Dr Graz Luzzi	Medical Director	External specialist consultant to Oxfordshire Clinical Commissioning Group
Anne Robson [4]	Interim Director of Human Resources & OD	Director of Interims Limited
David Sines [5]	Associate Non-Executive Director	Director of the British School of Osteopathy Pro Vice Chancellor at Buckinghamshire New University with educational contracts with the SHA Lead Host Director of the Thames Valley HIEC Director of the British School of Osteopathy NED – Central London NHS Community Healthcare Trust PVC with responsibility for educational contracting with the Trust via NHS South of England Bucks University Executive Board member of INSTAL
Lynne Swiatczak	Chief Nurse & Director of Patient Care Standards	Visiting Professor Bucks New University, Faculty of Health and Social Care
Tom Travers	Director of Finance & IT	None
Jane Bramwell [6]	Non-Executive Director	Chair of charity supporting adults with a learning disability and deputy chair of governors at a local special school Husband Michael Brand is a Bucks County Councillor
Sandra Hatton	Director of Human Resources & OD	None
Helen Keenan [7]	Non-Executive Director	Managing Director and owner of Helen Keenan by Design Ltd, a childrenswear design and retail company with no connection to the NHS

1. Neil Dardis (Appointed 1 February 2013)
2. Fred Hucker (October 2012 to September 2016)
3. Brenda Kersting (acting Chair January to September 2012)
4. Anne Robson (January to July 2013)
5. David Sines (Associate NED Feb 2012 to March 2013)
6. Jane Bramwell (May 2007 to October 2012)
7. Helen Keenan (March 2013 to March 2017)
8. Sandra Hatton (Left 31 January 2013).

10.1 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 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 lieu of notice pay 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	End of Term of office	Extension to tenure (if applicable)
Fred Hucker	01/10/2012	30/09/2016	
Graham Ellis	01/10/2008	31/12/2011	Retired
Les Broude	01/05/2007	30/04/2011	30/04/2015
Brenda Kersting	01/05/2007	30/04/2011	30/04/2014
Jane Bramwell	01/05/2007	30/04/2011	Left October 2012
Keith Gilchrist	01/05/2007	30/04/2011	30/04/2014
Malcolm Griffiths	16/07/2007	15/07/2011	30/11/2013
David Sines (Associate)	February 2012	July 2012	31/03/2013
Helen Keenan	07/03/2013	31/03/2017	

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

In 2012/13 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 2012/13:

Fred Hucker (from October 2012)
Jane Bramwell (to October 2012)
Les Broude
Keith Gilchrist
Malcolm Griffiths
Brenda Kersting
David Sines

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

	2012-13				2011-12			
Name and Title	**Service as Director in year**	**Salary (bands of £5000) £000**	**Other Remuneration (bands of £5000) £000**	**Benefits in Kind Rounded to the nearest £100 £00**	**Service as Director in year**	**Salary (bands of £5000) £000**	**Other Remuneration (bands of £5000) £000**	**Benefits in Kind (Rounded to the nearest £100) £00**
Chair Mr F Hucker	1/10/12-31/3/13	15-20	-	-		-	-	-
Mrs B Kersting	1/4/12-30/9/12	10-15	-	-	1/2/12-31/3/12	0-5	-	-
Non-Executive Directors Mr M Griffiths	Full Year	5-10	-	-	Full Year	5-10	-	-
Mr L Broude	Full Year	5-10	-	-	Full Year	5-10	-	-
Ms Helen Keenan	7/3/13-31/3/13	0-5	-	-		-	-	-
Mr K Gilchrist	Full Year	5-10	-	-	Full Year	5-10	-	-
Ms J Bramwell	1/4/12-31/10/12	0-5	-	-	Full Year	5-10	-	-
Mrs B Kersting	1/10/12-31/3/13	0-5	-	-	1/4/11-31/1/12	5-10	-	-
Associate Non-Executive Director Prof D Sines	Full Year	5-10	-	-		-	-	-
Chief Executive Ms Anne Eden	Full Year	155-160	-	16	Full Year	155-160	-	13
Chief Operating Officer Mr R Peet	1/4/12 – 30/6/12	25-30	-	-	Full Year	110-115	-	-
Ms M Olsen	1/7/12-30/11/12	120-125	-	-		-	-	-
Mr N Dardis	1/2/13-31/3/13	20-25	-	-		-	-	-
Director of Finance Mr T Travers	Full Year	110-115	-	12	Full Year	110-115	-	4
Chief Nurse and Director of Patient Care Standards Ms L Swiatczak	Full Year	95-100	-	-	Full Year	95-100	-	-
Medical Director Dr G Luzzi	Full Year	45-50	125-130	-	Full Year	45-50	125-130	-
Director of Property Services Mr I Garlington	Full Year	105-110	-	8	Full Year	100-105	-	4
Director of HR and organisational development Mrs S Hatton	1/4/12-31/1/13	75-80	-	-	Full Year	90-95	-	-
Ms A Robson	1/2/13-31/3/13	35-40	-	-		-	-	-

Director of Strategy & System Reform Mrs J Brown	Full Year	60-65	-	-	Full Year	55-60	-	-

Benefits in Kind relate to the provision of a lease car that is also available for private use.

Directors' pension entitlements

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 2013	Lump sum at age 60 related to accrued pension at 31 March 2013	Cash Equivalent Transfer Value at 31 March 2013	Cash Equivalent Transfer Value at 31 March 2012	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 £00
Chief Executive Ms A Eden	0 - 2.5	5-7.5	60-65	185-190	1,203	1,131	73	-
Chief Operating Officer Mr R Peet	0 - 2.5	0 - 2.5	15-20	15-20	183	158	25	-
Director of Finance Mr T Travers	0 - 2.5	2.5 - 5	15-20	55-60	348	301	46	-
Director of Nursing Ms L Swiatczak	0-2.5	5-7.5	5-10	20-25	159	131	28	-
Director of HR and Organisational Development Mrs S Hatton	0 – 2.5	10 – 12.5	40-45	120-125	865	825	40	-
Director of Strategy and System Reform Mrs J Brown	0 - 2.5	2.5-5	15-20	45-50	229	206	23	-

Director of Facilities and Estates Mr I Garlington **	0 - 2.5	0 - 2.5	5-10	-	76	56	20	-
Medical Director Dr G Luzzi	0-2.5	2.5-5	50-55	150-155	1,046	984	62	-

Mr N Dardis was in post as Chief Operating Officer in the period 1/2/13 to 31/3/13. As only part of the pension entitlement accrued for this year was related to this period of service it is not considered helpful to provide the information or a comparator.
** Mr I Garlington is a member of the NHS Pension Scheme 2008 section and, as such, has no automatic entitlement to a lump sum.

Mr R Peet has transferred his membership from the NHS Pension Scheme 1998 Section to the NHS Pension Scheme 2008 Section. The figures above take into account the change in the Terms and Conditions.

This table includes only those executive directors where Buckinghamshire Healthcare NHS Trust made contributions to a pension scheme.

Pay multiples

From 2012/13, 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 2012/13 was £155,000 to £160,000 (2011/12 £155,000 to £160,000). This was 5.6 times (2011/12 5.6 times) the median remuneration of the workforce, which was £28,039 (2011/12 £27,854).

In 2012/13, nine employees (2011/12 nine employees) received remuneration in excess of the highest-paid director. Remuneration ranged from £158,000 to £178,000 (2011/12 £158,000 to £190,000).

Total remuneration includes salary, non-consolidated performance-related pay (none awarded in 2011/12 or 2012/13) benefits-in-kind and any severance payments. None of the employees who received remuneration in excess of the highest paid director received redundancy payments in 2012/13 (2011/12 nil). It does not include employer pension contributions and the cash equivalent transfer values of pensions.

There has been a pay freeze across the NHS during 2010/11 to 2012/13, with the pay of the highest-paid director (the same individual in all years) remaining static. The median pay has changed very marginally.

The pay of the highest paid employee has reduced in line with the number of sessions worked and paid.

'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 themselves 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 £58,300.

The Trust is required to provide disclosures on how many of those arrangements it had in place at 31st January 2012, and those engagements during the period 23 August 2012 to March 2013.

The Trust did not have in place any such engagements at 31st January 2012.

In the period between January 2012 and August 2012 the Trust entered into eight such engagements. Of these, five have subsequently ceased. The Trust is working with the remaining three employees to ensure itself that their tax arrangements are robust.

The Trust has entered into one further contract since August 2012 and is, again, working with the individual in assessing their tax arrangements.

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
Malcolm Griffiths	Non-Executive Director
Brenda Kersting	Non-Executive Director (from October 2012)
Jane Bramwell	Non-Executive Director (to October 2012)

Auditors

The Audit Commission provided external audit services to the Trust for 2008/09 to 2011/12. However the Audit Commission no longer provided these services from 1st April 2012, and responsibility for the audit of the 2012/13 financial statements was passed onto Ernst and Young following an NHS-wide tendering process.

The scale fees for 2012/13 were set at £121,720 plus VAT.

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

Directors' declaration in respect of audit

In 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.

11. Our financial performance

Our objective is to deliver quality services while achieving value for money ensuring economy, effectiveness and efficiency in the use of our resources.

11.1 Improving financial management to deliver better value for money

The main source of income for the Trust in 2012/13 was that from the commissioners (predominantly NHS Buckinghamshire) of our NHS services.

Within the calculation of the amount we are paid for our services is a built-in understanding that we will make efficiency savings of 4% per annum. This, together with an assumption that the level of referrals are expected to reduce as more patients are seen in the community or primary care, resulted in our need to make efficiency savings of £24.2m in 2012/13 to meet the planned surplus of £2.0m, although this requirement for savings increased, as a result of business pressures, to £30.7m during the year.

Although the Trust did not make all the planned savings over a period of significant operational pressure, a huge amount of work took place in driving down cost, and helped us attain a surplus of £0.3m. As a result, the Trust has managed to 'breakeven' for the past five years.

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 2012/13 Ernst and Young found that the Trust had made these proper arrangements.

11.2 The efficiency programme

The financial savings objective for the Trust during 2012/13 was initially to achieve £24.2 million efficiencies through a programme focused on key trust-wide work-streams, and bottom-up divisional savings. This requirement however increased to £30.7m in month three, due to operational issues translating into significant financial pressures.

The Trust has developed a multi-year rolling programme of savings and is constantly planning cross year to achieve efficiencies. Every scheme undertaken is reviewed by divisional clinical management and by the chief nurse and medical director, to ensure clinical safety and quality is not compromised nor patient experience impacted.

During 2012/13 the Trust continued to deliver efficiencies by standardising products and consolidating contractual terms, restructuring and right-sizing workforce, and expanding community services. Along with delivering savings, the increased use of technology to deliver services and the reduction in travel

has helped the Trust reduce its Carbon footprint. In the first half of the year the Trust also reduced temporary staffing to reduce cost and improve quality.

Where planned savings were not possible due to increased demand for services, income has been secured. The Trust therefore delivered the vast majority of the required target through a combination of efficiencies, and additional income.

11.3 Performance in-year

In planning its income for 2012/13, the Trust needed to take into account the effect on income of NHS Buckinghamshire's plan to reduce demand on acute services in order that more patients could be treated at home with the aid of primary care and community services. In addition, a 4% efficiency saving was inbuilt into the tariff on which the Trust obtains payment for activity.

Given the overall reduction in income due to the factors above, and in order to achieve safe, sustainable emergency services for the local population in the future, the *Better Healthcare in Bucks* (BHiB) strategy was developed across all partner organisations. This had implications for the Trust's financial performance in year. It was planned that BHiB would reduce hospital activity in future and, therefore, associated costs would need to be removed from the Trust. Key to this strategy is the need to provide improved services at centralised locations and this led to the requirement for investment into the infrastructure of the Trust across the sites and, in particular, at the Minor Injuries and Illnesses Unit (MIIU) at Wycombe, accident and emergency (A&E) and the new surgical floor at Stoke Mandeville. In addition, the Trust received specific funding to ensure that it continued to meet the requirement to see patients within 18 weeks of referral and for the bowel screening service.

Although much of the restructuring was in place for the last quarter of the year, the overall level of activity did not reduce as much as expected. The Trust saw increasing demand on its services, with a particularly bad winter period and norovirus affecting the general community and our hospital, placing areas of the Trust, such as A&E, under significant pressure and leading to the requirement to have more beds open than planned. Rather than reducing costs in quarter four, the Trust faced the position that costs increased with demand to a level higher than planned.

Despite these challenges, the Trust achieved a surplus, after technical adjustments, of £299,000. This achievement means that the Trust has continued to succeed in its duty to 'breakeven' on a cumulative basis – a requirement if it is to submit a successful foundation trust application.

The position reported before technical adjustments is a deficit of £7,202,000. However, there are three items included within this that the Department of Health requires to be negated before considering the financial performance of a Trust. These items are:

- reversal of an impairment to the value of the Trust's property that had previously been reflected in the Statement of Comprehensive Income (SOCI). During 2012/13, the value of the Trust's specialised buildings has fallen. In addition, due to the valuation methodology adopted, the value of expenditure on the building fabric to change service provision was not fully reflected in its revised value. This is considered to be outside the financial management of the Trust and to artificially deflate the performance reported. The effect of this, totalling £6,689,000, on the deficit needs to be removed.

- 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 surplus in 2012/13 to be £1,153,000 lower than it would otherwise have been, so needs to be added back in.

- The impact of the change in accounting treatment for donated assets in 2011/12. This had the impact of increasing reported performance in 1012/13 by £341,000 and, therefore, needs to be removed.

The net effect of these three adjustments is to adjust the £7,202,000 deficit to the reported £299,000 surplus against which the Trust is assessed.

The Trust is required to meet, or undershoot, certain targets known as 'External Financing Limit' and 'Capital Resource Limit'. In 2012/13 the Trust achieved these targets within the expected 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 has been given unqualified conclusions in 2010/11, 2011/12 and 2012/13.

Accounting policies

Expense recognition

In 2012/13, there were a number of service redesigns and restructurings that took place throughout the Trust. As a result, a number of staff were made redundant and others left under the Mutually Agreed Resignation Scheme (MARS). 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	2 £13,289	13 £67,302	15 £80,591	0 £0
£10,000 - £25,000	1 £11,896	21 £381,431	22 £393,327	0 £0
£25,001 - £50,000	2 £58,670	8 £290,399	10 £349,069	0 £0
£50,001 - £100,000	4 £229,802	1 £96,621	5 £326,423	0 £0
£100,001 - £150,000	0 £0	1 £100,446	1 £100,446	0 £0
£150,001 - £200,000	2 £328,992	0 £0	2 £328,992	0 £0
>£200,000	1 £200,805	0 £0	1 £200,805	0 £0
Total	12 £843,454	44 £936,199	56 1,779,653	

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 District Valuation Office has advised the Trust that the value of its land has not changed since the beginning of the financial year, although the value of buildings and dwellings has reduced by 1.4%. Where a Revaluation Reserve balance exists for that specific asset, the reduction in value is charged there. Where such a balance does not exist, or where it is insufficient to cover the reduction, it is charged to Operating Expenses on the Statement of Comprehensive Income.

During 2012/13, the Trust disposed of a parcel of land at the front of the Stoke Mandeville site that was surplus to requirements.

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 2012/13 to benefit from support from Scannappeal, the Trust charities and the League of Friends; with the purchase of medical and other equipment exceeding £1,424,000. 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 £1,083,000. The excess over the value donated and 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 2012/13 financial statements.

Financing arrangements

At the beginning of 2012/13, the Trust had two loans. The first is a capital loan which was taken out in September 2008, at a fixed interest rate of 4.88%, in order to support the Trust's significant capital programme in that year. At 31st March 2013 there was £700,000 outstanding, which is repayable in September 2013 in line with the scheduled repayments. The second is a working capital loan, which was taken out in March 2010. This loan is at a fixed interest rate of 1.89% and, at 31st March 2013, there was £5,000,000 outstanding. This is repayable in twice yearly instalments of £1,250,000 in September and March.

In March 2013, the Trust received a Revenue Support Loan in preparation for its application to become a foundation trust. This loan, of £8,000,000, is repayable over seven years in twice yearly instalments of £571,000 (September and March).

During the financial period, the Trust incurred £210,000 (2011/12 £331,000) in interest on its loans.

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 2012/13 the Trust accounted for £10,374,000 (2011/12 £10,219,000) in finance charges in relation to the PFIs.

Cash flow

The Trust had a year end cash balance of £2.8m. 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 £3.3m in 2012/13 (although it is not permitted to 'go overdrawn'). This compares with the end of 2011/12 when the Trust was required to hold cash balances in excess of £5m in order to meet its EFL.

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 requirement to hold a lower cash balance, together with the timing of the Easter holidays, meant that more cash was utilised in paying creditors before year end (which is reflected in the Statement of Financial Position below).

The Trust received £2.7m cash in respect of a property sale, which was reinvested in capital expenditure, including the Better Healthcare in Bucks projects.

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 £33,000 (2011/12 £34,000).

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 2012/13 shown below:

	2012-13 Number	**2012-13 £000s**	2011-12 Number	2011-12 £000s
Non-NHS Payables				
Total Non-NHS Trade Invoices Paid in the Year	**63,905**	**172,770**	66,357	149,679
Total Non-NHS Trade Invoices Paid Within Target	**52,759**	**157,426**	56,572	137,884
Percentage of Non NHS Trade Invoices Paid Within Target	**82.56%**	**91.12%**	85.25%	92.12%
NHS Payables				

Total NHS Trade Invoices Paid in the Year	**3,184**	**53,160**	3,557	66,572
Total NHS Trade Invoices Paid Within Target	**2,298**	**45,467**	2,636	45,780
Percentage of NHS Trade Invoices Paid Within Target	**72.17%**	**85.53%**	74.11%	68.77%

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 2013/14 to improve the percentage achieved.

In May 2009, the government introduced a prompt payments code and undertook to pay all small businesses within 10 days of receipt of an invoice. The Trust has signed up to this code.

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

11.4 2013/14 and beyond

Following The Health and Social Care Act 2012, the commissioning landscape for the services of Buckinghamshire Healthcare has changed significantly, with the demise of strategic health authorities and primary care trusts, and the advent of clinical commissioning groups and the Trust Development Agency, amongst others. The Trust will be working closely with its new commissioners to ensure that it provides, and is paid for, the services required by the population of Buckinghamshire.

With targets for activity and costs set by our commissioners, it is vital that the cost base of the Trust reflects changes to levels of activity. It addition, it is recognised that, often, it is in the best interests of patients to be seen in the community or in their own home rather than in an acute hospital setting More work will therefore be underway to achieve the best quality care for patients at the lowest appropriate cost. The *Better Healthcare in Bucks* strategy has begun to address this.

As part of the reorganisation of the NHS, some of the PCT's functions, assets and liabilities are to transfer to the Trust. In particular, the Trust will be assuming responsibility for the running and upkeep of the community hospitals and other community buildings within the area.

Progress on the application to become a foundation trust will be maintained, with financial models and the Trust's Integrated Business Plan being presented to the Trust Development Authority.

11.5 Summary financial statements

Statement of Comprehensive Income for year ended 31 March 2013

	NOTE	2012-13 £000	2011-12 £000
Gross employee benefits	9.1	**(212,040)**	(211,172)
Other costs	7	**(130,895)**	(109,094)
Revenue from patient care activities	4	**320,668**	319,652
Other Operating revenue	5	**30,253**	20,745
Operating surplus/(deficit)		**7,986**	20,131
Investment revenue	11	**33**	34
Other gains and (losses)	12	**894**	250
Finance costs	13	**(10,665)**	(10,638)
Surplus/(deficit) for the financial year		**(1,752)**	9,777
Public dividend capital dividends payable		**(5,450)**	(5,439)
Retained surplus/(deficit) for the year		**(7,202)**	4,338
Other Comprehensive Income			
Impairments and reversals		**(1,524)**	0
Net gain on revaluation of property, plant & equipment		**0**	3,094
Total comprehensive income for the year*		**(8,726)**	7,432

* This sums the rows above and the surplus / (deficit) for the year before adjustments for PDC dividend and absorption accounting

Financial performance for the year

Retained surplus/(deficit) for the year	**(7,202)**	4,338
IFRIC 12 adjustment (a)	**1,153**	527
Impairments (b)	**6,689**	(2,751)
Adjustment in respect of elimination of donated asset reserve (c)	**(341)**	734
Adjusted retained surplus*	299	2,848

The financial performance of an NHS Trust is based on its Retained surplus or deficit for the year, but then is adjusted for the following:

a) The revenue costs of bringing PFI assets onto the Statement of Financial Position due to the introduction of International Accounting Standards (IFRS) accounting in 2009/10

NHS Trusts' financial reporting performance measurement needs to be aligned with the guidance by HM Treasury measuring departmental expenditure. Therefore the incremental revenue expenditure resulting from the application of IFRS to PFI, which has no cash impact, and is therefore not chargeable for overall budgeting purposes, should be reported as technical. The additional cost is not considered part of the organisation's operating position.

b) Impairments to the value of Non-Current Assets and Reversals

Movements in the value of non-current assets, caused by such factors as fluctuations in the property market or as a result of valuation methodology, are not considered to be part of an organisation's operating position.

c) Change in accounting policy in respect of donated assets

HM Treasury issued new guidance in 2011/12, which stated that donated assets will be recognised in full in the SOCI in the year of receipt. Any difference between receipt and depreciation charged on donated assets is recorded as a technical adjustment.

Statement of Financial Position as at 31 March 2013

	NOTE	31 March 2013 £000	31 March 2012 £000
Non-current assets:			
Property, plant and equipment	14	**253,564**	261,617
Intangible assets	15	**524**	191
Trade and other receivables	20	**2,397**	2,545
Total non-current assets		**256,485**	264,353
Current assets:			
Inventories	19	**5,023**	4,720
Trade and other receivables	20	**16,506**	17,582
Other current assets	21	**148**	147
Cash and cash equivalents	22	**2,779**	5,520
Total current assets		**24,456**	27,969
Non-current assets held for sale	23	**0**	1,800
Total current assets		**24,456**	29,769
Total assets		**280,941**	294,122
Current liabilities			
Trade and other payables	24	**(23,759)**	(31,869)
Other liabilities	25	**(97)**	(26)
Provisions	29	**(1,473)**	(234)
Borrowings	26	**(1,871)**	(1,704)
Working capital loan from Department	26	**(3,642)**	(2,500)
Capital loan from Department	26	**(700)**	(1,400)
Total current liabilities		**(31,542)**	(37,733)
Non-current assets plus/less net current assets/liabilities		**249,399**	256,389
Non-current liabilities			
Trade and other payables	24	**(1,366)**	(1,639)
Other Liabilities	25	**(411)**	(437)
Provisions	29	**(1,396)**	(1,399)
Borrowings	26	**(64,890)**	(66,762)
Working capital loan from Department	26	**(9,358)**	(5,000)
Capital loan from Department	26	**0**	(700)
Total non-current liabilities		**(77,421)**	(75,937)
Total Assets Employed:		**171,978**	180,452
FINANCED BY:			
TAXPAYERS' EQUITY			
Public Dividend Capital		**158,594**	158,319
Retained earnings		**(23,029)**	(16,504)
Revaluation reserve		**36,413**	38,637
Total Taxpayers' Equity:		**171,978**	180,452

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2013

	Public Dividend capital	Retained earnings	Revaluation reserve	Total reserves
	£000	£000	£000	£000
Balance at 1 April 2012	**158,319**	**(16,504)**	**38,637**	**180,452**
Changes in taxpayers' equity for 2012-13				
Retained surplus/(deficit) for the year		(7,202)		**(7,202)**
Impairments and reversals			(1,524)	**(1,524)**
Transfers between reserves		677	(677)	**0**
Release of reserves to Statement of Comprehensive Income			(23)	**(23)**
New PDC Received	7,495			**7,495**
PDC Repaid In Year	(7,220)			**(7,220)**
Net recognised revenue/(expense) for the year	**275**	**(6,525)**	**(2,224)**	**(8,474)**
Balance at 31 March 2013	**158,594**	**(23,029)**	**36,413**	**171,978**
Balance at 1 April 2011	**154,724**	**(21,682)**	**36,383**	**169,425**
Changes in taxpayers' equity for the year ended 31 March 2012				
Retained surplus/(deficit) for the year		4,338		4,338
Net gain / (loss) on revaluation of property, plant, equipment			3,094	3,094
Transfers between reserves		840	(840)	0
New PDC Received	3,595			3,595
Net recognised revenue/(expense) for the year	3,595	5,178	2,254	11,027
Balance at 31 March 2012	**158,319**	**(16,504)**	**38,637**	**180,452**

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED

31 March 2013

	2012-13	2011-12
	£000	£000
Cash Flows from Operating Activities		
Operating Surplus/Deficit	**7,986**	20,131
Depreciation and Amortisation	**12,752**	9,258
Impairments and Reversals	**7,226**	(2,751)
Donated Assets received credited to revenue but non-cash	**(1,424)**	(380)
Interest Paid	**(10,665)**	(10,551)
Dividend (Paid) / Refunded	**(5,807)**	(5,359)
Release of PFI/deferred credit	**147**	147
(Increase)/Decrease in Inventories	**(303)**	(1,127)
(Increase)/Decrease in Trade and Other Receivables*	**1,342**	311
(Increase)/Decrease in Other Current Assets	**(1)**	0
Increase/(Decrease) in Trade and Other Payables*	**(5,751)**	3,288
(Increase)/Decrease in Other Current Liabilities	**45**	(27)
Provisions Utilised*	**(241)**	(408)
Increase/(Decrease) in Provisions	**1,339**	108
Net Cash Inflow/(Outflow) from Operating Activities	**6,645**	12,640
CASH FLOWS FROM INVESTING ACTIVITIES		
Interest Received	**33**	35
(Payments) for Property, Plant and Equipment	**(14,396)**	(8,893)
(Payments) for Intangible Assets	**(394)**	(144)
Proceeds of disposal of assets held for sale (PPE)	**2,700**	1,295
Net Cash Inflow/(Outflow) from Investing Activities	**(12,057)**	(7,707)
NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING	**(5,412)**	4,933
CASH FLOWS FROM FINANCING ACTIVITIES		
Public Dividend Capital Received	**7,495**	3,595
Public Dividend Capital Repaid	**(7,220)**	0
Loans received from DH - New Revenue Support Loans	**8,000**	0
Loans repaid to DH - Capital Investment Loans Repayment of Principal	**(1,400)**	(1,400)
Loans repaid to DH -Revenue Support Loans	**(2,500)**	(2,500)
Capital Element of Payments in Respect of Finance Leases and On-SoFP PFI	**(1,704)**	(1,680)
Net Cash Inflow/(Outflow) from Financing Activities	**2,671**	(1,985)
NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS	**(2,741)**	2,948
Cash and Cash Equivalents (and Bank Overdraft) at Beginning of the Period	**5,520**	2,572
Cash and Cash Equivalents (and Bank Overdraft) at year end	**2,779**	5,520

* Some of the cashflows from operating activities given above have been adjusted to take into account movements in the SOFP relating to investing and financing activities e.g. interest receivable and payable, PDC dividends receivable and payable and the impact of unwinding and changing the discount rate on provisions. For this reason cash flows cannot be derived by the notes to the Accounts analysing categories in the SOFP.

The financial statements are a summary of the full accounts and statements, and we are required to state that these might not contain sufficient information for a full understanding of the Trust's financial position and performance. The full accounts can be obtained on request by writing to:

Director of Finance & IT
Buckinghamshire Hospitals NHS Trust
Amersham Hospital
Whielden Street, Amersham
Buckinghamshire HP7 0JD
Or by telephoning: 01494 73475

12. 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

Anne Eden
Chief executive 4 June 2013

Tom Travers
Director of finance 4 June 2013

13. Statement of chief executive's responsibilities as the Accountable Officer of the Trust

The Chief Executive of the NHS 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 Department of Health. 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.

Anne Eden
Chief executive
Buckinghamshire Hospitals NHS Trust

4 June 2013

14. Annual governance statement

Governance statement

Based on the work undertaken in 2012/13, 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 that put the achievement of particular objectives at risk. The key issues are:

- Our Bank and Agency review resulted in a Red Opinion with weaknesses being identified in both the design and application of the control framework exposing the Trust to the risk of financial loss
- Our Capital Projects review which focussed on two schemes at Stoke Mandeville Hospital from initiation to their current level of completeness resulted in a Red Opinion as a result of significant weaknesses in the application of the control framework being identified. Overspends on the two schemes reviewed were 17% and 185% negatively impacting the Trust's finances by over £2m.

To access a copy of the full governance statement please go to our website at: www.buckshealthcare.nhs.uk/about/publications-temp-static.htm

15. Audit opinion and report

INDEPENDENT AUDITOR'S REPORT TO THE DIRECTORS OF BUCKINGHAMSHIRE HEALTHCARE NHS TRUST

We have examined the summary financial statement for the year ended 31 March 2013 which comprises the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and the related notes set out on pages 49 to 59.

This report is made solely to the Board of Directors of Buckinghamshire Healthcare NHS Trust as a body, in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 45 of the Statement of Responsibilities of Auditors and Audited Bodies published by the Audit Commission in March 2010.

Respective responsibilities of directors and auditor

The directors are responsible for preparing the Annual Report.

Our responsibility is to report to you our opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements.

We also read the other information contained in the Annual Report and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statements.

We conducted my work in accordance with Bulletin 2008/03 “The auditor's statement on the summary financial statement in the United Kingdom” issued by the Auditing Practices Board. Our report on the statutory financial statements describes the basis of our opinion on those financial statements.

Opinion

In our opinion the summary financial statement is consistent with the statutory financial statements of the Buckinghamshire Healthcare NHS Trust for the year ended 31 March 2013.

Ernst & Young LLP,
Statutory Auditor
Apex Plaza,
Fordbury Road,
Reading,
RG1 1YE

5 June 2013

16. Appendices

16.1 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

16.2 Appendix 2 - Feedback on the annual report 2012/13

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

16.3 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.
Auditors' Local Evaluation (ALE) ALE is the Audit Commission's assessment framework involving auditors making scored judgements on key areas of financial performance in NHS trusts. It assesses how well NHS organisations manage and use their financial resources, and forms the quality of financial management for non-foundation trusts within the Care Quality Commission's annual health check.
Agenda for Change Agenda for Change is the pay system for the majority of NHS staff.
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.
Audit commission They are an independent public body responsible for ensuring that public money is spent economically, efficiently, and effectively in the areas of local government, housing, health, criminal justice and fire and rescue services. They appoint the external auditors.
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 group 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 form 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.
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.
Francis report The Francis Report 2013 is the final report of the Mid Staffordshire NHS Foundation Trust Public Inquiry by Robert Francis QC. It was published on Wednesday 6 February 2013 and makes recommendations to the Secretary of State based on the lessons learnt from Mid Staffordshire. http://www.midstaffspublicinquiry.com/
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 abolishes 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 2012/13 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.

MARS
Mutually agreed resignation scheme.

Methicillin resistant staphylococcus aureus (MSRA)

This is a strain of a common bacterium which is resistant to an antibiotic called methicillin.
NHS Buckinghamshire The local primary care trust and commissioner of NHS services for Buckinghamshire people until April 2013. Now replaced by clinical commissioning groups.
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 South of England NHS South of England officially came into effect in October 2011, clustering former strategic health authorities – NHS South Central, NHS South East Coast and NHS South West. Strategic health authorities were succeeded in April 2013 by a new NHS Commissioning Board, as part of the Health and Social Care Act 2012.
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 Chair, 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’.
Overview and scrutiny committees (OSC) OSCs 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.

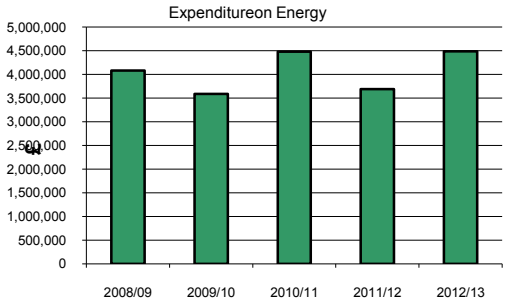
Quality account

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.
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.
Strategic health authority (SHA) Strategic health authorities are accountable to the Secretary of State for Health via the chief executive of the NHS and have a role to performance manage PCTs and local health systems. Our strategic health authority is south central.
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 Chair, 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 new 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.

16.4 Appendix 4 – Sustainability report

-22%



The NHS aims to reduce its carbon footprint by 10% between 2009 and 2015. Reducing the amount of energy used in our organisation contributes to this goal

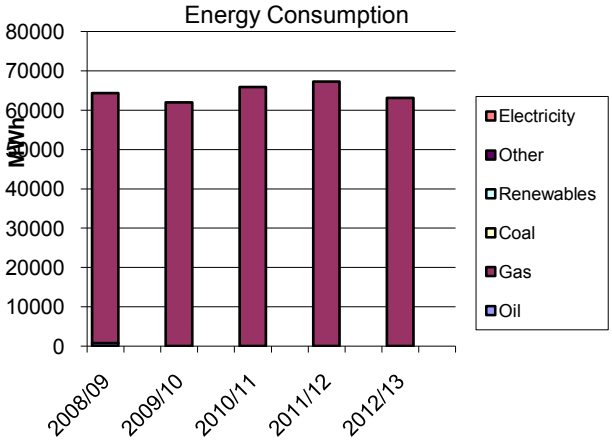
There is also a financial benefit which comes from reducing our energy bill.

Our energy costs have increased by 22% in 2012/13, the equivalent of 141 hip operations.

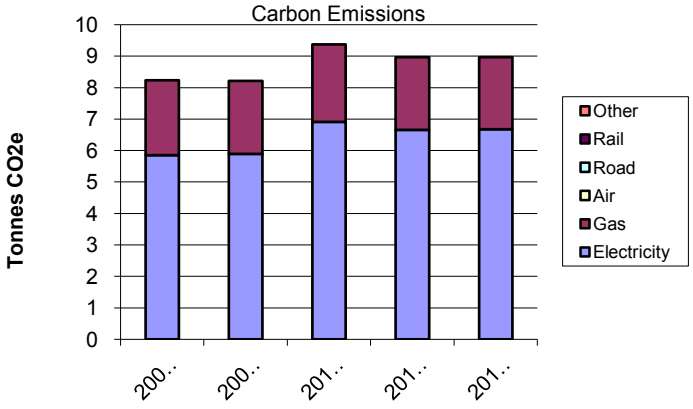
We have not yet quantified our plans to reduce carbon emissions and improve our environmental sustainability

Our total energy consumption has fallen during the year, from 67,261 to 63,089 MWh

Our relative energy consumption has changed during the year, from 0.42 to 0.39 MWh/square metre.



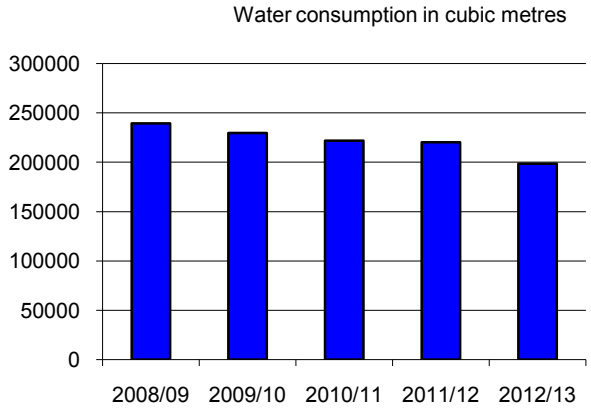
Renewable energy represents 0.0% of our total energy use. In addition, we generate 0.03% of our energy on site We have not made arrangements to purchase electricity generated from renewable sources



We do not currently collect data on our annual Scope 3 emissions.

Our water consumption has reduced by 21,666 cubic meters in the recent financial year.

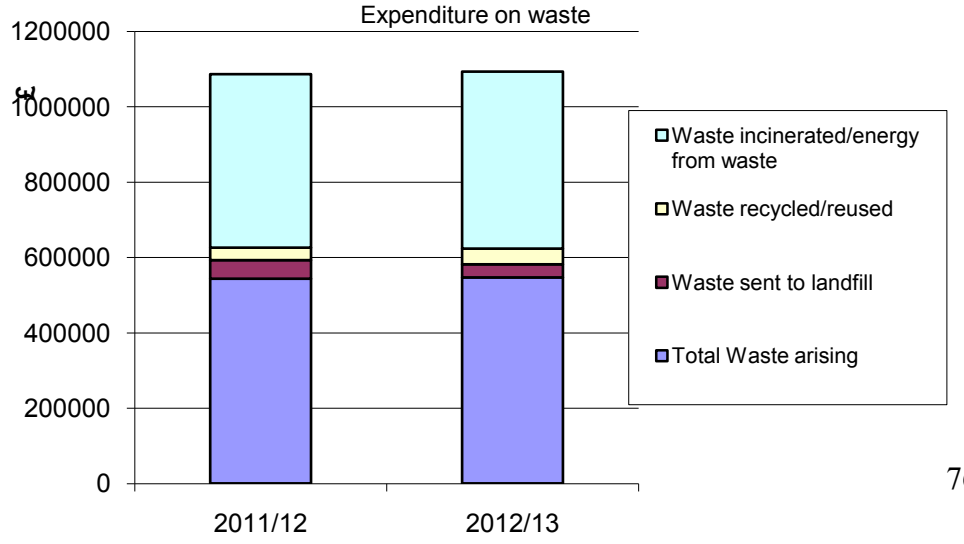
In 2012/13 we spent £345,615 on water.



During 2012/13 our gross expenditure on the CRC Energy Efficiency Scheme was £230,000

The CRC Energy Efficiency Scheme is a mandatory scheme aimed at improving energy efficiency and cutting emissions in large public and private sector organisations.

Our expenditure on waste in the last two years was incurred as follows:



Our organisation has an up to date Sustainable Development Management Plan.

Having an up to date Sustainable Development Management plan is a good way to ensure that an NHS organisation fulfils its commitment to conducting all aspects of its activities with due consideration to sustainability, whilst providing high quality patient care. The NHS Carbon Reduction Strategy asks for the boards of all NHS organisations to approve such a plan.

Adaptation to climate change will pose a challenge to both service delivery and infrastructure in the future. It is therefore appropriate that we consider it when planning how we will best serve patients in the future.

NHS organisations have a statutory duty to assess the risks posed by climate change. Risk assessment, including the quantification and prioritisation of risk, is an important part of managing complex organisations.

In addition to our focus on carbon, we are also committed to reducing wider environmental and social impacts associated with the procurement of goods and services. This will be set out within our policies on sustainable procurement.

We plan to start work on calculating the carbon emissions associated goods and services we procure.

The board lead for sustainability is Ian Garlington

A Board Level lead for Sustainability ensures that sustainability issues have visibility and ownership at the highest level of the organisation.

Sustainability issues, such as carbon reduction, are not currently included in the job descriptions of all staff.

A sustainable NHS can only be delivered through the efforts of all staff.

Staff awareness campaigns have been shown to deliver cost savings and associated reductions in carbon emissions.

The NHS places a substantial burden on the transport infrastructure, whether through patient, clinician or other business activity. This generates an impact on air quality and greenhouse gas emissions. It is therefore important that we consider what steps are appropriate to reduce or change travel patterns.