

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

# Annual Report 2021/22



## Our Vision

### Our Mission

Personal and  
compassionate  
care every time

Outstanding Care,  
Healthy Communities  
and a Great  
Place to Work

### Our Values

Collaborate  
Aspire  
Respect  
Enable



## Our Priorities



Provide outstanding,  
best value care



Take a leading role  
in our community



Ensure our people are  
listened to, safe and supported

# Contents

Foreword from the Chief Executive .....	3
Performance Overview .....	5
Purpose and Activities .....	6
Organisational structure .....	6
Strategy and objectives .....	7
Performance appraisal .....	9
<b>OUTSTANDING CARE</b> .....	10
<b>HEALTHY COMMUNITIES</b> .....	24
<b>GREAT PLACE TO WORK</b> .....	32
Recruitment .....	43
Performance Analysis.....	45
How We Measure Performance .....	46
Key issues and risks .....	46
Equality of Service Delivery .....	46
Sustainability.....	50
Financial information .....	51
Accountability report .....	55
Corporate governance report .....	56
Directors' report .....	57
Annual Governance Statement .....	63
Modern Slavery Act 2015 .....	76
Statement of the Chief Executive's responsibilities as the Accountable Officer of the Trust .....	77
Remuneration and staff report .....	78
Directors' remuneration .....	78
Financial statements .....	90
Statement of Directors' responsibilities in respect of the accounts.....	91

## Foreword from the Chief Executive

When I described 2020/21 as a year like no other, little could I have imagined that 2021/22 would, in many ways, be even more challenging.

During the first year of the pandemic, our primary objective was to keep our patients and our colleagues safe, ensuring that we could continue to provide care to those that needed it most. Whilst this remains one of our top priorities, as COVID is still prevalent in the community, we have been dealing with the fall-out from the pandemic.

The emotional and physical toll the pandemic has taken on our colleagues should not be underestimated. During 2021/22 staff absence remained high as the virulent Omicron variant meant that many colleagues either had the virus or were self-isolating to protect the vulnerable and control the spread of COVID-19.

In line with national guidance, non-urgent elective procedures were suspended at the height of the pandemic. All services were re-started during 2021/22 and we have been dealing with the backlog caused both by the suspension and the reluctance for some people to seek help for fear of catching COVID.

Thanks to the dedication of our colleagues, we have significantly reduced the longest waits for our patients. At the heart of this has been working more closely with patients to create individual plans for their care. Pre-operative assessments have been combined with outpatient appointments to create a one-stop shop approach reducing the time and number of visits before operations. Operations were moved from inpatient stays to day cases meaning that patients did not have to stay overnight in hospital and more operations were able to be carried out. Working in partnership with other local NHS Trusts and private hospitals we have been able to offer more choice of locations for treatment and increase capacity for operations.

Our Emergency Department has been under intense pressure. There has been an increase in attendances, with an extra 41,000 compared to 2020/21, but still below pre-pandemic levels. Many people are now attending ED that have previously delayed attendance, either through fear of catching COVID or not wanting to burden the NHS. As a result, many of them are more acutely unwell and their length of stay is longer than the average pre-pandemic. In addition, at any one time we have circa 80 patients who are well enough to go home but can't without an additional package of care being in place. We are working closely with other health and social care providers in the county to address this issue and have put in place additional measures to improve patient flow which you can read about in our performance overview.

During the year we were sad to say goodbye to Hattie Llewelyn-Davies who left the Trust after almost eight years as our chair to take up a position as chair of The Princess Alexandra Hospital Trust. Under Hattie's leadership the Trust has been on a remarkable journey thanks to the dedication of our colleagues, partners and volunteers, moving out of special measures to achieving 'good' with 'outstanding for caring' in our last CQC inspection in 2019. I am personally extraordinarily grateful for Hattie's wisdom, compassion, leadership and, most importantly, her staunch advocacy for our residents.

In David Highton we have a worthy successor. With his wealth of experience in healthcare, both here and overseas, and a commitment to driving change, David is ideally placed to lead our team on the next phase of our journey as we work towards delivering our new vision of delivering outstanding care, healthy communities and a great place to work.

Meeting the changing needs of the population, especially those living in deprived areas, will require significant transformation of how we and our partners provide care. There is high demand for care and people have increasingly complex needs. In Buckinghamshire alone we are expecting significant population growth.

Transforming what we do will involve developing new ways of working, creating new partnerships as well as requiring investment in new facilities, equipment, innovation and new technologies. To achieve this, we have just launched a new clinical strategy which is central to the Buckinghamshire Integrated Care Partnership. We are committed to achieving equality and inclusion by tackling health inequalities in the communities we serve and inequalities within our own workforce.

We would like to thank the public for their continued patience as we work tirelessly to see people as quickly as possible, which we will do based on clinical need. We have been overwhelmed by the continued generosity shown to us by local businesses and members of the public.

Last, but by no means, least, I would like to thank my colleagues, our partners and our volunteers. I am extremely proud of the way they have continued to respond to the most difficult of situations. As we enter 2022/23, we are all learning not just to manage COVID-19 but to live with it - adjusting to a new normal which has changed society forever.

Signature:



Date: 21 June 2022

Neil Macdonald  
Chief Executive  
Buckinghamshire Healthcare NHS Trust

## Performance Overview



*Nightingale's Rainbow, located at Stoke Mandeville Hospital, has been built to recognise and remember the loved ones we have lost, a reminder of the strength and kindness of Buckinghamshire through the COVID-19 pandemic and a symbol of hope for the future. At 5.5 metres tall and 8.3m wide the Rainbow is the first permanent tribute to the COVID-19 response in the country.*

*It is also the focal point for a fundraising campaign to support Florence Nightingale Hospice Charity and Buckinghamshire Healthcare NHS Trust's Charitable Fund. Each of the thousands of coloured Rainbow Tiles which form the Rainbow can be dedicated to any individual or group with a message of thanks or support on the virtual Nightingale's Rainbow.*

## Purpose and Activities

Buckinghamshire Healthcare NHS Trust is a major provider of integrated hospital and community services for the 550,000 residents of Buckinghamshire and the surrounding area, including Thame (Oxfordshire), Tring (Hertfordshire) and Leighton Buzzard (Bedfordshire).

### Our main 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 Community Hub, Victoria Road, Marlow SL8 5SX  
Thame Community Hub, East Street, Thame OX9 3JT  
Florence Nightingale Hospice, Stoke Mandeville Hospital, Mandeville Road, Aylesbury HP21 8AL  
Rayners Hedge, Croft Road, Aylesbury HP21 7RD  
Brookside Clinic, Station Way, Aylesbury, HP20 2SR

The headquarters is based at the Hartwell Wing, Stoke Mandeville Hospital.

Over 6,000 of our highly trained clinical staff, including doctors, nurses, midwives, health visitors, therapists and healthcare scientists deliver this care supported by our corporate services. We are a regional specialist centre for burns care, plastic surgery, stroke and cardiac services and dermatology. In addition, we provide specialist spinal services at our world renowned National Spinal Injuries Centre for patients from across England and internationally.

### Partnerships

Our strategy reflects the NHS Long Term Plan published in early 2019 and is aligned to local plans and the wider health and social care economy. We work closely with the Buckinghamshire Integrated Care Partnership and the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System.

Our partners in the Buckinghamshire Integrated Care Partnership include:

NHS Buckinghamshire Clinical Commissioning Group  
Oxford Health NHS Foundation Trust  
South Central Ambulance Service NHS Foundation Trust  
Buckinghamshire Council  
FedBucks GP Federation

## Organisational structure

Details of the Trust's business model and environment, organisational structure, objectives and strategies can be found elsewhere within this Annual Report.

Visit our website for more details on our services: [www.buckshealthcare.nhs.uk](http://www.buckshealthcare.nhs.uk)

## Strategy and objectives

Our vision is to provide outstanding care, create healthy communities and make Buckinghamshire Healthcare NHS Trust a great place to work.

Outstanding care that is compassionate and inclusive and delivers the best possible outcomes in the most efficient way. People deserve nothing less. Healthy communities where we play our role in communities to support people to live independent healthy lives at home. A great place to work that is inclusive and compassionate. A workplace that learns and improves together and values the health and wellbeing of our colleagues because we know happy, healthy people deliver the best care.

To deliver our vision, we have three strategic priorities:

- Provide outstanding, best value care
- Take a leading role in our community
- Ensure our people are listened to, safe and supported

Our mission is what we do every day at work to deliver personal and compassionate care every time.

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



We **Collaborate** – working as a team



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



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



We **Enable** – people to take responsibility

We learnt important lessons during the COVID-19 response. We need to be prepared for future pandemics and keep people safe by delivering care with greater guarantees of infection prevention and control. We need to support people in communities to have healthy lives and make the most of new digital technologies.

Providing acute and community healthcare in Buckinghamshire gives us a great opportunity to support people in their homes as well as in hospitals. By working with our partners in Buckinghamshire Council and Primary Care people will have access to outstanding integrated health, social care and wellbeing services close to their homes. Our new clinical strategy ([BHT Strategy 2025 - Buckinghamshire Healthcare NHS Trust \(buckshealthcare.nhs.uk\)](https://buckshealthcare.nhs.uk)) will help us to achieve this and drive our vision by:

- Strengthening emergency care services

- Separating planned care services from emergency care to manage the backlog, deliver more efficient high-volume elective services and better outcomes working much more with our partner hospitals
- Providing swifter diagnostic care by create diagnostic networks using digital technology in pathology and radiology services and investing in modern state of the art equipment in diagnostic hubs
- Integrating our community services with primary care and social care so that people living with frailty or long-term conditions can live independently at home
- Supporting health and wellbeing, prevent illness and reduce health inequalities especially for children and
- Building on the legacy of the Stoke Mandeville spinal injuries unit and bringing together our rehabilitation services to create a centre of excellence for rehabilitation that is nationally and internationally recognised.

We are on a journey of engagement and discovery. No decisions have been taken about major services changes in Buckinghamshire, nor will any decisions be taken without a full and proper period of engagement and consultation with residents.

We are committed to always learning and have a three-year Quality Improvement Strategy to embed quality improvement across the organisation, with the key objectives set out below.



The Trust's improvement methodology is underpinned by the national '*Model for Improvement*' and *QSIR*. We also use other methodologies including *Lean* and *Appreciative Inquiry*.

A central team is in place to lead the implementation of the QI Strategy and support transformational change, with the aim to underpin all change with QI methodology. Further examples of our QI work can be found in this year's Quality Account.

## Performance appraisal

This section provides a summary of the Trust's performance during 2021/22 and an assessment of achievements and challenges on our journey to achieving our vision of:

- Providing outstanding care
- Creating healthy communities
- Making Buckinghamshire Healthcare NHS Trust a great place to work

Details of how we measure our performance can be found in the Performance Analysis section.

## OUTSTANDING CARE

### Regulatory standards

The operational performance of the Trust is measured against key constitutional targets and outcomes issued by NHS England & Improvement.

These are:

- Accident & Emergency (also known as Emergency Department) waiting time of four hours from arrival to admission/transfer/discharge
- Patients should not have to wait more than 18 weeks from being referred to treatment (RTT)
- All cancers – maximum 62 day wait for first treatment from referral
- Patients should not have to wait more than six weeks from referral for their diagnostic procedure

The sections below set out performance against the key regulatory standards where applicable with data from the beginning of April 2021 to the end of March 2022.

### Emergency Department

Our Emergency Department (ED) has been under intense pressure. There has been an increase in attendances with 146,022 in 2021/22 compared to 105,786 in 2020/21 but numbers are still below pre-pandemic levels with 159,066 attendances in 2019/20. Waiting times have deteriorated with 75.2% of people being seen within the 4-hour target compared to 83.4% in 2020/21.

Many people are now attending ED that have previously delayed attendance, either through fear of catching COVID or not wanting to burden the NHS. As a result, many of them are more acutely unwell and their length of stay is longer than the average pre-pandemic. In addition, at any one time we have circa 80 patients who are well enough to go home but can't without an additional package of care being in place. We are working closely with other health and social care providers in the county to address this issue and have put in place additional measures to improve patient flow which you can read about in our performance overview.

We have been working hard to improve the patient experience for people who come to our Emergency Department as we know that current waiting times are not acceptable. The aim is to help our patients to be seen in the right place, by the right people first time.

#### *Urgent and Emergency Care*

At the beginning of 2022, we changed the way we assess people when they arrive at our Emergency Department to ensure that they are seen as quickly as possible by the right service bringing together our GP service, Minor Illness, Minor Injuries, new Urgent Treatment Centre and Emergency Department in one place at Stoke Mandeville Hospital. We have also introduced new models of care with an additional 10 advance care practitioners and 13 physician associates appointed.

We are actively encouraging patients who are not in a life-threatening situation to contact NHS 111 (either by phone or on-line) so that their clinical needs can be assessed and directed to the right place whether that is their own GP, local Pharmacy, Urgent Treatment Centre or Emergency Department. We've increased the number of appointment slots

available in our Emergency Department so that people can arrive at their allotted time and reduce waiting times.

We have been working closely with our ambulance provider, South Central Ambulance Service to help direct patients to the right place or to help them in their own home setting as not everyone that calls 999 needs to be admitted to hospital.

### *Olympic Lodge*

As part of its response to the Omicron surge, the Trust, working closely with Buckinghamshire Council, swiftly reconfigured the Olympic Lodge Hotel to create an additional temporary care facility for patients, welcoming its first patients on the 31st of January 2022.

Located in the grounds of Stoke Mandeville Stadium, this two-story building provides a safe and suitable environment for those patients who do not need an acute hospital bed but require further support as they regain their confidence and independence in preparation for returning home. The building includes single rooms and a light filled day room where patients can socialise.

The facility is working well. By the end of March 2022, 97 patients had been admitted to Olympic Lodge and 56 were discharged either back to their own home or on to a permanent residential placement, with an average length of stay in the Olympic Lodge of 8.37 days.

The 95-year-old patient commented: "It was lovely to be in my own room – with a TV! The staff were very kind and I felt well looked after. I just wanted to go home and today I am. So I am delighted."

The Olympic Lodge facility is due to close at the end of May 2022.

### *Urgent Community Response*

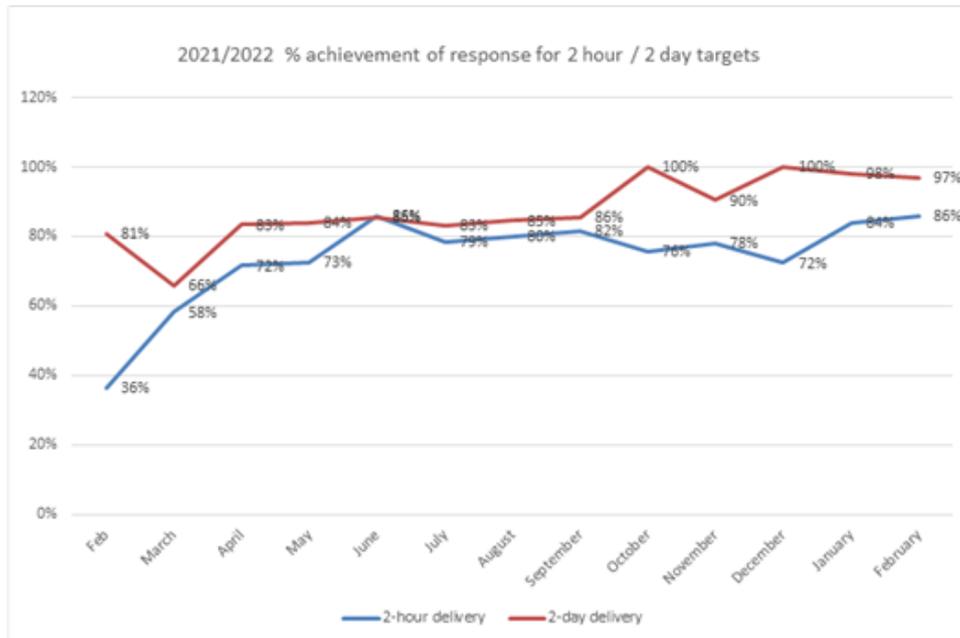
Urgent Community Response (UCR) is part of the Ageing Well Programme which aims to provide fast support to people in their usual place of residence (either their own home or a care home) as an alternative to being taken to or admitted to hospital. In Buckinghamshire, UCR is delivered by the Trust's Rapid Response and Intermediate Care service (RRIC) along with the district nursing and respiratory services. RRIC also works closely with other health and social care partners to deliver person-centred care to improve patient outcomes and help older people to maintain an independent life for as long as possible.

The Buckinghamshire, Oxfordshire and Berkshire West ICS was one of the first seven areas in the England to introduce UCR as part of the Ageing Well Programme. Referrers include Emergency Departments, NHS 111, South Central Ambulance Service (SCAS), GPs, health and social care professionals and care homes.

RRIC is made up of physiotherapists, occupational therapists, health care assistant practitioners and assistants. During 2021/22, we recruited nurses and paramedics to improve response times and the breadth of care the team can provide.

A two-hour response is typically required when a person is at risk of admission (or re-admission) to hospital due to a 'crisis'. Where a person is not in a 'crisis' situation, but needs to be seen as soon as possible, we aim to see them within two days to prevent further deterioration and keep them safe at home.

By the end of the year, the Trust exceeded its targets of seeing 80% of ‘crisis’ cases within two hours and 80% of non-crisis patients within two days.



During 2021/22, 5,388 patients were referred for an urgent community response – 3,037 of these were for a two-hour response.

During 2022/23 we aim to increase the number of referrals, particularly from SCAS, NHS 111, Emergency Departments and GPs, to reduce the number of people taken to or admitted to hospital. One of the ways we hope to achieve this is by closer collaborative working with SCAS. In February 2022, we started a pilot to award honorary contracts for SCAS specialist practitioners to join the Trust’s RRIC team. Following the success this pilot, we are planning to increase the number of SCAS specialist practitioners working as part of the team.

### *Children’s Emergency Department*

Work is well underway to create a Children’s Emergency Department and improve maternity and gynaecology facilities at Stoke Mandeville Hospital, which will open late Autumn 2022.

In 2020 the Trust won a bid for £15m of capital funding which will enable us to develop the new Children’s Emergency Department, including upgraded, expanded facilities and a new overnight observation ward. Not only will the new building provide a dedicated area for children, it will also free up much-needed capacity for adult patients in the existing emergency department, as well as reduce overcrowding and improve infection control. The plans also include new facilities to improve access to our maternity and gynaecology outpatient services in a modern, purpose-built environment.

### **Referral to Treatment (RTT)**

During 2021/22 the average performance for RTT for admitted pathways (i.e., those who required a stay in hospital) was 64.7% of patients waiting 18 weeks or less. Thanks to the efforts of our teams, the Trust has made good progress for the admitted pathway and is now

operating close to the pre-pandemic performance of 67.7% and an improvement on last year's performance of 61.7%.

However, unsurprisingly, performance for non-admitted pathways (i.e., those were treated as outpatients and didn't require an overnight stay in hospital) has deteriorated since last year with 67.9% of patients seen within 18 weeks compared to 75.6% in 2020/21 and 85.6% in 2019/20, Unlike some trusts, Buckinghamshire Healthcare NHS Trust kept open its waiting list during the pandemic. We are also seeing large volumes of people who chose to delay their treatment at the height of the pandemic, either through fear or not wanting to put extra pressure on the NHS, now ready to be treated.

Our focus remains on recovering patient waiting times. Through the hard work of colleagues and new innovative approaches, the Trust has significantly reduced the longest waits for its patients. Working more closely with patients to create individuals plans for their care has been at the heart of this. Pre-operative assessments were combined with outpatient appointments to create a one-stop shop approach for patients reducing the time and number of visits before operations. Operations were moved from inpatient stays to day cases meaning that patients did not have to stay overnight in hospital and more operations were able to be carried out. We also worked in partnership with other NHS trusts and private hospitals to offer more choice of locations for treatment and increase capacity for operations.

By March 2022 there were only two patients waiting over 104 weeks for their treatment compared to seven in March 2021. Long waiting patients and those with the highest risk of clinical harm continue to be prioritised and booked accordingly. This prioritisation order is set out below:

Code	Description
P1	Patients whose lives are at risk if not treated urgently
P2	Patients who have severe or life-threatening conditions needing an operation in a matter of weeks
P3	Patients who need to be operated on within 3 months as their condition may become severe if they have to wait any longer
P4	Patients whose condition is more stable

Governance processes have been set up to monitor the number of patients waiting, length of wait and associated P category to manage risk from longer than desired waits.

At the end of February 2022 there were 36,240 patients with open pathways and waiting for assessment and/or treatment, with 4,429 waiting over 52 weeks. This is compared to September 2022 when there were 37,590 patients with open pathways and 5,160 waiting over 52 weeks.

## Cancer

Cancer services have continued to be a priority and have remained open throughout the pandemic.

During 2021/22 there was an increase in patients referred into the Trust on a cancer pathway rising to 456 per week compared to 350 per week in 2020/21. 91.3% of these patients were seen for the first time within two weeks, against a target of 93%.

85% of cancer patients are expected to receive their first treatment within 62 days, and this was challenging in 2021/22 with 47% meeting the target. There has also been an increase in patients waiting over 104 days, rising to 50 over the winter period but decreasing to 18 in February 2022. We aim to diagnosis and be able to inform the patients of next steps within 28 days, and 70.5% of patients met this timeline against a target of 75%.

Whilst it is disappointing that the Trust didn't meet some of its targets during this year, this in part was because we continued to prioritise patients by clinical need. This means that patients who had already breached the target time-limit were not deprioritised in favour of patients who were about to breach. Governance processes are in place to ensure patients on our waiting lists are regularly reviewed by clinicians and we have continued to use telephone consultations.

Recovery is a priority, reducing the waiting time for treatment and decreasing the number of patients waiting. This will be achieved by increasing diagnostic capacity and theatre treatments.

### **Diagnostic Tests**

Performance in 2021/22 shows that an average of 85% of patients had their diagnostic procedure within six weeks of referral against a target of 99%. Demand has returned to pre-pandemic levels, with a higher rate via the cancer referral pathway who continue to be prioritised.

Recovery is underway, improving from 70% of patients having their procedures within 6 weeks in August 2021 to 87% in March 2022. There are plans to increase diagnostic testing capacity further aiming to meet national targets of 99% by October 2022.

#### *Community Diagnostic Centre*

The Trust has opened a new diagnostics centre at Amersham Hospital enabling the Trust to offer more appointments for tests such as X-rays, ultrasound and blood tests, reducing waiting times and making it easier for the local community to access these services closer to home. In the future it is also planned that the Community Diagnostic Centre (CDC) will offer tests and examinations for patients referred for investigation of heart and respiratory problems. Earlier, faster and more accurate diagnoses of health conditions will benefit our patients and help us improve the health of our local community.

This is one of 40 CDCs that are being opened across England and it is the first one to be opened in Buckinghamshire. It is one of three CDCs across the wider region encompassing West Berkshire and Oxfordshire, which together will provide a much-needed increase in diagnostic services.

### **Improving Waiting Times**

#### *Cataracts*

As soon as the pandemic hit in 2020, our Ophthalmology Department started work on new protocols to keep patients and colleagues safe and in May 2020, Buckinghamshire Healthcare NHS Trust was one of the first NHS units to restart elective cataract surgery.

For routine cataracts, our referral to treatment time is now 8-10 weeks, and our high-volume low complexity (HVLC) cataract surgery lists are fully GIRFT (Getting It Right First Time) -

compliant, with a minimum of 8 cases per list, often more. Our surgical outcomes are better than the national average and our patient satisfaction surveys are outstanding.

The Trust's cataract model has been used as an exemplar of how to create High Volume Low Complexity (HVLC) Cataract Hubs within the NHS, refining the cataract pathway so that pre-assessment, surgery and follow-up is as concise as possible.

In partnership with industry, the Trust has developed a financially sustainable model for delivering cataract surgery which provides a better experience for patients and is cheaper than outsourcing to the independent sector (which currently performs 30% of cataract procedures).

A bespoke cataract suite opened at the end of March 2022 which has the potential to provide cataract support to the entire Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System as the model of eye care provision moves to regional hubs. The unit is designed for high volume surgery, seeing 80-100 patients a week, and not for outpatient appointments so there is a small consultation room and a single theatre with the layout optimised for the patient's journey to minimise non-surgical time.

GPs and optometrists can now refer directly to the cataract service resulting in a conversion rate of more than 95% i.e., more than 95% of people who have been referred are subsequently being treated - well above the national average.

The transformation of Bucks Cataract Service has meant that we are among a handful of NHS trusts that are able to personalise patients' cataract care. We have devised different types of cataract surgical list including; Low Complexity High Volume list; General Anaesthesia and Friends and Family Lists. The Friends and Family list, we understand, is the first of its type in England. It was designed to allow patients with, for example, increased mobility needs, communication issues and capacity requirements a safe and appropriate theatre list for their cataract surgery.

One of our greatest achievements is to create an artificial intelligence (AI) platform for patient follow-up. Following a successful trial with 200 patients, our AI clinical assistant is now conducting all post-operative calls, freeing up nursing staff to enable them to focus on patient care and meaning that 80% of patients no longer need to attend hospital for a post-operative follow-up. The system is programmed to call patients three weeks after their surgery to check how their eyes are healing and if they have any questions. Our AI clinical assistant can have a realistic and rich two-way conversation with patients, which is specific to them and their needs, rather than referring people to generic information online or via a form or text message. If any complex issues are identified, the AI clinical assistant will refer the patient for a face-to-face follow-up.



*New mobile cataract unit at Stoke Mandeville Hospital*

### *Patient Initiated Follow-up (PIFU)*

Traditionally, regular follow-up appointments are arranged within a specific time frame, e.g., every 6 or 12 months. Some patients find these regular visits useful and reassuring but for others it can be frustrating or stressful coming to hospital if they don't feel they need to.

At the beginning of 2022, the Trust introduced Patient Initiated Follow-up for suitable patients. In practice this means the patient can arrange a follow-up with the clinical team looking after their care, when they feel they need it or if their symptoms get worse, within a given timeframe.

PIFU has benefits for both the patient and the Trust. It gives our patients more control over follow appointments, giving them access to support and guidance when they need it most, and for many people it means that they don't need to come to hospital as often. For the Trust, it means that there are fewer patients coming to hospital when they don't need to, freeing up appointments for those that do. It's also beneficial for the environment, reducing our carbon footprint by lowering the number of patients travelling to our hospitals unnecessarily.

By March 2023, the aim is that 5% of our patients will be able to initiate their own follow-up appointments.

### *Streamlining the elective admissions process*

One of the ways the Trust is trying to reduce waiting times for our elective admissions has been to implement a digital consent process and an online pre-operative assessment system.

Introducing a digital consent process, or e-Consent, improves the patient experience, saves consultant time and standardises the information delivery processes. The system provides clear, tailored information about the procedure; risks; benefits and alternatives for specific patients. During the consultation the clinician can focus on the patient rather than on writing out the consent form.

Patients and carers receive information earlier in the process and so have more time to consider their options in their own time at home and can obtain further information if required.

Once a patient has consented to treatment, they must complete a pre-operative questionnaire ahead of any surgery. By introducing an online pre-operative assessment, we have streamlined the pre-operative process. Patients can complete their pre-op health questionnaire at home at a convenient time, reducing the number of unnecessary hospital visits and improving the patient experience. The time saved enables colleagues to support high-risk patients who may require more one-to-one time.

### **Improving Patient Experience**

Throughout the pandemic, we have maintained our focus on trying to improve the patient experience we deliver. This has been particularly challenging with increased demand, staff absence and long waiting times. Details of the impact this has had on patient satisfaction can be found in our Quality Account. Whilst we know that patient experience in some areas, particularly in our Emergency Department and for those waiting for elective procedures, has been unsatisfactory, here are some examples of where we have made a positive difference to the care we deliver.

### *Thames Valley Imaging Network*

Buckinghamshire Healthcare NHS Trust is one of the founder members of a new south-east imaging network along with Oxford University Hospitals Trust, Royal Berkshire NHS Foundation Trust and Milton Keynes University Hospital NHS Foundation Trust which was set up at the beginning of 2021/22.

Medical imaging refers to several different technologies that are used to view the human body to diagnose, monitor, or treat medical conditions.

The network aims to improve access to state of the art, digital imaging in a more cost-effective way. For patients it will mean:

- accessing imaging services closer to home and ensuring everyone has equal access avoiding repeat hospital visits and unnecessary exposure to radiation by reducing the need for repeat imaging
- quicker diagnosis and improved specialist clinical care with a faster turnaround time for reporting

In addition, the network will support professional learning and development opportunities for colleagues using different technologies and techniques across the network.

### *Corneal Cross-Linking Treatment (CXL)*

In June 2021, the Trust performed the first NHS corneal cross-linking treatment (“CXL”) in Buckinghamshire and Oxfordshire at Stoke Mandeville Hospital.

CXL is a treatment for an eye condition called keratoconus, which primarily affects young adults and which, if left untreated, can lead to visual loss and can necessitate more invasive corneal transplant surgery. CXL stops the condition progressing and stabilises the patient’s vision.

Previously, our patients requiring CXL had to travel to London to access the closest NHS Provider. We are delighted that we can now offer this procedure here in Buckinghamshire, combining great care with easier access for people locally.



*Consultant Mike Adams about to perform the first CXL treatment at Stoke Mandeville Hospital*

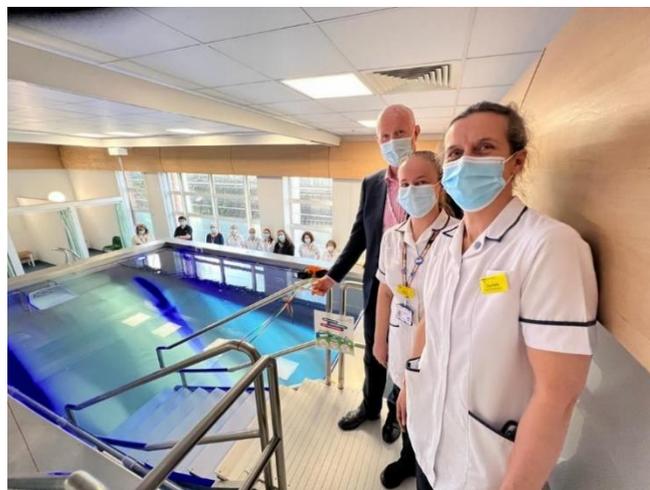
### *Improved Aquatic Therapy Facilities at Amersham Hospital*

In February 2022, the Trust was delighted to be able to welcome patients to the much-improved hydrotherapy pool at Amersham Hospital. During the COVID-19 pandemic many hydrotherapy facilities in the UK had to close and many have not been able to reopen.

The improved pool opens at a time when hydrotherapy is being promoted nationally for being incredibly important in supporting a variety of patient groups: for example, for post-surgical recovery, for pain management, for patients with rheumatism, for the rehabilitation of neurological patients and to enable certain patients to avoid the need for surgery procedures altogether. As such, hydrotherapy (or aquatic therapy) is considered a key element in the range of strategies that will help to reduce waiting lists in the wake of the pandemic.

With the improved facilities the team will be able to work with small groups of patients, instead of being limited to holding one on one sessions as the previous pool was so small. The bigger pool also enables the physiotherapists to offer an increased variety of aquatic therapy techniques. As well as increasing the size of the pool, improvements have been made to provide ease of access with improved safety measures including level access and non-slip surfaces. A new ceiling track hoist with chair and stretcher allows ease of access to all areas of the pool area and minimises the amount of manual handling required by staff. In addition, the original high ceiling over the pool has been lowered which allows better air temperature regulation and improves energy efficiency.

As a result of the upgraded facilities the hydrotherapy team at Amersham is looking forward to being trained in Ai Chi – an aquatic therapy technique with evidenced improvements in balance, pain, flexibility, mood, memory and function.



*Pictured above from left to right: Trust Non-Executive Director, Tom Roche; Aquatic Therapy Lead Physiotherapist at Amersham Hospital, Kirsty Campbell and Head of Physiotherapy and Deputy Head of Allied Health Professionals, Charlotte Moss.*

### *Health Visiting Service*

The Trust's health visiting service was awarded accreditation as a 'Baby Friendly' service by UNICEF UK Baby Friendly Initiative (BFI) in January 2020. This followed a three-year journey of staff education, auditing of staff knowledge and skills and interviewing mothers to discover how well they were informed and satisfied with the support they received in feeding and caring for their baby.

To maintain high standards in supporting families with feeding and caring for their babies, UNICEF UK BFI require annual audit reports. Over the last year we have been continuing to ensure colleagues receive the training required to maintain the BFI standards for breastfeeding and relationship building between parents and babies.

Progress and effectiveness of the project is monitored through interviews with colleagues and mothers, led by an Infant Feeding Coordinator, as part of a regular programme of audits (every 6 months for colleagues and 3 months for mothers with babies under 4 months old).

In February 2022, the Trust's Health BFI accreditation was reassessed with assessors commenting that it was one of the best they have completed since the pandemic began. We received one of the highest scores ever from mothers, with 98% reporting that colleagues are always kind and considerate – a great achievement given staff shortages resulting in high workloads.

### *HealthZone App*

During the COVID-19 pandemic, with guidance and advice changing rapidly, communicating effectively with spinal injured patients, who are classed as 'high-risk', became even more important. The team at the National Spinal Injuries Centre (NSIC) has spent the last year researching and working with patients to understand exactly what kind of information they would like access to and in what format.

The result is the HealthZone app that can be downloaded to any smartphone and acts as a central point of contact. It gives patients, their friends and family access to the most up-to-date, tailored information such as what they need to do prior to being admitted, important contact information with direct dials, policies, a who's who of the team at the NSIC as well as educational information about spinal cord injuries.

Since its launch in December 2021, the app has been downloaded 329 times with more than 13,800 interactions, receiving positive feedback from patients, their friends and family.

### *Research & Innovation*

The Trust has been a research active hospital stretching back to its early days before there was a Research Department, through the work of Professor Sir Ludwig Guttmann and the world renowned National Spinal Injuries Centre. Since it was established in 2003, the Trust's Research and Innovation Department has continued to grow its portfolio of studies across all specialties such as Cancer Care, Cardiology, Plastics and Burns, Respiratory Medicine and Ophthalmology.

Fast forward 18 years, the department hit a major milestone by registering their 1000<sup>th</sup> research study on 21<sup>st</sup> July 2021. From a handful of researchers and support colleagues, the Research and Innovation Department has grown over the years to a dedicated team of around 35 core staff as well as support research staff across services such as Pharmacy, Pathology and Radiology.

1,042 studies have now been registered and during 2021/22, 3,377 participants took places across 24 specialities. One of the research studies resulted in the development of the Upper Limb Lab in the National Spinal Injuries Centre, which was highly commended in the Acute Sector Innovation of the Year category at the 2021 Health Service Journal (HSJ) Awards. Commenting on the commendation, HSJ Editor Alastair McLellan said, "We believe the Upper Limb Studio really holds the value of the HSJ Awards – in terms of sharing best practice, improving patient outcomes, and demonstrating innovation – at the centre of what they do."



*Upper Limb Studio in the National Spinal Injuries Centre Centre, Stoke Mandeville*

### *Children and Young People*

The Trust, together with its partners in health and social care, is working to support families in Buckinghamshire to provide the right healthcare support in the right setting at the right time.

Another year of the pandemic has had a profound impact on our children and young people that will continue to be felt across all our services for many years to come.

50-75% of our school nurse caseload now is to provide support for children who are struggling to cope emotionally. The service has been restructured so that it can provide a greater focus on early intervention and providing families with online resources and support. Ongoing assessment helps the team to identify emerging or increasing problems before crisis point is reached, providing swift escalation if required.

Our Children and Young People's Therapies Team has also felt the lasting impact of the pandemic. For example, the number of children requiring assessment for an education, health and care plan for speech and language and occupational therapy support rose by 35% from April 2020 to February 2022. To cope with the increased demand, the team launched a new microsite providing easier access to online resources in May 2020 and introduced a rolling programme of online occupational and speech and language therapy webinars. Extending the support materials, information and advice available online has

enabled the teams to continue to support families, schools and nurseries throughout the pandemic.

The pandemic has also impacted on our children's inpatient services. Since September 2020, Buckinghamshire, Oxford and Berkshire West (BOB) has seen a 294% increase in demand for CAMHS Tier 4 services, 50% of those are for young people with eating disorders.

This has resulted in high attendances and admissions to our children's inpatient ward. During 2021/22, we have appointed two CAMHS liaison workers, based on our inpatient ward, to support our colleagues and the young people they are caring for. The number of emergency admissions for children and young people has continued to rise since lockdown ended returning to pre-pandemic levels for example, from January-March 2022 our children's ward was at 90.9% occupancy compared with 79.9% for the same period in 2021 and 65% in 2020.

### *End of Life Care (EOL)*

Our end-of-life care, rated outstanding in 2019, continues to improve. Figures from an audit in September 2021 show that 87% of EOL patients had a personalised care plan in place - a rise of 8% from 2020. This rise is due to the continued emphasis across the Trust on patient centred care and the aspiration for all patients on our EOL pathway to receive a good death in line with their wishes and those of their loved ones.

We continue to gather and act on the feedback we receive from patients and families to improve the service experience for all our patients. We collaborate closely with all partners providing EOL across primary care teams, secondary acute and community services including Allied Health Professionals and with social service and third-party care providers. We liaise closely in terms of pharmacy medication provision, observations on patient deterioration and in sharing and facilitating patient and family wishes. We have also expanded our training and education to increase the number of staff with advanced skills in palliative and end of life care.

### *Volunteers*

Volunteers play a key role in helping the Trust to deliver outstanding care. During the first year of COVID-19 pandemic, many of our volunteers were unable to come into our hospitals but over the past year we have been delighted to welcome an increasing number back to our sites. In particular, volunteers have played a key role in delivering the Trust's vaccination programme.

By the end of March 2022, we had over 300 active volunteers, including the return of volunteers from St John's Ambulance. Volunteering in the Trust now looks quite different from how it looked pre-pandemic, with a mixture of permanent, temporary and Parachute (ad hoc) volunteers who can respond quickly and flexibly to a variety of needs across the Trust.

In recent months we have concentrated on increasing the number of young volunteers in the Trust by introducing more flexible volunteering roles which can be carried out at weekends or after school. As part of this aim, we have developed the Young Peoples' Volunteering Programme for 16-19-year-olds, which provides ongoing support from a dedicated member of the Voluntary Services team, a chance for reflection and feedback, and a certificate that can be included in university or job applications. As a result of these measures, over 20% of our active volunteers are now under 26 years old. The Trust has also just been accepted as an Approved Activity Provider for the DofE Award Scheme.

Over the past year, we have developed new volunteer roles. These have included mealtime companion and patient befriender roles which were piloted in the autumn of 2021 and which we are now starting to roll out in wards at Stoke Mandeville, Amersham and Wycombe Hospitals. Mealtime companions help with distributing meals, offering practical support such as cutting up food and sitting with patients who need company encouragement to eat whilst patient benders spend one to one time with patients, chatting, listening and engaging in activities such as reading, reminiscing, or playing simple games. We also developed new roles to support our community services teams, including patient communication and working with the School Immunisation Team.

## Keeping Our Patients Safe

### *Infection Prevention and Control*

Controlling and preventing associated healthcare infections has remained a priority to keep our patients, family members and our colleagues safe. All our colleagues strive for the highest standards of Infection Prevention Control (IPC)

Once again, the COVID-19 pandemic has dominated the past year, with the emergence and surge of the omicron COVID variant in Dec 2021 leading to significant challenges in managing ongoing transmission in our healthcare settings. Working in such a rapidly developing situation while maintaining our focus on best IPC practice has required a comprehensive, collaborative effort to limit the spread of infection amongst people who receive our care.

Specialist IPC advice from our IPC team plays a critical role in how the Trust adapts to 'Living With COVID'. Whilst also ensuring we stay prepared for any increase in cases and continue to deliver the necessary IPC precaution at the right time.

IPC audits were regularly undertaken to ensure that policies, procedures, and best practices were applied, including hand hygiene and the correct wearing of personal protective equipment (PPE).

### *Maternity*

There has been an increase in births during the pandemic and our maternity services have supported over 4,700 women to become parents this year – c. 100 more than last year. Whilst the Wycombe Birth Centre has remained temporarily closed for births due to staffing shortages, we still offer three options for place of birth - at home and alongside the midwifery led birth centre and the main labour ward at Stoke Mandeville Hospital.

We have continued to work collaboratively with Bucks Maternity Voices Partnership to:

- ensure that the voices of services users have been heard
- support maternity to ensure services are responsive to the needs of parents and families during the pandemic
- co-create effective communications with the public

During the year, the final Ockenden Report was published. The Ockenden Report was commissioned following a review at Shrewsbury and Telford Hospital NHS Trust in response to a letter from bereaved families, raising concerns where babies and mothers died or potentially suffered significant harm whilst receiving maternity care at the hospital.

In the interim report published in December 2020, seven immediate and essential actions were set out for Trust maternity services. Buckinghamshire Healthcare NHS Trust has implemented all the actions highlighted in this report and further details can be found in the Quality Account.

The final Ockenden report was published on the 30 March 2022 and outlines recommendations which all maternity services across the country should look to implement as soon as possible.

### *Hospital Standardised Mortality Ratio*

The Hospital Standardised Mortality Ratio (HSMR) is the ratio of observed deaths to expected deaths for a group of 56 diagnosis categories, which represent approximately 80% of in hospital deaths. Standardised rates allow comparison between organisations that deal with different patient populations.

We are proud that the Trust is one of 10 within the regional comparison group with an HSMR of 92.8% that is 'lower' than expected (November 2021 Dr Foster data) – the Trust's target being 100. The Trust's HSMR is ranked seventh out of the 18 regional acute, not-specialist Trusts.

During the year, we invited leading consultant RSM UK to review our reporting of deaths and the results confirmed that:

- The Trust has robust coding policies and procedures as well as high level of compliance in terms of the timeliness of coding.
- There was evidence of liaison between clinicians and coders where there were specific queries concerning diagnoses.
- There was an effective forum (the Mortality Reduction Group) in place to review coding issues and is chaired by a senior clinician

In 2021 an audit of HSMR Coding was undertaken by Internal Audit. This confirmed that robust policies and procedures were in place and the result was a positive opinion.

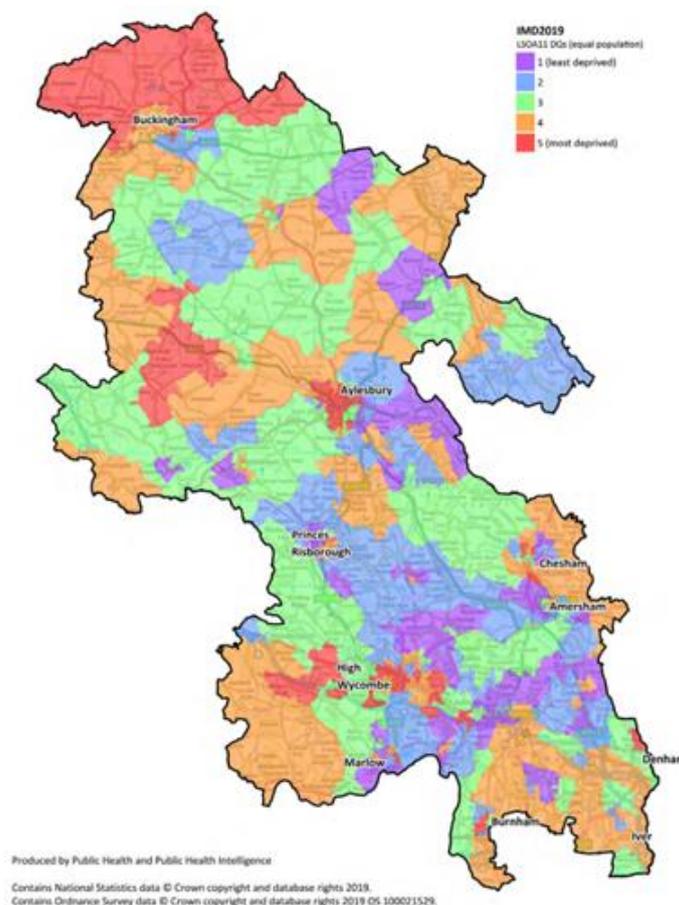
## HEALTHY COMMUNITIES

The population of Buckinghamshire is predicted to grow to 635,000 by 2039 and whilst the number of people over the age of 65 will increase by 60,000, the working age population will only increase by 16,000. Whilst people are living longer, not all of those years are in good health. The average man is living to 82 years but only healthy to 69.6 years and the average woman is living to 85 years but only healthy to 70 years. 58% of people over the age of 60 have long term conditions and multi-morbidity i.e., living with several different long-term conditions is the new norm.

According to Public Health data, the poorest in Buckinghamshire have 60% higher prevalence of long-term conditions than the richest and with greater severity and are 59% more likely to die prematurely from cancer, 2.3 times more likely to die prematurely from cardio-vascular disease and 3.4 times more likely to die prematurely from respiratory disease.

In addition, in the more deprived areas of Buckinghamshire, which are shown on the map below, there is:

- Higher prevalence of low birthweight and infant mortality
- Lower levels of children developing well
- Higher levels of children in need and children looked after
- Lower uptake of health screening
- Higher emergency admissions for all causes



We know that good health is influenced by factors including lifestyle, genes, housing, income, employment, education as well as access to and quality of healthcare.

Working with our health and social care partners, we want to help the residents of Buckinghamshire to live well and stay well. As a Trust it is our responsibility to not only deliver outstanding healthcare which is accessible to all but also to play our part in health education, prevention and as a major employer in the county.

## Helping Buckinghamshire Residents to Live Well and Stay Well

### *Heart of Bucks*

We know that certain communities are less likely to access our services, particularly preventative screening programmes that could identify cancer at an early stage. In November 2020, the Trust launched a new health initiative to improve cancer outcomes in partnership with Heart of Bucks (a community foundation which awards grants and loans to support essential local charities and community groups) and the Buckinghamshire Clinical Commissioning Group.

The target areas for the project were central Aylesbury, High Wycombe and Chesham. This is a great opportunity for local grassroots organisations who really know their communities to demonstrate how important they can be in improving public health for all. Not for profit groups can apply for a grant of up to £7,500 to help them to develop and deliver innovative and creative solutions to improve cancer outcomes, particularly for groups that traditionally have poorer health outcomes including the homeless, people with learning disabilities, BAME communities and people with long-term mental illness.

Four projects are being supported including the Karima Foundation, which supports the Pakistani/Kashmiri Muslim community in Wycombe. They have appointed two health champions to support activities including:

- Cancer awareness workshops - three have already taken place
- School outreach programme
- Cancer Awareness Workshops
- Promoting health awareness in several languages.
- Subsidising HPV vaccines

In addition, funding has been awarded to the Healthy Living Centre in Aylesbury to run cancer awareness campaigns aligned to the specific national weeks, e.g., lung, prostate and breast and to the Chilterns Prostate Cancer Support Group to offer PSA testing, primarily in disadvantaged areas.

### *Frailty*

The UK population is ageing at an increasing rate and frailty is becoming a more prevalent condition, which is why the Trust has worked closely with other local health providers and patients to develop a new frailty strategy which will support the population of Buckinghamshire in ageing well by staying well and living independently for longer.

The population in Buckinghamshire is expected to grow by 14% by 2033 with a 44% increase in people aged 60+ years and a 140% increase in people aged 90+ years. But

these extra years of life are not always spent in good health, with many people developing conditions that reduce their independence and quality of life. Ageing well is a key part of the NHS Long Term Plan nationally and in Buckinghamshire the new frailty strategy is an essential part of delivering the ageing well programme locally.

The frailty strategy will:

- Improve NHS Care in **Care Homes**
- Identify and provide **proactive** support to old people living with frailty in the community
- Enhance **rapid community response** at times of crisis

The new strategy focuses on prevention, early identification of health needs and improving the urgent community care available. This pro-active approach, alongside greater collaboration between primary, community, acute and social care, will support frail and elderly people to live independently for longer and receive treatment more quickly in the most appropriate location and by the most appropriate health professionals.

We now have a well-established a dedicated frailty service for GP practices, care homes or the ambulance service which provides urgent same day advice and support from our hospital consultants. Since the service was launched in August 2021, we have now supported over 1000 calls.

A hospital admission can have a significant impact on frail patients, who are twice as likely to be readmitted within 7 days of discharge, beginning a cycle of admissions which affect their ability to live independently and their continued wellbeing.

Finally, the third part of the strategy focusses on urgent community response (UCR). This means that the Trust's multi-disciplinary team of health professionals aim to respond to urgent referrals for frail patients within 2 hours, putting in place an appropriate programme of support with care and rehabilitation if required.

#### *Energise Learning Disabilities Weight Management Pilot*

It has been recognised for many years that people with learning disabilities are at increased risk of being overweight or obese compared to the general population. The most recent data indicates nationally that 37% of people living with learning disabilities are obese compared to 30.1% of people without learning disabilities. Shockingly, the NHS Long term plan identified that on average adults with a learning disability die 16 years earlier than the general population.

To address this, dietitians from Buckinghamshire Healthcare NHS Trust and Hertfordshire Partnership University NHS Foundation Trust teamed up with Talkback, an autism and learning disability charity, to run a pilot weight loss programme. Starting in November in Aylesbury and Wycombe, the pilot ran until March 2022. It was funded by Public Health at Buckinghamshire Council. Led by dietitians and learning disability experts the programme ran over 24 weeks. It combined in-person groups covering topics such as balanced meals, portions, snacks, take-aways, triggers to eating and food groups with exercise sessions on Zoom. Participants set their own goals each week, supported by specially designed easy read resources including trackers, handouts and recipes. Learning was practical and experiential with games, quizzes, role play and dancing!

The aim was to give clients, carers and homes the knowledge and resources to make positive changes to their diets. 14 people completed the project and lost a total of 36.8kg/ 5st

111b. On-line support will continue for the next couple of months to ensure progress is maintained.

Feedback has been excellent. One care home worker commented that their residents, “came back really excited with their [resources folders]! It was lovely to see. The staff will continue to encourage and support them”. One participant said at the end of the programme: “I examine the labels; I love using the food scanner. I look for things that are low in sugar as it can give me diabetes. My portions are smaller, I have cut down on cake and crisps and I think more about what I am eating.” Talkback manager Helen Krauze said that “working with BHT staff has been one of the best partnerships Talkback has ever had”.



*Participants in the Energise weight management programme*

### *Hospital Navigator Scheme*

The hospital navigator scheme, commissioned by Thames Valley Police, was setup in September 2021 in five participating trusts in the area including in our Emergency Department (ED) at Stoke Mandeville Hospital. The scheme aims to direct young people and adolescents to support and advice that can help steer them away from further injury resulting from self-harm, assault, maltreatment or intoxication.

The scheme is in support of the national violence reduction programme which promotes a public health-based approach to reducing violence among disadvantaged young people. Volunteers work alongside staff in ED who refer patients to the navigator scheme who have come into the department as a result of a violent incident or due to self-harm. In the period September 2021 to January 2022 the Trust has vetted and trained four volunteers who have supported 23 people, directing them to the most appropriate help and support.

### *Vaccinations*

The Trust also continued to support the COVID-19 vaccination offer for the public and by the end of March 2022 had delivered approximately 50,000 vaccinations to the local community of Buckinghamshire, including inpatients in our hospitals.

As part of the Trust’s commitment to tackle health inequalities in Buckinghamshire, the Trust hosted a number of informative webinars for the public, with a panel of experts, including myth busting webinars for those who were pregnant or planning to start a family. By the end

of March 2022, 75% of pregnant women in Buckinghamshire have had first and second doses of the vaccine with 50% also having the booster – one of the highest uptake levels in the south-east.

The Trust also ran specialist vaccination sessions for the LGBTQ+ community and those with learning disabilities or autism. Feedback from the sessions was extremely positive with one grateful parent commenting, “Thank you for the amazing job you did with our kids today. Neither of them batted an eyelid because of the lovely way you had set things up for them. In a world where we fight so hard for accommodations for our kids, it was a joy to see them so easily and skilfully accommodated today.”

It was also an extremely busy year for the School Immunisation Team. As well as vaccinating 13,500 students for COVID, they also immunised 51,257 school aged children against flu – the biggest cohort ever. The team is currently seeing students in Years 8 and 9 for their HPV vaccinations before starting on the boosters for Year 9 students to protect against diphtheria, polio, tetanus and meningitis ACWY.

### *Research*

The ‘Lollipop’ study was launched in January 2022 aiming to understand why some health conditions are more common in the South Asian community. As part of the research, the Trust is offering free health checks.

South Asian heritage people have twice the risk of cardiovascular disease and three-times the risk of diabetes compared to other Europeans. These differences are not explained by ‘classic’ risk factors, including insulin resistance and obesity, or known genetics factors.

Volunteers aged 25 to 85 of Pakistani, Indian, Bangladeshi and Sri Lankan heritage are being encouraged to take part to provide information, undergo tests and give samples during a 90-minute assessment carried out by Wycombe Hospital's clinical research team. They will receive a report about their results and be referred to NHS care if the assessment identifies any concerns.

Since the research launched in January 2022, 379 people have already signed-up to take part. Researchers will follow participants’ health through NHS and other health-related records over the long term for 20 or more years to give a fuller picture of disease prevalence.

The study – which aims to recruit 200,000 people over the next three years – is funded by the Wellcome Trust and overseen by Imperial College, the Medical Research Council and National Institute for Health Research.

## **Partnership Working**

### *Family Nurse Partnership*

If you are 20 or under and expecting your first baby, you will be referred with consent and may be offered the services of our Family Nurse Partnership (FNP) team. The FNP team offers the same universal services as the health visiting team but with the addition of the Family Nurse Partnership Programme which is a fun and engaging way to learn new things and feel valued and supported by your own nurse.

In May 2021, FNP relaunched its Knowledge and Skills Exchange programme comprising of four stand-alone training packages – advanced communication, engaging marginalised groups, trauma informed practice and extended skills practice - to lead sessions for others

working in the early intervention field including social workers, youth works, teams from the charity sector and family workers.

Six sessions have been run this year with over 50 attendees.

#### *New Research and Innovation Centre*

The Trust has partnered up with the Bucks Local Enterprise Partnership (LEP) to build a new research and innovation centre on the Stoke Mandeville Hospital site.

The new three-story modular eco-build opened its doors in June 2021 offering modern agile working space to start-up small and medium sized businesses from across the region, as well as housing the Trust's own state-of-the-art Research and Innovation Department.

The centre will add value to the local economy by drawing in some of the brightest and best minds from across Buckinghamshire and beyond to work and collaborate with each other as well as with the Trust's Research and Innovation Department. This in turn will benefit our patients by giving our clinicians direct access to the latest digital health developments, medical technologies and artificial intelligence.

Thanks to our partnership with Bucks LEP, the centre will not only benefit the economy but is good for the environment too. It has been built with 99% recyclable materials, harvests rainwater, is energy efficiency and even features a living wall.



*New Research and Innovation Centre at Stoke Mandeville*

#### *Spinal Cord Injury Education and Training for Healthcare Professionals from referring hospitals*

As an international centre of excellence, our specialist team at the Trust's National Spinal Injuries Centre has developed a programme to support the clinical staff at referring hospitals regarding the effective management of spinal cord injuries.

Education and training on the management of Spinal Cord Injury are fundamental to improving patients' outcomes and reducing variation across pathways.

Trusts which have already signed up to the programme include:

- King's College Foundation Trust
- Sussex Community NHS Foundation Trust

- University Hospitals Sussex NHS Foundation Trust
- East Suffolk and North Essex Trust
- Medway NHS Foundation Trust
- Northampton General Hospital

During 2021/22 we have already delivered more than 50 bite size training sessions attended by 100 nurses, 60 physiotherapists, 16 occupational therapist, 15 student nurse, 6 commissioners, 37 rehabilitation specialists and 8 medics.

Two acute interprofessional study days have been scheduled for April and May 2022, with more than 150 already registered for each.

## Employment Opportunities

### *Positive Steps*

Unemployed residents in Buckinghamshire are being given a fresh start – thanks to an innovative collaboration between the Trust, JobCentre Plus and Buckinghamshire College Group.

The new six-week ‘Positive Steps’ taster programme gives job seekers an insight into the role of a Healthcare Assistant, improves employability skills – and guarantees them an interview for a permanent job after successful completion.

Positive Steps runs for six weeks, with each week including:

- three days on a hospital ward, working with an experienced mentor to support patients with personal care, making beds, help with meals and other duties
- one day a week at Buckinghamshire College Group’s Aylesbury campus studying for the BTEC Level 1 Introduction to Health and Social Care and undergoing to the Building Futures employability and interviews skills programme
- one day a week of self-study and reflection

54-year-old Mark Ferris was made redundant after 30 years in the IT industry just as the COVID-19 pandemic started. He was one of the first Positive Steps graduates and is now employed full-time at Amersham Hospital.

Mark said: “I’d been thinking about a career change and looking after my elderly parents had made think about moving into care. On my placement I began looking after patients from the very first day, paired up with an experienced senior colleague on the morning care round. I was hooked immediately and loved every minute. There was lots of on job-the-job training and a great team spirit. I’m now in a position to make a real difference to people’s lives and



*Mark pictured with Rose Kennedy, Matron for Inpatients at Amersham Hospital*

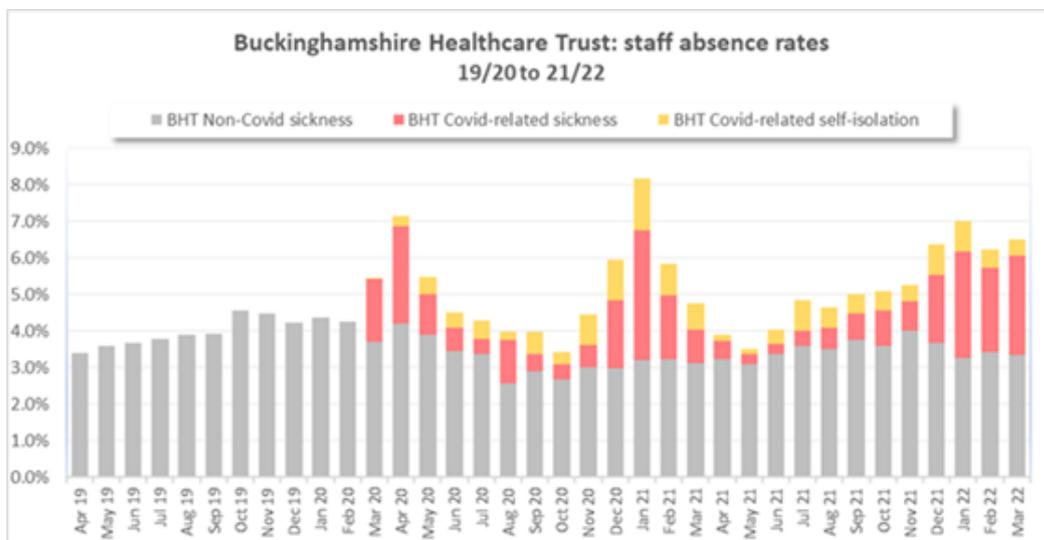
### *Working with Schools and Colleges*

The Trust has been working closely with the Local Career Leaders Hub to promote careers in the NHS to students at secondary schools and further education colleges in Buckinghamshire. They have:

- Built resources for a dedicated website 'Bright Futures' to facilitate access for schools/colleges to health career information.
- Managed and coordinated Trust representation at local school and college career events and/or career talks.
- Attended the Bucks Skills Show to showcase the numerous and diverse clinical and non-clinical career opportunities in the Trust. Attendance at the event consisted of over 4,500 school/college pupils aged 11-19 years. Based on student feedback at the event, BHT won the Best Stand Award at the event. The judges relayed students felt that we were friendly, approachable and that we listened to their enquiries and directed them appropriately.

## GREAT PLACE TO WORK

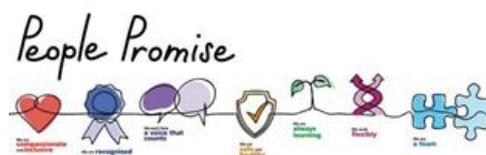
The COVID-19 pandemic has placed a significant burden on the NHS workforce. The emotional and physical toll the pandemic has taken on our colleagues should not be underestimated - the last two years have impacted us all in one way or another – whether that is personally, professionally or both. During 2021/22 staff absence remained high. Whilst it peaked in January 2022, it remained high to the end of the financial year due to the virulent Omicron variant with colleagues either suffering from the virus or self-isolating to protect the vulnerable and control the spread of COVID-19. This put additional pressure on our colleagues who were already dealing with an increased workload as they worked tirelessly to provide outstanding care to patients and reduce waiting times.



It is well-documented that when an excellent experience for colleagues is achieved, they become inspired to be the best people they can be at work which in turn delivers the best patient care. ([Staff experience in the NHS | NHS Employers](#))

We have continued to support our people with the practical aspects of coming to work including suspending parking charges for colleagues, introducing agile working, offering BHT Assist (a free concierge service to help take the hassle out of everyday tasks) and an additional one-off well-being payment of £150 in March to help with the rising cost of living.

We know that we need to focus on each area of the NHS People Promise to deliver on our strategic priority of making the Trust a truly great place to work.



As part of this journey, based on the NHS People Promise and feedback from Trust employees, Thrive@BHT was launched in April 2021. It is our roadmap for how Trust

colleagues can support each other and care for themselves to create a great place to work by:

- More and continued support for the physical and psychological health of colleagues
- Making sure we get the basics right, including more and improved rest areas and supporting colleagues to achieve a better work/life balance; and
- Creating a place where everyone feels they are treated fairly, with respect and kindness and are valued for the work they do.

In this section you can read more how we have supported individuals, teams and managers to achieve this over the past year.

## Wellbeing

Supporting colleagues to look after their physical, psychological, and emotional wellbeing has remained a key priority – so much so that the Trust gave all colleagues the opportunity to take an additional day's leave as a 'Wellbeing Day' during 2021/22 with £15 to spend on an activity or item of their choice to support their wellbeing.

This year the Wellbeing team focus has been on providing a proactive outreach service to ensure all colleagues are aware of the support available and how to access it. This is reinforced through a weekly 'Wellbeing Wednesday' newsletter which is sent to all colleagues.

We continued with our dedicated professional in-house team of counsellors and wellbeing experts and during 2021/22 supported c.1,000 requests for psychological support and almost 300 colleagues have attended the proactive 'Understanding Stress, Building Resilience' course. We have delivered mindful sessions to over 200 colleagues.

REACT mental health training has been rolled with the aim of equipping managers, supervisors and those with caring responsibilities to confidently hold support and compassionate mental health and wellbeing conversations. 445 people have been trained with more courses planned for 2022/23.

Recognising the profound impact that the pandemic has had on some of our colleagues we have expanded our Trauma Risk Management (TRiM) programme. TRiM originated in the UK Armed Forces and the model is based on 'watchful waiting' - keeping a watchful eye on individuals who have been exposed to a traumatic event, whether that person has been directly involved or involved from afar. TRiM Practitioners are non-medical personnel who have undergone specific training allowing them to understand the effects that traumatic events can have upon people. They are not counsellors or therapists but understand confidentially and are able to listen and offer practical advice and assistance. The Trust now has 13 practitioners in place and 25 in training.

The Trust's in-house team is supported through its externally provided employee assistance provision, Vivup, which is available to colleagues 24 hours a day, 365 days a year. This year, over 378 colleagues have rung the helpline and 374 have accessed the web portal. 121 colleagues have accessed counselling support online via Vivup.

We have continued with our popular wellbeing webinar programme with well attended webinars covering the menopause, improving mood and energy with food and movement, men's health and supporting adults to deal with their children's anxieties.

We have developed a new offering of half day rest and reflect sessions through social prescribing partnerships with Lindengate, a nature-based health and wellbeing charity based in Wendover, and HorseHeard, a charity which promotes and develops emotional health, wellbeing and resilience through innovative experiential learning programme with horses.

During 2021/22 343 people have attended sessions at Lindengate and 158 have attended sessions at Horseheard.

We have also supported the physical well-being of colleagues, including 190 physiotherapy referrals and 545 musculoskeletal referrals (conditions affecting the joints, muscles and bones). In February 2022, the Trust launched a pilot scheme to support colleagues to monitor their own physical wellbeing. Two interactive health kiosks are available – one in Stoke Mandeville and one at Wycombe hospital – enabling colleagues to measure their own weight, body mass index, body fat content, heart rate and blood pressure. 310 colleagues have already used the kiosks 402 times.

Thanks to the Trust's estates team and volunteers relaxing outdoor spaces have been created for colleagues and patients including a courtyard garden at Amersham Hospital.



*Two Trust volunteers and the local community have transformed a courtyard garden at Amersham Hospital, now known as The Haleacre Rainbow Garden, into a restful and relaxing space for colleagues to recharge their batteries. A gardening group has been set up so that colleagues can get involved and enjoy the therapeutic benefits of gardening.*

In March, the Trust was delighted to welcome the Wingbee mobile well-being lounge to its Wycombe and Stoke Mandeville Hospitals, giving colleagues the opportunity to take a break in a space away from their usual, and often high-pressured, working environments. The brainchild of two UK airline captains and a clinical psychologist, the Wingbee bus is provided by Project Wingman Foundation Ltd, a well-being charity that supports frontline healthcare staff.



*The Project Wingman bus visited both Wycombe and Stoke Mandeville hospitals for colleagues to take a break from their often busy and pressured working environments. Project Wingman is a wellbeing initiative that was started by furloughed aviation staff during 2020.*

The end of 2021/22 a saw the creation of a new Occupational Health & Wellbeing hub at the Stoke Mandeville site and plans are in place to build a new wellbeing garden to further support the wellbeing of our colleagues which will also enable us to support rest and reflect sessions on site.

### **Keeping Our Colleagues Safe**

Keeping our colleagues safe will always be a key priority. In addition to ensuring that our colleagues have always had access to appropriate PPE, we have continued with the following measures:

#### *Risk assessments*

The risk assessment process is key tool in ensuring the safety of all our colleagues. This was put in place at the beginning of the COVID-19 pandemic to identify and mitigate colleagues' individual risks. Compliance is monitored monthly. All new starters and volunteers are risk assessed as they start.

The Occupational Health team supports all colleagues who were 'shielding' under government guidance (263 at its peak) including overseeing any change in guidance and supporting colleagues to return safely to the workplace as we move towards 'living with COVID-19'.

#### *Lateral flow testing*

All colleagues who come on to site are required to self-test twice a week. This has been key in identifying colleagues who had contracted COVID-19 but were not showing any symptoms helping us to prevent the spread of COVID keeping colleagues and our patients safe.

### *COVID-19 vaccination programme*

All colleagues have been offered the opportunity to have the COVID-19 vaccine and we continue with an 'evergreen offer' i.e., first, second and booster doses. This is in addition to the seasonal flu vaccine, which is offered to all colleagues. By February 2022, 97% of our colleagues had had their first dose of the COVID-19 vaccine, with 80% having had their second and booster doses.

The high uptake is testament to the excellent provision of the service comprising in-house clinical colleagues, new colleagues recruited in many cases from other industries and volunteers. This was supported by a targeted and comprehensive communications campaign which included webinars with expert panellists, a confidential helpline, the support of our staff networks as well as dedicated support from Occupational Health and Wellbeing team. This has reduced the overall gap with the vaccination rate amongst BAME colleagues for first and second doses being 2.6% lower than none BAME colleagues.

In November 2021, the government announced that legislation meaning the COVID-19 vaccinations would become a condition of deployment for Health and Social care would come into force from 1 April 2022. While we began to prepare and offer support for the impact of this legislation, the government then went out to consultation, the result of which was that the proposed legislation was rescinded as from 15<sup>th</sup> March 2022.

### **Equality, Diversity, and Inclusion (EDI)**

As a Trust we have made a commitment to our colleagues that we are an inclusive organisation with equality of experience and opportunity for everyone who works here. In particular, we monitor our performance against the following four national standards:

- The Workforce Race Equality Standard (WRES)
- The Workforce Disability Equality Standard (WDES)
- Gender Pay Gap Reporting
- Public Sector Equality Duty (PSED) reporting

These standards are published on our public website annually and document our progress against defined equality metrics.

In terms of race equality, the specific goals that we set ourselves were:

- **The ethnic make-up of our Board and senior leaders will be 24% BAME reflecting that of our workforce by 2022**
- **There will be no inequality in our recruitment processes for BAME applicants by the end of 2021.**

As at August 2021 the Trust Board had 31.3% (5) members of BAME ethnicity, compared to 17.6% in August 2020. We recruited seven additional senior leaders, piloting a new inclusive recruitment process for senior leadership posts, increasing our total from 15% in August 2020 to 18.3% by August 2021.

NHSEI has recognised the Trust for the positive improvement it has made in eliminating inequality in our recruitment processes for BAME applicants. Data from August 2021 shows that white applicants were 1.28 times more likely to be appointed from shortlisting in

comparison with applicants of BAME ethnicity. This is close to the 0.8 to 1.2 ratio which the national WRES team advises represents parity and is a significant improvement from the 1.98 ratio reported in August 2020.



*Chief Nurse Karen Bonner has been recognised by the Health Service Journal (HSJ) as one of the most 50 most influential Black, Asian and minority ethnic people in health. She has urged leaders to 'own' their discomfort in talking about race as they seek to understand how to tackle inequalities.*

During 2021/22 we have continued to focus on addressing inequalities, including reviewing our people practices, policies and processes to eliminate biases. We have also introduced new training for all line managers across the Trust to ensure they are equipped to create inclusive working environments for all colleagues.

We now have eight inclusion networks for our colleagues, and these have continued to meet virtually throughout the pandemic:

- BHT EMBRACE (ethnic minority colleagues)
- BHT Ability (Colleagues with long-term health conditions or disability)
- BHT Proud (LGBTQ+ colleagues)
- BHT VIBES (A multi-faith and spiritual network)
- BHT Carers (Colleagues with carer responsibilities)
- KALINGA Filipino Healthcare Professional Organisation Bucks
- BHT One in Four (Supporting colleagues to talk about mental health)
- BHT Women's Network

Our staff networks have provided invaluable support to the Trust this year and we have worked closely with them to ensure the health and wellbeing of all our colleagues in pandemic related matters. The networks also continue to provide a voice for staff, and co-design inclusion transformation projects. In 2021/22 this included receiving national funding

to implement Empowerment Passports for colleagues across BOB ICS with disabilities or long-term conditions, and further national funding received to implement an allyship development programme across the organisation.

During the year engagement activities have taken place to promote inclusion and diversity in the Trust:

- **Inclusion week** – National Inclusion Week 2021 was celebrated in the Trust during September. A series of events were held for staff which aimed to increase understanding of difference, promote key messages and celebrate diversity and culture. These events included outdoor coaching and mentoring sessions, webinars, staff fairs, allyship workshops and special staff network meetings.
- **Black History Month** – throughout October we celebrated Black History Month 2021 with a series of communications and virtual events. The majority of events were co-delivered with BOB ICS partner organisations to maximise the impact across the system.
- **Disability History Awareness Month 2021** - activities were co-designed with the BHT Ability Network and included an outreach engagement programme to encourage colleagues with long term conditions to declare them, a virtual webinar on neurodiversity and information on how to access reasonable adjustments across the Trust.
- **International Women’s Day** – The Trust celebrated International Women’s Day (IWD) in March 2022 with a series of communications featuring inspirational colleagues who were ‘breaking the bias’ (the national theme for IWD2022). A webinar was also held on supporting women to progress their careers. The Trust achieved a 5% reduction in the disparity between male and female colleagues being awarded Clinical Excellence Awards this year, and we are continuing to implement our Inclusive Recruitment process for senior leadership positions to support more females and diverse talent to achieve roles in the highest paid quartile.
- **Ramadan 2022** - Gift packs were distributed to 233 Muslim colleagues including dates, a bottle of water, disposable prayer mat, stickers and a prayer schedule.



*Diwali celebrations organed by our BHT Embrace network.*

## Armed Forces Covenant

Following the signing of the Armed Forces Covenant in November 2019, which ensures employers actively encourage veterans to join their organisations, the Trust is proud that in February 2022, it has received the Bronze Award under the [Defence Employer Recognition Scheme \(ERS\)](#).

The ERS encourages employers to support defence and inspire others to do the same. The scheme encompasses bronze, silver and gold awards for employer organisations that pledge, demonstrate or advocate support to defence and the armed forces community, and align their values with the [Armed Forces Covenant](#).

As a Bronze Award holder the Trust has undertaken the following commitments:

- Sign the Armed Forces Covenant
- Pledged to support the armed forces, including existing or prospective employees who are members of the community
- Promote being armed forces-friendly and are open to employing reservists, armed forces veterans (including the wounded, injured and sick), cadet instructors and military spouses/partners

## Listening to Our Colleagues

We were extremely pleased given just how busy our colleagues are that over 3,400 colleagues responded to the 2021 national staff survey. At 56% this response rate was well above the average for trusts in our sector which was 46%.

In 2021 the themes in the national survey were changed to align with the [NHS People Promise](#) so we can't do a year-on-year comparison, but we are pleased that as a Trust we scored at or above the national average in 8 out of 9 of this year's themes. We are particularly proud of the fact that 'we are compassionate and inclusive' was the People Promise with the highest ranking and scoring. Significant improvements were seen in colleagues saying they have effective team meetings and that they felt secure to raise concerns about unsafe clinical practice. Questions about our workforce race equality standard showed measurable improvements from last year and whilst our scores are better than average, we know that we still have a considerable amount of work to do in this area.

It is evident from the results that the positive action we are taking to support the health and wellbeing of our colleagues has been recognised and is appreciated. Questions relating to 'my organisation take positive action on health and wellbeing have increased from 39% in 2019 to 42% in 2020 and 68% in the latest survey – 12% ahead of comparable trusts.

Of the 9 themes, the area where we scored slightly below the national average was 'we are always learning'. This is an area that we had already identified as an area for improvement for the year ahead. Embedding a Quality Improvement culture is a key priority. We have rolled out a new people development system, i-Aspire, which will help colleagues have more meaningful appraisals and development conversations and the Education, Learning and Development team is looking at ways to make development opportunities more accessible to everyone.

## Recognition

Ensuring our colleagues have felt valued for the amazing work they do has been particularly important during the last year.

Monthly awards aligned to our CARE values continued throughout 2021, with 240 nominations received during the year and 48 individuals or teams being recognised.

Thanks to the generosity of its charitable Trust, the winners of the 2020 One Team One Goal awards for colleagues were invited to a special thank you event in the grounds of Chequers. The 2021 One Team One Goal Awards were launched in February 2022 with a new set of categories aligned with our strategy for those making the greatest contribution to delivering outstanding care, healthy communities and a great place to work. We received 212 nominations from colleagues and members of the public and a socially distanced celebratory event is scheduled to take place in June 2022 to recognise the winners of each of the 12 categories.

In July 2021, the Trust celebrated the fifth anniversary of excellence reporting. This is an opportunity for colleagues to thank and recognise each other for delivering outstanding care or an outstanding service. Since the scheme was launched, 3,070 excellence reports have been submitted with 708 in 2021/22.

## Building a Positive Speaking-up Culture

### *Freedom to Speak Up Guardian*

The Freedom to Speak Up Guardian (FTSUG) is a designated role which provides a safe place for colleagues to raise concerns safely, without fear of detriment or blame, helping to improve the safety of our patients and colleagues. The Freedom to Speak Up Guardian is a mandatory post for all NHS Trusts in England which also reports to the National Guardian Office thereby offering a level of independence.

Our 'Speaking Up' service has been expanded based on implementing an outreach model and introducing a small number of part-time Freedom to Speak Up Guardians. This has enabled the Trust to increase the accessibility, diversity and visibility of the service, educating colleagues about the importance of speaking up to the safety of patients and colleagues- achieving an incredible 3,600 outreach contacts in only 10 months.

To support the 'Speaking Up' service, a new 'Speaking Up Champion' role was launched in January 2022. Champions are volunteers, signposting colleagues who wish to raise concerns and promoting a positive Speaking Up culture in their own ward or department. We have already recruited 30 champions, with 19 already fully trained and supporting our outreach programme.

During 2021/22 100 cases of concerns have been raised by more than 130 individuals. We are proud that our 2021 national staff survey results show that we have again significantly improved our score for colleagues feeling confident to raise clinical concerns – a 10% improvement over the past four years with results significantly better than comparable trusts.

Every year the Trust actively participates in October Speaking Up month. This year the annual and local campaign focused on the launch of mandatory 'Speaking Up' training for all NHS staff. To support this, the team delivered a varied programme of over 30 activities across the Trust.

### *Guardian of Safe Working Hours*

The Trust also has a Guardian of Safe Working Hours who works closely with our junior doctors to ensure compliance with the 2016 junior doctors' contract. The Guardian is also someone that they can speak to in confidence regarding any concerns that they have, and they work closely with the Guardian of Safe Working Hours to resolve any issues that are raised.

### *Working in Partnership with Trade Unions*

We recognise the importance of, and our joint responsibilities for, creating and maintaining excellent employee relations to ensure we deliver and develop high quality health services, looking after our patients and our colleagues.

As part of this, we continued to engage with staff side colleagues, through monthly Joint Management Staff Committee (JMSC) Trust-wide meetings, and bi-monthly Joint Consultative Negotiating Committee (JCNC) meetings specifically for medical staff. Both committees have local and regional staff side representation, including, but not limited to:

- British Dietetic Association
- British Medical Association
- British Orthoptic Society
- Chartered Society of Physiotherapists
- Society of Radiographers
- The Royal College of Midwives
- The Royal College of Nursing
- UNISON
- Unite

The COVID-19 pandemic has brought additional challenges for our colleagues, so we have maintained regular dialogue with the Staff Side Chair and Local Negotiating Committee Chair outside of the above formal committees and have appreciated their support and guidance in enabling the Trust to keep its patients and colleagues safe throughout the pandemic.

## **Learning and Development**

### *Management and leadership development*

Throughout the pandemic we have been committed to support managers, colleagues and teams. Whilst we have always had a leadership programme, called 'The Three Peaks', this had only been open to a limited number of managers in any one year. During 2021/22, we made the commitment to support all new managers to complete at least Peak One and 748 managers attended. In April 2022 we relaunched the senior management programme (Peak Three) which was paused during the pandemic.

In addition, 92 managers accessed coaching through the Bucks Coaching Pool – a partnership between the Trust and Buckinghamshire Council with 57 qualified coaches on hand to provide individual support.

### *Clinical education*

Throughout the pandemic, it has been important to ensure that our clinical education programme has continued to help us to achieve our goal of delivering outstanding care and

support our recruitment drive – we supported over 200 internationally educated nurses to achieve their National Medical Council registration during the year.

A total of 461 pre-registration students across nursing and midwifery are undertaking regular placements on a rotational basis in BHT across our acute and community placements. These students are part of our pipeline for future nurses and midwives and the Trust’s Pre-registration Team supports and monitors their progression and facilitates employment upon graduation with a ‘Fast-TRAC recruitment process in collaboration with the Trust’s recruitment team

We are also delighted and proud that the Trust was rated in the top five in the country for the overall experience of junior doctors within palliative medicine.

Post Specialty	Trust / Board	Year	Mean
Histopathology	The Royal Marsden NHS Foundation Trust	2021	100.00
Paediatric cardiology	Guy's and St Thomas' NHS Foundation Trust	2021	100.00
Palliative medicine	Buckinghamshire Healthcare NHS Trust	2021	100.00
Clinical oncology	University Hospital Southampton NHS Foundation Trust	2021	98.75
Cardio-thoracic surgery	Imperial College Healthcare NHS Trust	2021	98.33

### *Library and Knowledge Services*

Library and Knowledge Services enable Trust colleagues to access evidence to support a wide range of Trust activities including learning, research and clinical care. In 2021/22, the NHS Knowledge and Library Hub was launched, which is a national search portal providing NHS staff with a single point of access to books, journals and databases. Our library service has worked with Health Education England to ensure Trust colleagues can access our local resources through the Hub. The service is also working with the Quality Improvement Team and other departments in the Trust to plan and develop a repository of internal learning and knowledge. We are delighted that our Library and Knowledge Services have been evaluated as performing higher than the national average in our Health Education England Quality Improvement Outcomes Framework.

## Recruitment

Our greatest asset is our people and the recruitment of committed, high quality individuals to join our organisation remained a priority this year. We recruited a total of 1,271 new colleagues as follows:

Staff group	Number
Additional Professional Scientific and Technical	40
Admin and clerical	157
Allied Health Professionals	64
Healthcare assistants	142
Healthcare scientists	11
Manager	22
Medical and dental	308
Nursing and midwifery	400
Support colleagues	127

The recruitment of registered nurses remains a key priority and we recruited 400 nurses this financial year, 222 of which were international recruits. This recruitment drive enables us to substantially drive down our overall vacancy rate from 17.2% in April 2021 to 7.4% in March 2022.

### Growing our own

Growing our own focuses on recruiting from within the Trust and the local community. We aim to give people the relevant skills and training to meet our current and future healthcare needs. This approach will be the most sustainable for the next decade and will be deployed in a number of ways:

#### *Apprenticeships for Professional Registration*

The apprenticeship route is vital in ensuring we have an adequate pipeline of registered nurses, midwives and allied health professionals (AHPs) moving forward and to address the reduction in the number of 'Direct Entrant students' that we have seen in the Trusts since the student loan bursary reform in September 2017.

Apprenticeships for nursing are well established and we have a clearly defined pathway for the development of our healthcare support workers into nursing and midwifery registration. We have also supported 41 non-clinical apprenticeships at all levels including financial specialities, business administration and leadership or project management:

- 12 pharmacy technicians
- 5 post registration pharmacists
- 1 podiatrist
- 3 radiographers

with three occupational therapist apprentices due to start in 2022/23.

### UK candidate market

We have continued to review our domestic recruitment processes and make continuous improvements. The most notable had been our move to generic recruitment for Health

Support Workers, which has increased the number of job offers substantially, e.g., the first event in January 2022 we have offered a position to 61 people. It also lessens the burden and time on senior nurses to recruit and therefore releasing time back to care.

### **International**

The recruitment of internationally trained nurses remains important, both through agencies and directly by the Trust. The Trust embarked on an ambitious recruitment campaign to recruit 222 nurses in this year. We exceeded this target, welcoming 238 nurses to the Trust in 2021/22 from India and the Philippines. We look forward to welcoming a further 120 nurses to BHT in 2022/23. We want to make sure that our international colleagues feel welcomed into the BHT family, and we have a comprehensive induction programme in place for them both professionally with our enhanced preceptorship programme but also personally to help them to settle into a new life in a new country.



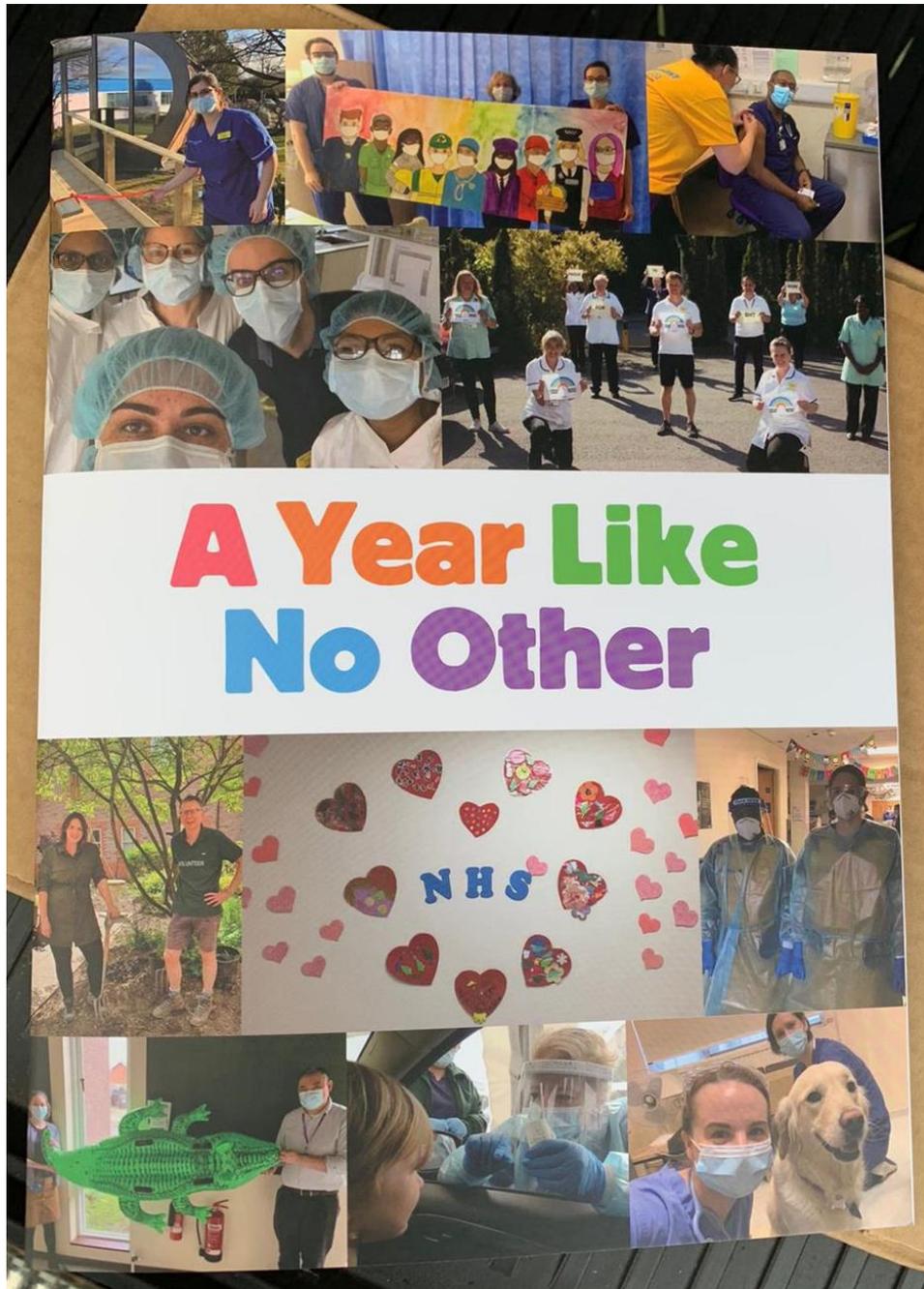
*In April 2001, over 35 nurses made the long journey from the Philippines to Buckinghamshire to start a new life. They were the first cohort of Filipino nurses to come to Buckinghamshire Healthcare NHS Trust and a further eight nurses joined in September 2001. On 1 April 2021, 20 years after their arrival in Buckinghamshire, over 30 nurses from the two cohorts still work for the Trust and are key members of the local Filipino community.*

### **Retention**

Our focus on recruiting high quality colleagues is supported by an equally important priority to support retention, offering a great place to work, through initiatives including wellbeing support, staff networks, education, training, and career development pathways.

We are pleased to announce that we have been named as one of twenty-three national exemplar sites for a retention programme based on the NHS People Promises and this will be in place from 1 April 2022.

## Performance Analysis



*Colleagues shared their reflections of a 'Year Like No Another' including blogs, poem, artwork and photographs.*

## How We Measure Performance

Our performance management framework is based on the National Single Oversight Framework and recognises that a high-performance culture will only be achieved when performance is managed in a positive way. The framework aims to ensure that striving for excellence is an integral part of the organisation's culture.

A 'Ward-to-Board' approach is applied and monitored through the Trust's divisions before being presented to the Board. The monthly Integrated Performance Report to Board outlines the performance of the Trust against key measures and identifies successes and risks for the organisation within the areas of quality, people and money. These reports are available on our website as part of the information provided for Trust Board meetings in public ([www.buckshealthcare.nhs.uk/aboutus/ourtrustboard](http://www.buckshealthcare.nhs.uk/aboutus/ourtrustboard)).

In addition to this, we continue to use national data where available to compare our performance against other Trusts; this includes national staff, patient and clinical audits.

## Key issues and risks

The challenges facing the NHS as it emerges from COVID are well documented and are felt across the country in terms of the significant backlog of patients that was driven by a reduction in elective care and referrals during COVID; challenges in recruitment and staffing levels; and the continued need for greater integration across health and social care.

We have patients waiting too long for services across our urgent and elective services and whilst significant progress has been made in reducing our longest waiters for elective operations and cancer treatment further improvements are needed to continue the reduction and get back to a sustainable delivery model.

Detailed improvement plans are in place across the various operational standards looking at recruitment and retention of staff, workforce redesign, estate redesign, productivity improvements and working with partners. We have set an ambitious operating plan for 2022/23.

The major risks we face are similar to those in the wider NHS of a further COVID wave and/or a significant flu season this year; challenges in recruiting to our vacancies in a competitive job market; financial pressures faced across the country related to the cost of living and high levels of inflation which impact our staff, the hospital and our partners; and, asking a workforce that is emerging from two years of exceptional pressures to redouble their efforts to achieve even greater challenges.

In addition, the Trust has specific estate issues which cause challenges to efficient delivery of services with some difficult prioritisation decisions needed across services given estate constraints.

## Equality of Service Delivery

The pandemic has brought to the fore the issue of health inequalities with those from our Black, Asian & Minority Ethnic (BAME) communities, those with a disability or with underlying health conditions being disproportionately impacted by COVID-19. It is evident that not only is there an issue with some parts of our community not accessing health care and prevention services but also that they have a worse experience when they do so.

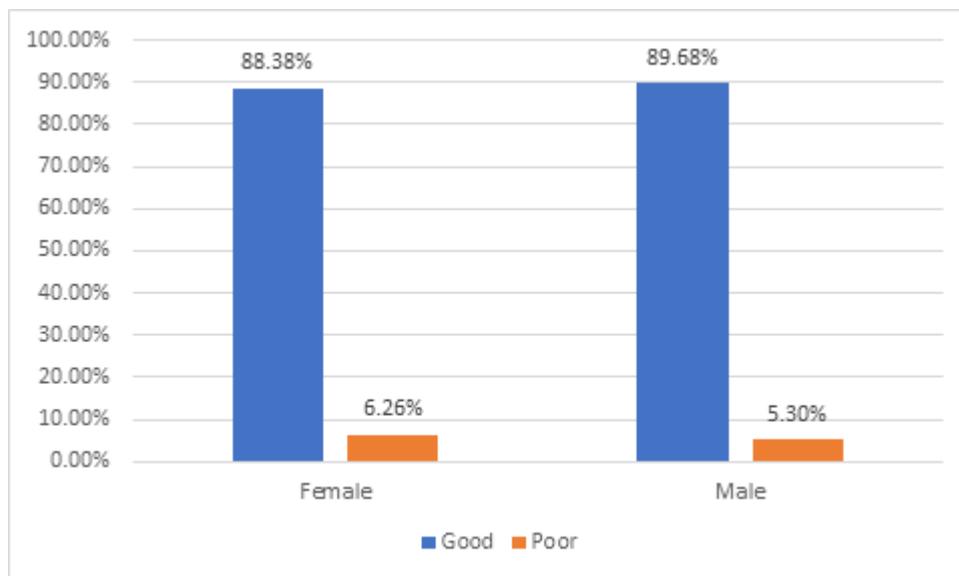
Supporting healthy communities is one of our three strategic priorities. This is not only about helping Buckinghamshire residents to stay healthy and live independently for longer but is about providing employment opportunities and ensuring that there is equality of service access as well as delivery.

### Customer Satisfaction Scores By Protected Characteristics

The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way for patients to give their views after receiving NHS care or treatment.

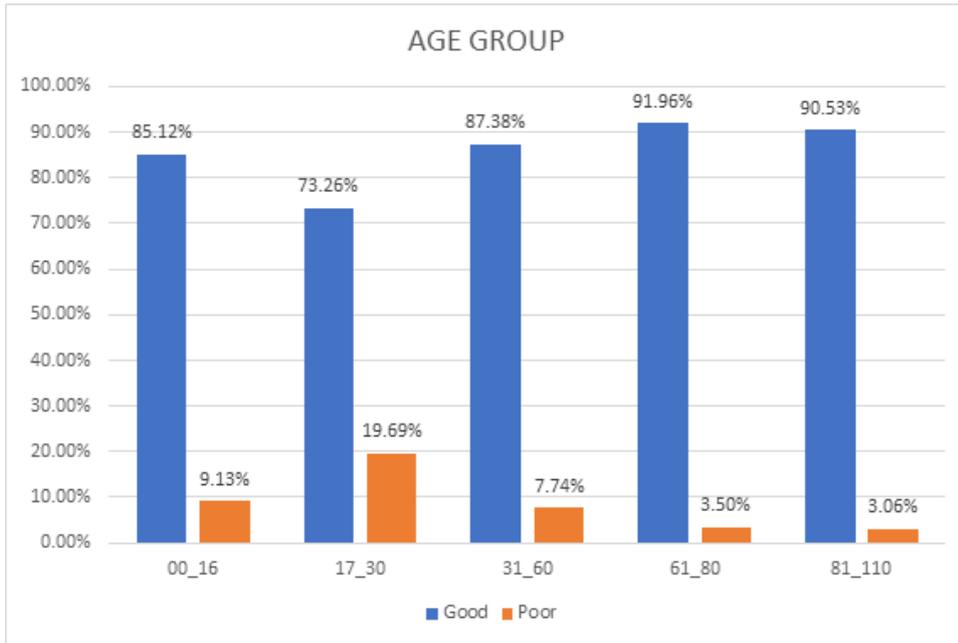
One of the questions asked is 'Overall how was your experience of our service?'. Experience is rated from very good to very poor. Patients are asked for demographic data, making it possible to understand patient satisfaction across a number of key protected characteristics. The following charts show the response rates for 2021/22, which have significantly higher than 2020/21, and satisfaction by gender, age and ethnicity. Please note that they do not include the percentage of people who rated their experience as neither good nor poor.

Gender – 87,168 Responses:



The response rate was broadly similar for male and female patients with both genders responding to around 21.8%. Male patients accounted for 46% of all responses received and were slightly more satisfied with the service they received with 89.68% responding positively. Female patients using the Trust's Maternity services responded to 11.3% of survey requests and overall returned more responses for other services.

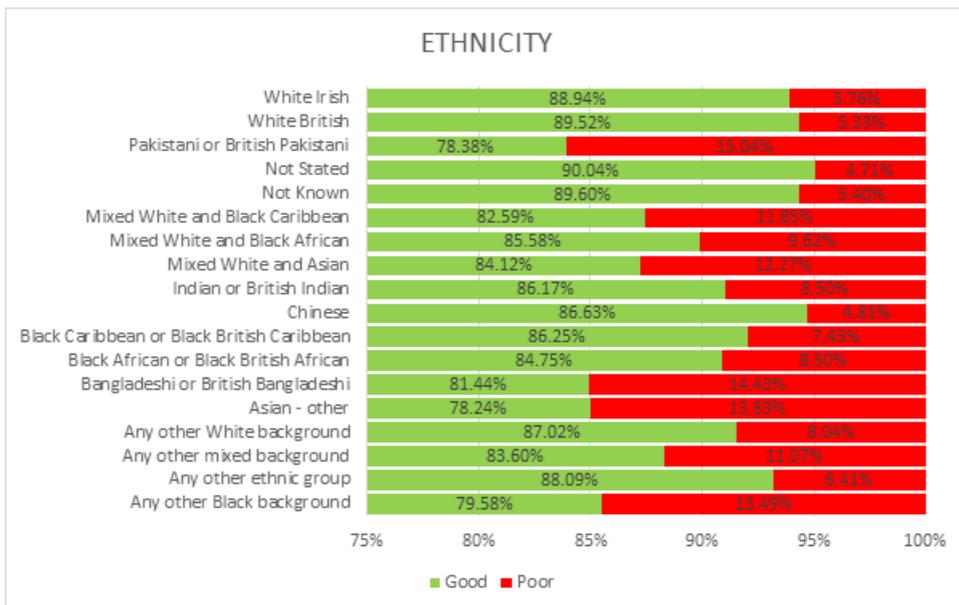
Age Group – 87,182 Responses



Following the trend of previous years, the age group with the highest response rate continues to be those aged 61 to 80, with 31.5% responding and the lowest response rate of 9.7% is from patients aged 17 to 30. Those aged 30 and under, including parents responding for paediatric patients responded to 11.9%, whilst those aged over 30 responded to 24.9% overall.

Patients aged over 60 were most satisfied with the service they received whilst 19.7% of patients aged 17 to 30 reported a poor experience.

#### Ethnicity – 87,182 Responses



Of those patients who gave their ethnicity, the most satisfied were White British, with again Pakistani or British Pakistani patients reporting the lowest satisfaction with 15% saying that

their experience had been poor or very poor followed by Bangladeshi or British Bangladeshi at 14.4%. We are currently working with Healthwatch Bucks to undertake in-depth research to understand they this is the case so that we can develop action plans to address any issues highlighted.

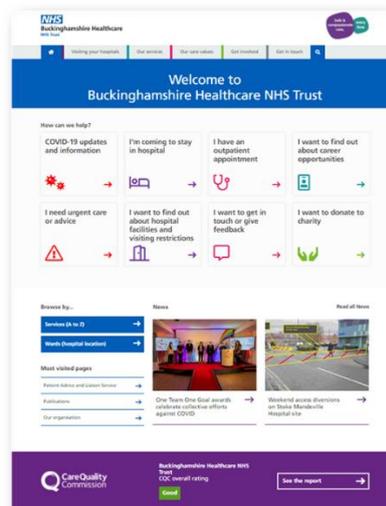
White British patients and service users had the highest response rate at 24.1%, the lowest response rate at 7.7% is from those recorded as Pakistani or British Pakistani.

## Clear Communication

The Communications Advisory Panel (CAP) was developed by the Trust to work with us to support improvements in patient and carer communication, ensuring all communication is clear, written in plain English and is easy to understand and navigate. During April 2020 to February 2022, 113 patient information leaflets have been reviewed by the CAP. This panel has also advised on COVID-related communications including patient and visitor guides, anti-bullying and harassment posters as well as policies.

Commenting on the CAP, one member said, “BHT has impressed me greatly with their high level of commitment to improving the clarity and readability of all the patient information produced by the Trust and the improvements they have secured. Not only have they set up, and more importantly, listened to the Trust’s new Communications Advisory Panel, but they have worked with the Panel to produce a clear, simple guide for staff writing leaflets, which is about one-third the length of its predecessor. They have thus enabled fellow staff members to produce clearer, more patient-focused leaflets, which in turn help patients to better understand and take more responsibility for their own conditions which can free up time for clinical staff.”

CAP has also been instrumental in providing feedback on the development of the Trust’s new website, which was launched in June 2021. BHT is currently ranked 8th by SilkTide nationally for accessibility against other national NHS Trusts having previously been ranked as 168.



*New external website for the Trust*

## **LGBTQ+ Community**

### *Rainbow Badge Training*

This training is focused on giving our colleagues an insight into the challenges faced by the LGBTQ+ community. After completing the training, colleagues are awarded a Rainbow Badge which signals that they offer open, non-judgemental and inclusive care for patients and their families who identify as LGBTQ+. 53 colleagues completed the training during 2021/22 bringing the total of Rainbow Badge holders to 295 within the Trust.

### *Trans Advice and Support Policy for Service Users*

A review has taken place of our Trusts Trans Advice and Support policy for service users. The purpose of this policy is to provide guidance and practical 'best practice' advice to enable the Trust and its clinicians to understand the needs of Trans patients and in doing so supports the Trust as a service provider to deliver fair, equitable and inclusive services. With guidance and support from Stonewall, we have updated the policy for 2022.

### *Wycombe PRIDE*

The Sexual Health and Recruitment team from BHT joined the local LGBTQ+ PRIDE event which took place in August 2021 (Photo's Attached). To help celebrate Wycombe PRIDE BHT lit up buildings at Stoke Mandeville and Wycombe Hospital as well as flying the LGBTQ+ flag at Stoke Mandeville Hospital. The Sexual health team spoke to attendees of this event about the sexual health services available to the local community whilst the recruitment team helped attendees understand what job roles the NHS has to offer and what job vacancies the Trust has locally. Over 300 people attended this event.



*The Sexual Health Team at Wycombe Pride*

## **Sustainability**

Since the Paris agreement in 2016, the countries of the United Nations have been mobilised to act on the amount of carbon emissions that are being released into our atmosphere. The effects of climate change are far reaching and impact the foundations of population health as well as health on a more individual level. This of course will have direct implications for the operations of the Trust as well as the patients it treats.

Without change there will be increases in the intensity of heatwaves which increase heat stress and related conditions, and heavier precipitation events with increase in associated water borne diseases.

Following the Paris agreement, the UK government committed to reducing emissions to Net Zero by 2050, with incremental carbon budgets from today until the final target date. Following on from this, the NHS has subsequently produced its Net Zero Roadmap document – '[Delivering a Net Zero National Health Service](#)' – setting out its plan for reducing emissions over the next 20-25 years.

The NHS's carbon emissions are currently equivalent to 4% of England's total carbon footprint of which the Trust is a typical contributor. Over the last 10 years, the NHS has implemented measures to reduce its impact on climate change, which will also lead to benefits in clinical outcomes.

The NHS has committed to net zero emissions for the care they provide (NHS Carbon Footprint) by 2040, and zero emissions across their entire scope of emissions (NHS Carbon Footprint Plus) by 2045.

Following on from the NHS' Net Zero declaration, the Trust commissioned AESG to carry out a similar exercise to understand the carbon footprint of the organisation. Data from 2019 demonstrated that the Trust generates 40,986 tonnes of CO2 per annum – about half of which is energy usage, use of medical devices, medical gases and travel.

In November 2021, the Trust set out a roadmap to reducing emissions in line with the targets set out within the NHS' overarching net zero roadmap which was launched in November 2021. [PowerPoint Presentation \(buckshealthcare.nhs.uk\)](#). We are aiming to reduce its carbon footprint by 80% by 2032 and achieve zero carbon by 2040. This will be delivered through a combination of direct interventions to reduce emissions and off-setting.

The team is working hard to achieve these ambitious targets and during 2021/22 progress included:

- Installed its first no fossil fuel heat pump to heat the Education Centre at Stoke Mandeville Hospital
- Replaced all old light fittings to LED lighting.
- Following the award of a £6m Public Sector Decarbonisation Grant, a new energy infrastructure, air source heat pump and new boiler management system is being installed at Wycombe Hospital and will become operational in the summer of 2023.
- Signed up to the single use plastics pledge. We have already delisted common items of single use plastics equating to some 16,000 items per year
- Started work on the installation of its own anaerobic digester and onsite clinical waste treatment plant at Stoke Mandeville Hospital which will reduce general and recyclable waste by 80%, clinical waste by 80%, and reduce clinical waste bin collections down from 19 to 3 times per week.
- Replaced 69 boilers delivering a carbon reduction of 0.5 tonnes a month.

## Financial information

In preparing the financial statements, the Directors have considered the Trust's overall financial position and expectation of future financial support. The Trust has compiled the 2021/22 accounts on a going concern basis as there has been no expectation raised in the public arena that healthcare services will not continue to be provided from the Trust's sites

across Buckinghamshire. There are no plans to dissolve the Trust or to cease services without transfer to any other NHS body.

## **2021/22 financial year**

In 2021/22 the Trust has delivered a deficit of £1.1m compared to an initial planned deficit of £5.9m. The key drivers for this are lower than planned spend on the H2 Critical Investments and a financial benefit of £5.6m resulting from a review of PFI models and financial liabilities. NHSE has been kept up to date throughout on the considerations taken into account for the year end reported position. (Although the Trust delivered a surplus position in 2020/21, the impact of COVID-19 and receipt of top-ups masked the Trust's significant underlying deficit.)

### *Non-current assets*

The Trust is required to report the 'current value' of its non-current assets. In assessing the current value, it takes into account the advice of experts, where appropriate. An interim valuation was undertaken during March 2022 by the Trust's advisors Cushman and Wakefield, a firm of specialist valuers. The impact of this valuation has been included in the accounts.

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

We were extremely fortunate again in 2020/21 to benefit from support from the Trust's charity (being Buckinghamshire Healthcare NHS Charitable Fund) and Scannappeal. No restrictions were placed on any of the equipment.

Examples of some of the facilities and equipment that these generous donations have enabled include:

- MRI scanner
- Radiology workstation
- Bone Densitometer
- Ultrasound devices
- Treadmill for Spinal Gym

### *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 the notes to the Trust's financial statements.

### *Cash flow*

The Trust's banking is conducted through the Government Banking Service (GBS). A weekly cash flow forecast is used to aid cash management; and cash forecasts for the full financial year are reported to the Trust Board on a monthly basis.

The Trust had year-end cash balances of £51m which is a reduction of £22m from the prior year. In preparation for the year-end accounts a substantial focus was placed on processing 2021-22 creditors payments for both revenue and capital. The large cash balances in the last two years is reflective of the COVID-19 pandemic arrangements whereby cash

payments from NHS England/Improvement were guaranteed and paid two months in advance.

#### *Better Payment Practice Code*

The Better Payment Practice Code (BPPC) measures the level of valid NHS and non-NHS trade creditors paid within 30 days of the due date, or within 30 days of receipt of goods or a valid invoice, whichever is later. The Trust's performance in 2021/22 is shown in a Note to the Financial Statements.

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

During 2020/21 the Trust paid 78,110 invoices totalling a value of £399,662k. Of this, the Trust paid 63.5% of invoices on time, and 77.7% of invoice by value (58% on time and 74.8% on value in 2020/21) which is a marginal improvement from the prior year.

The Trust is working to improve its performance under the Better Payments Practice Code and has an action plan in place to address this.

### **Looking ahead**

For 2022/23, in April the Trust submitted an initial financial plan to NHS England and NHS Improvement (NHSE/I) with a planned deficit of £29m in April subject to ongoing national review and further refinement through the ICS. with additional net risks of £8-£10m outside of the plan. In June, the Trust Board agreed to an improved revised Plan of £17.6m deficit in line with the resubmissions to BOB ICS and NHSE/I in June 2022.

The Trust continues to fully participate in the ICS planning process including the submission of the forward five year financial and operating plans and is leading on some of the significant workstream areas. The Trust's savings target remains challenging in the current climate, and our active participation in the ICS helping to ensure that the full impact of changes is understood in both the short and long term for the system as a whole. There will be a continued focus on minimising levels of expenditure, including reducing the requirement for higher cost temporary staffing.

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

Achievement of the Trust's 2022/23 financial plans requires delivery of ambitious budgets and a challenging Cost Improvement Programme, as well as the achievement of challenging system savings and efficiencies. The plan assumes £21.3m efficiencies. This remains a challenging plan to achieve given the need to deliver significant increases in activity to support recovery, alongside the delivery of material efficiencies. If the Trust's financial deficit is greater than planned in 2022/23 then further cash support will need to be provided.

Whilst the Trust has in 2021/22 invested a total of £43m in capital across property, IT and medical equipment (£73m in 2020/21) this capital investment is only a fraction of the required capital investment needed with years of asset sweating and historic under investment. In March 2021, the Trust completed a five-year property appraisal (7-Facet

Survey) which demonstrates a backlog maintenance requirement of £210m. The Trust operates with some of the oldest estate in the NHS, Stoke Mandeville was built pre-NHS in the 1830s as a cholera hospital, 60% of the Trust owned buildings are more than 30 years old. This limits our ability to deal with increasing demands for capacity and flow. Not uncommon with a NHS Trust estate dating to the 1800s, the poor condition is a significant challenge leading to increased operating costs plus issues of obsolescence, lack of resilience, and environmental failures. The new clinical strategy demands a far better estate than is available at present.

There are particular challenges in respect of the tower complex at the Wycombe General Hospital which is very near the end of its lifecycle and requires a number of inspections to determine the safety and remaining life for safe healthcare in the building. The building is in poor condition and is included in the hospital replacement programme planning. The work is at a point where substantial sums of money are required to continue the investigation to finally determine the future of the building structure.

For 2022/23, the Trust has a total capital requirement of £128.8m split between property services £104.4m, IT £18.2m and Medical Equipment £6.4m. BOB ICS has allocated a notional £20m capital envelope for BHT, which is only a sixth of the total requirement, leaving a funding shortfall of £108.8m. Of this gap, £27.2m is anticipated to be made available to the Trust through various funding sources but this is not yet confirmed. The Capital Management Group has discussed the initial prioritisation of the £20m capital envelope and will need to continue to refine this. As in previous years, further funding streams may become available later in the year, but it would not be prudent to factor this in at this stage. For purposes of our forward look for the subsequent four years £20m of capital allocation has been assumed through the ICS.

In response to an extremely tight financial position (capital and revenue), and in the absence of immediate forthcoming funds being available, we have recently submitted an Expression of Interest to build a New Hospital. As a combined acute and community Trust we deliver integrated care for everyone in Buckinghamshire and this new model, if approved, will enable us to capitalise on new technologies to transform care, improve access and deliver an innovative health and care campus with our communities.

## Accountability report



*Tracey Geddis, Advanced Nurse Practitioner in neurogenic bladder management, was awarded Urology Nurse of the Year 2022 at the British Journal of Nursing awards on 25 March. Sadly, Tracey passed away before she could receive her award, but she would have been both proud and humbled by the accolade. She dedicated over 30 years of her career to the care of patients with a spinal cord injury and sharing gold standard practice internationally.*

*Honouring Tracey at the event and accepting her award were colleagues from the National Spinal Injury Centre (NSIC). Zoey Pullar, Lead Nurse, and Hester Dunne, Tissue Viability Clinical Nurse Specialist, paid tribute to Tracey's dedication to the care of patients with a Spinal Cord Injury and the legacy that she has left to those who worked with her.*

## Corporate governance report

The purpose of this section is to explain the Trust's governance structures and how they support the achievement of our objectives.

The section comprises:

- Directors' report
- Statement of Accountable Officer's responsibilities
- Annual Governance Statement

## Directors' report

### The Trust Board

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

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

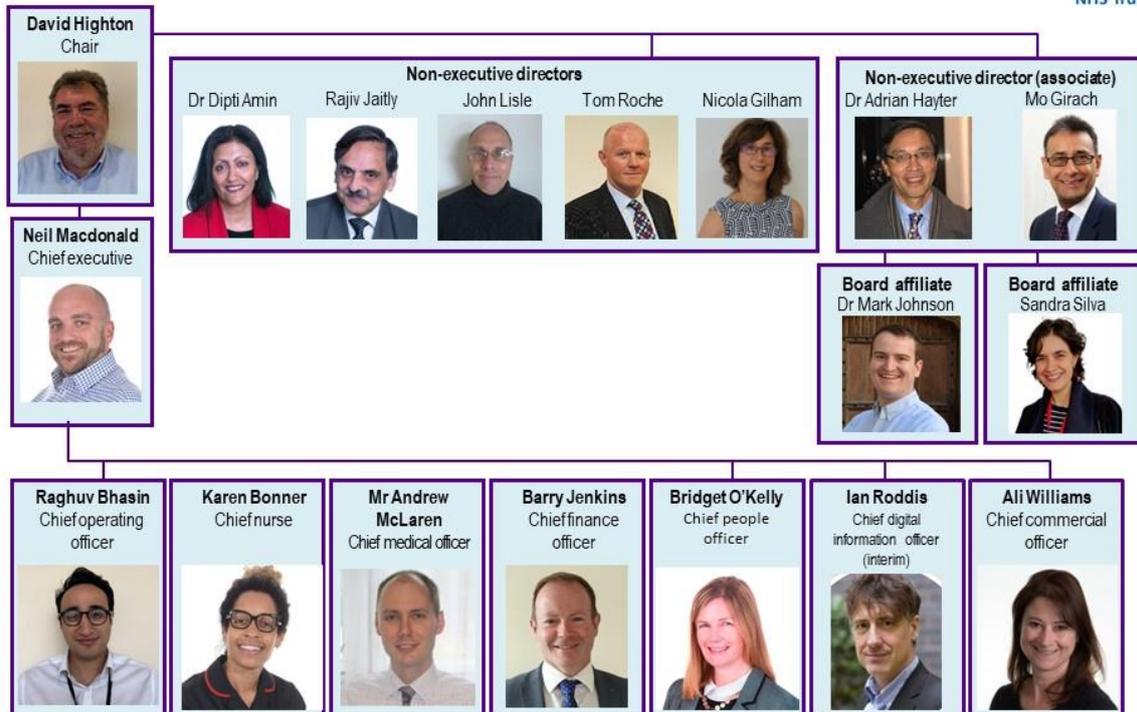
Non-Executive and Executive Directors both have responsibility to constructively challenge the decisions of the Board. Non-Executive Directors have a particular duty to hold the Executive Directors to account, ensuring appropriate challenges are made. As well as bringing their own expertise to the Board,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

The Trust Board meets every other month in public, details of which are available in advance on the Trust's public website, which also contains agendas, minutes and reports (see [www.buckshealthcare.nhs.uk/About/the-trust-board.htm](http://www.buckshealthcare.nhs.uk/About/the-trust-board.htm)). The Trust Board formally operates within its Terms of Reference, the Trust's Standing Orders, Scheme of Delegation and Standing Financial Instructions.

The maintenance of an effective Board is supported by the Trust Board development programme with seminars held on a bimonthly basis focussing on key themes. During 2021/22, these included the Trust strategy, workforce and clinical issues post pandemic, appreciative inquiry, end of life care and the role of the medical examiner, net zero, provider collaboratives and the developing integrated care system, the Social Care White Paper and the work of our Trainee Leadership Board.

Our Board members in 2021/22 and their roles are shown below:

## Board of directors

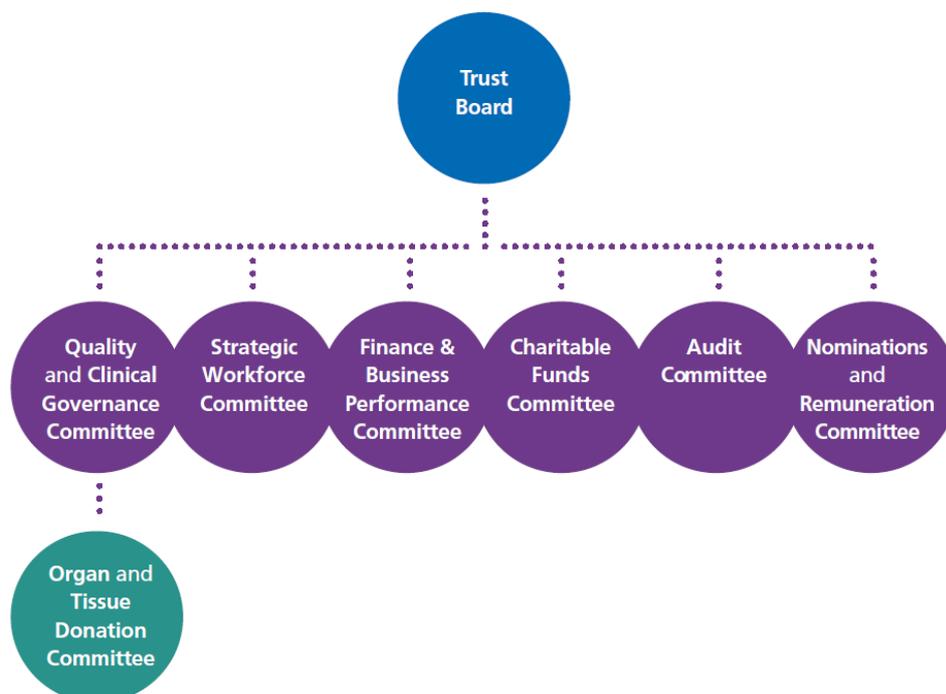


The following changes to the Board took place during 2021/22:

- Hattie Llewlyn-Davies left the Trust on 31 December 2021 and David Highton joined in her place as Trust Chair.
- Dr Adrian Hayter, Associate Non-Executive Director, joined on 1 April 2021 in place of Prof. David Sines (left 31 March 2021).
- John Lisle, Non-Executive Director, joined on 1 April 2021 to replace Graeme Johnston (left 31 March 2021).
- Dr Mark Johnson joined on 1 August 2021 as an additional Board Affiliate.
- Mr Andrew McLaren was appointed as Interim Chief Medical Officer on 1 April 2021 to replace Dr Tina Kenny as Medical Director, who left her role at the Trust. This appointment was made substantive on 15 October 2021.
- Dan Gibbs, Chief Operating Officer, left his role at the Trust on 19 September and was replaced by Gavin Macdonald on an interim basis between 15 October 2021 and 31 March 2022. On 14 March 2022, Raghu Bhasin joined the Trust as Chief Operating Officer.
- David Williams, Director of Strategy, left his role at the Trust on 7 March 2022.
- Ian Roddis joined on 8 March 2022 as Interim Chief Digital Information Officer; a new Executive Director position on the Trust Board.

## Trust Board Committees

The figure below illustrates the structure of the Board and its Committees:



A governance framework and processes are in place across the organisation to ensure information flows clearly to the Board, providing assurance where possible and highlighting risks identified through gaps in control or gaps in assurance.

The Board has delegated scrutiny of assurance processes relating to workforce, quality, and finance and information to four of its committees, namely the Audit Committee, the Finance & Business Performance Committee, the Quality & Clinical Governance Committee and the Strategic Workforce Committee. The committees work together to deliver an integrated approach to governance; this is supported by common membership of Board members across the committees. Each of the committees has a Non-Executive Chair and Non-Executive Directors form part of the membership. Every Committee has Terms of Reference and an annual work plan. The Board receives a report from each Committee Chair at Board meetings in public. An overview of each of the Board Committees is provided below.

There are two other Board sub-committees, the Nominations & Remuneration Committee, and the Charitable Funds Committee which are also described below.

### Audit Committee

This supports the Trust Board by critically reviewing the governance and assurance processes on which the Board places reliance. This therefore incorporates reviewing governance, risk management and internal control (plus the Board Assurance Framework); oversight of the Internal and External Audit and Counter Fraud functions. The Committee also undertakes detailed review of the Trust's Annual Report and Accounts in accordance with Schedule 4, Paragraph 1 of the Local Audit and Accountability Act 2014. In 2021/22, the Committee was chaired by Rajiv Jaitly, Non-Executive Director and Senior Independent Director, and meets bimonthly (plus a specific meeting to review the Annual Report and Accounts prior to the Trust Board being asked to approve these). Four other Non-Executives Directors are members: Dr Dipti Amin, Nicola Gilham, John Lisle and Tom Roche.

### **Finance & Business Performance Committee**

The purpose of the Finance & Business Performance Committee is to provide the Board with assurance concerning all aspects of financial, commercial and operational performance relating to the provision of care and services in support of getting the best clinical outcomes and experience for patients. It provides the Trust Board with assurance that the financial issues of the Trust are being appropriately addressed, and with information and recommendations on key issues. The Committee also has oversight of the Trust's performance management framework and, as required, focuses on specific issues where the Trust is experiencing challenges with its operational performance. The Committee was chaired by Nicola Gilham, Non-Executive Director, during 2021/22.

### **Quality & Clinical Governance Committee**

The Committee provides the Board with assurance concerning all aspects of quality relating to the provision of care and services in support of getting the best clinical outcomes, ensuring safety, and providing the best experience for patients. It assures the Board directly and through consultation with the Audit Committee that the structures, systems and processes are in place and functioning to support an environment for the provision and delivery of excellent quality health services. It also assures the Board that where risks and issues exist that may jeopardise the Trust's ability to deliver excellent quality healthcare, these are being managed in a controlled and timely way. During 2021/22 the Committee was chaired by Dr Dipti Amin, Non-Executive Director.

### **Strategic Workforce Committee**

The Committee aims to provide assurance to the Board in the areas of workforce development, planning, performance, engagement, equality, diversity and inclusion and assure the Board that the Trust has the necessary strategies, policies and procedures in place to ensure a high-performing and motivated workforce that is supporting business success. The Committee also receives assurance around health and safety processes and compliance. Reports from the Trust's Freedom to Speak up Guardian (FTSUG) set out activity, learning and resulting actions. The Committee meets every two months and was chaired temporarily by Hattie Llewelyn-Davies, Trust Chair, until Tom Roche took over as Committee Chair from November 2022.

### **Nominations & Remuneration Committee**

On behalf of the Trust Board this reviews the appointment of Executive Directors and other staff appointed on Very Senior Manager (VSM) contracts, to ensure such appointments have been undertaken in accordance with Trust Policies. It also reviews the remuneration, allowances and terms of service of such staff; reviews (with the Chief Executive) the performance of Executive Directors and other staff appointed on VSM contracts; oversees appropriate contractual arrangements for such staff (including the proper calculation and scrutiny of termination payments, taking account of such national guidance, as appropriate); and considers and approves proposals on issues which represent significant change. The Committee meets as required and was chaired by Hattie Llewelyn-Davies, Trust Chair between April and December 2021. Following his appointment Trust Chair from January 2022, David Highton began to Chair this Committee.

### **Charitable Funds Committee**

This aims to ensure that the Buckinghamshire Healthcare NHS Trust Charitable Fund is managed efficiently and effectively in accordance with the directions of the Charity

Commission, relevant NHS legislation and the wishes of donors. This includes reviewing and agreeing the Charitable Fund Annual Report and financial accounts, for approval by the Trust Board. In 2021/22 the Committee was chaired by Nicola Gilham, Non-Executive Director.

Further information on the Charitable Funds Committee and related activities can be found in the Charitable Funds Annual Report found on the Trust Website: [About our Trust charity - Buckinghamshire Healthcare NHS Trust \(buckshealthcare.nhs.uk\)](https://buckshealthcare.nhs.uk/about-our-trust-charity)

### **Executive Management Committee**

Also important to the governance process is the Executive Management Committee (EMC) and its sub-committees. EMC is the key decision-making and risk committee. It is chaired by the Chief Executive and attended by the Executive team and Associate Director of Communications.

Although not a Board sub-committee, the EMC weekly meeting enables key clinical and managerial issues to be discussed, debated, developed, scrutinised, monitored and agreed and/or approved. Other senior leaders in the organisation attend as required. EMC is authorised to make decisions on any matter that is not reserved for the Trust Board or its sub-committees in line with the Trust Standing Financial Instructions; key issues are reported to the Trust Board as part of the bimonthly report from the Chief Executive.

In addition to EMC, there are a range of other forums, structures and processes in place to oversee and manage any issues relevant to particular aspects of risk and governance.

### **Transformation Board**

The Transformation Board was established to provide assurance that the Trust's transformation plans are delivered successfully and that associated benefits related to quality, people and finance are realised. The Transformation Board supports EMC in providing a dedicated forum Executive Directors to discuss and debate such programmes alongside senior clinical and corporate colleagues and provides support and direction for escalated issues and risks to support delivery of plans.

### **Declarations of interest**

The Trust Board and Board Committees routinely ask that any interests relevant to the agenda items be declared at each meeting. In addition, a Register of Directors' Interests is maintained by the Trust Board Business manager and published on the Trust website here [Register of director's interests - March 2022 - Buckinghamshire Healthcare NHS Trust \(buckshealthcare.nhs.uk\)](https://buckshealthcare.nhs.uk/register-of-directors-interests-march-2022)

### **Reports to the Information Commissioner's Office**

Information on personal data-related incidents where these have been formally reported to the Information Commissioner's Office can be found in the Annual Governance Statement later in the Corporate Governance Report.

### **Statement of Directors' responsibilities**

Each Director knows of no information which would be relevant to the auditors for the purposes of their audit report, and of which the auditors are not aware, and has taken all steps that he or she ought to have taken to make himself/herself aware of any such information and to establish that the auditors are aware of it.

## Annual Governance Statement

### Scope of Responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Trust Accountable Officer Memorandum.

I report to the Chair of the Trust and ensure appropriate systems exist to support the work of the Trust and the Board. I manage and lead the executive team who have clear accountabilities and annual objectives which are drawn from the Trust's strategy. In preparing this statement I have ensured that it meets the requirements of the model annual governance statement.

### The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Buckinghamshire Healthcare NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Buckinghamshire Healthcare NHS Trust for the year ended 31 March 2022 and up to the date of approval of the annual report and accounts.

### Capacity to handle risk

The Trust has a Risk Management Strategy and a Risk Management Policy, both of which are endorsed by the Trust Board. The Risk Management Strategy includes the Trust risk appetite statement and sets out the corporate and individual accountability for risk management as follows:

- The Trust Board's role in reviewing the management of extreme risks.
- The Audit Committee's role in monitoring the effectiveness of the system for managing risks.
- The roles of the Workforce, Finance and Quality Board committees in monitoring risks pertaining to their purpose.
- The Executive Management Committee role in moderating the scores of risks included on the Corporate Risk Register.
- The Risk and Compliance Monitoring Group role in the review of risk registers and making recommendations to the Executive Management Committee.
- The Chief Executive Officer's role as the person with overall responsibility for managing risk.
- The responsibilities of each Executive Director in relation to specific areas of risk.
- The requirement for Divisional and Service Delivery Unit leads, senior nurses and senior managers to carry out risk assessments, ensure that divisional staff are trained and competent to do the jobs asked, and to maintain essential services in times of emergency.

- The responsibility for all staff to take reasonable care for their own safety and the safety of all others that may be affected by the Trust's business.
- The scope and range of advice the Board and Trust staff can call upon.

The Risk Management Strategy was approved by Trust Board in November 2019 and is due for review later in 2022. The Trust Risk Management Policy is currently under review.

Colleagues receive risk-related training in specific areas as part of their corporate induction and statutory training requirements. Additional advice on good practice can be obtained from a range of in house professional and specialist staff. Certain types of risk are also addressed via the engagement of external expertise. For example, the risk of fraud is managed and deterred via the appointment of an external Local Counter Fraud Specialist (LCFS).

As an organisation, clinical and corporate teams are encouraged to consider learning relating to risk management both from internal and external sources, for example there are processes in place for sharing learnings both from reported incidents and clinical best practice, and a proportion of these will relate to how services predict and manage the elements of clinical and business risk that are a factor in the day-to-day delivery of healthcare services.

The Trust has an embedded learning culture through its work on excellence reporting which highlights key episodes of excellent work achieved by staff, the implementation of national clinical standards, the delivery of improvements from local and national clinical audits, the Medical Examiner review of deaths process, and the focus on learning from all untoward incidents.

An annual Compliance with Legislation review activity is carried out to assess and monitor the Trust's position against the requirements laid out by regulatory and legislative bodies. This activity also allows the Trust to understand and assure the robustness of its compliance with regulatory and legislative duties.

### **The risk and control framework**

The Trust Risk Management Policy describes the process of risk identification and management which all staff are expected to follow. This includes explanation of risk assessment completion, organisational risk registers including the Corporate Risk Register, and the Board Assurance Framework.

Risks are identified at service/ward/department level and recorded on their risk register. Risks scoring 8 or above will be reported monthly into Service Delivery Unit (SDU) Governance Meetings and will be included in SDU risk registers. Risks scoring 12 and above will be reported monthly to Divisional Governance Meetings and considered for the aggregated Divisional Risk Registers. Risks scoring 15 and above will be considered for inclusion on the Corporate Risk Register (CRR).

Divisional and Corporate Risk Registers are reported to the Risk and Compliance Monitoring Group, escalating and de-escalating risks on a bi-monthly basis. Urgent review of emerging or escalating risks are brought to the attention of the Associate Chief Nurse for Governance outside of this meeting by the Divisional Triumvirate.

The CRR is presented bi-monthly to the Executive Management Committee and from there to Audit Committee and Trust Board. Discussion at the Executive Management Committee will consider risks across the broader system and strategic risks, along with other known or emerging risks that may yet to be recorded. Where an operational risk has significant

implications for delivering a Trust Objective, EMC may request it is included on the Board Assurance Framework.

The Quality and Clinical Governance Committee, Finance and Business Performance Committee and Strategic Workforce Committee are presented with those risks relevant to their scope on a quarterly basis. These meetings have cross-organisational roles in communicating and gaining assurance in relation to risk management within the Trust, ensuring challenges at the service level are discussed, supported and managed.

At the end of each Board Committee the Director for Governance summarises the risks that have been highlighted through reports received and discussions in the meeting; these are triangulated with those risks within the Corporate Risk Register and Board Assurance Framework and presented to Trust Board through the Committee Chair's reports.

The Risk Management Strategy describes the Trust's risk appetite statement. The Trust's current risk appetite statement was developed through an externally facilitated workshop and was approved by the Board in January 2021. This is due for review in June 2022.

**The Trust recognises that its long-term sustainability depends upon the delivery of its strategic objectives and its relationships with its patients, staff, the public and strategic partners. As such, the Trust will not accept risks that materially impact on patient safety. However, the Trust has a greater appetite to take considered risks in terms of their impact on organisational issues. The Trust has greatest appetite to pursue innovation and challenge current working practices and reputational risk in terms of its willingness to take opportunities where positive gains can be anticipated, within the constraints of the regulatory environment.**

*Trust risk appetite statement, January 2021*

The Trust has an established Board Assurance Framework (BAF) through which the Board is provided with a mechanism for satisfying itself that its responsibilities are being discharged effectively; and informs the Board where the delivery of strategic objectives are at risk due to gaps in control and/or assurance.

The BAF was the first risk document transferred onto the Trust's electronic risk management system which facilitated more robust reporting, allocation of risk and action owners, tracking of moving risk scores, evidence storage and timeliness and completeness of actions agreed. The Trust's electronic risk management system now also houses the Infection Prevention and Control (IPC) Board Assurance Framework. All Board and Board Committee actions are uploaded to the action module of the system with a separate platform for those actions arising from the Ockenden report.

Documented in the BAF are the levels of unmitigated risk, the controls put in place to minimise principal risks, and the residual risk. The BAF also seeks to give assurances that these controls are effective. Many of these controls are already well established in systems of working which reduce the likelihood of risks being realised.

Where gaps in control or assurance are identified, action plans with specific deadlines are developed and put into place. The BAF ensures that appropriate internal and external assurances are in place in relation to the management of all high-risk areas.

Specific organisational and individual responsibilities for 2020/21 are detailed below.

#### *Trust Board*

The Board of Directors receives details of significant risks through regular Board reports. The finance report records all key financial risks. The performance report records all key operational risks and performance against key clinical quality outcomes. The Board actively

encourages well-managed and well-defined risk management, acknowledging that service development, innovation and improvements in quality require risk taking. This position is supported by the expectation that there is a demonstrated capability to anticipate and manage the relevant risks well. This approach is defined by the Board's risk appetite (see earlier).

Assessment Board and Board Committee effectiveness is ongoing and continues to inform ongoing Board development.

#### *Board Committees*

The Audit Committee has overall responsibility for ensuring effective risk management across the Trust. The Audit Committee receives the BAF and Corporate Risk Register (CRR). It is through these key processes the Committee is able to provide the Board with assurance on the robustness of the Trust's application its risk management processes. The other key Board Committees of Finance and Business Performance, Quality and Clinical Governance and the Strategic Workforce Committee regularly receive and consider the strength of assurance reflected within the risk management system and the actions being taken to manage risks.

#### *Non-Executive Directors*

All Committees are chaired by a nominated Non-Executive Director. The Audit Committee, which has a pivotal role in providing assurance over the risk management processes of the Trust, has a membership of only Non-Executive Directors. Through the Non-Executive chairs and the Audit Committee membership, all have a responsibility to challenge robustly the effective management of risk and to seek reasonable assurance of adequate control.

#### *Executive Directors*

Each Executive Director is responsible for a portfolio of services and has governance mechanisms in place for the delivery and risk management of that service.

The Chief Nurse leads on the process for the strategic development and implementation of organisational risk management, communicating and escalating risk throughout the Trust including the controls in place to manage risk and reporting on actions being taken to reduce risk to a reasonable level. The Chief Nurse chairs the Risk & Compliance Monitoring Group and is also accountable for the development of strategic clinical risk and for ensuring there is a robust system in place for monitoring compliance with the Care Quality Commission (CQC) standards. They are also Director of Infection Prevention and Control for the Trust, and together with the Patient Safety Officer are responsible for managing patient safety, complaints, patient information and medical legal matters.

The Director of Finance oversees the adoption and operation of the Trust's Standing Financial Instructions including the rules relating to budgetary control, procurement, banking, losses and controls over income and expenditure transactions, and is the lead for counter fraud. The Director of Finance who attends the Audit Committee, but is not a member, liaises with internal audit, external audit and counter fraud services, who undertake programmes of audit with a risk-based approach.

The Medical Director is the Responsible Officer for Medical Revalidation.

The Chief Operating Officer is the Accountable Planning Emergency Officer for Emergency Preparedness, Resilience & Response (EPRR).

The Chief Digital Information Officer is the Senior Information Risk Owner (SIRO).

The Chief People Officer is accountable for the strategic management of the Trust's Workforce Strategy, Equality and Diversity compliance and employment processes.

The Commercial Director has delegated responsibility for the management of health and safety compliance and risk management.

#### *Executive Management Committee*

The Executive Management Committee reviews the BAF and Corporate Risk Register. The Committee is responsible for challenging the effectiveness of operational risk management, moderating risks to ensure consistency, and ensuring adequate controls are in place.

#### **Quality governance arrangements**

The Trust's Quality Governance arrangements are managed via the Trust's Quality and Clinical Governance Committee (and its sub-committees) and via a number of associated systems and processes.

Clinical audit is supported by a central team, and the Quality and Clinical Governance Committee has received assurance on the design and delivery of the clinical audit programme through a range of clinical audit outcomes. The Committee has continued to challenge the organisation to provide greater assurance on closing the loop on identified audit actions.

The investigation of, and learning from, incidents are predominantly managed within Divisions and discussed at divisional and specialist clinical governance meetings. Serious Incidents (SI) are discussed and monitored at a corporate level via Executive-led internal Serious Incident approval panels which also has Clinical Commissioning Group (CCG) oversight.

A number of mechanisms are in place to support learning including a Serious Incident Learning Forum which considers thematic analysis of incidents (for example, patient falls), academic half days and the Chief Nurse Learning Forum. In addition, each Serious Incident report includes a 'shared learning on a page' section to support the sharing of learning across multiple different forums. The Trust Board receive Serious Incident reports at every meeting.

Complaints are managed by the central complaints team in partnership with the relevant Divisions. The number of new complaints received and percentage of complaints responded to within target are monitored regularly at Trust Board meetings.

The quality of performance information is primarily assessed via the Internal Audit programme. In 2021/22, the programme included review of the Trust processes for Recovery and Restoration from COVID, HSMR (Mortality Indicator) Coding and Maternity – Ockenden Report Part 1 and 2.

Compliance with Care Quality Commission (CQC) registration requirements is ultimately assessed via inspections by the CQC, and the Trust was subject to such an inspection in the early part of 2022 (for which the report is awaited). Quarterly engagement meetings have taken place with the CQC throughout 2021/22. The Trust also monitors compliance with CQC registration requirements itself, primarily through a programme of in-house assurance visits/inspections. Such inspections, which are managed by the Clinical Governance and Corporate Nursing teams, also include patient representatives.

The Trust reviewed those questions within our Perfect Ward inspections (now called Tendable) in December 2021 and February 2022 to align with inpatient survey questions and CQC Key Lines of Enquiry (KLOEs) and included links to CQC Regulations. A clinical area

temperature check was implemented in December 2021 via Tendable as part of the senior nurse weekly quality walkaround.

We also have an annual comprehensive review of compliance with all relevant legislation, including CQC requirements. The process reviews and monitors progress against any gaps in compliance and provides the Trust Board with assurance. Each item of legislation has a managing lead who reviews and identifies any gaps in compliance; where any gaps are identified, an action plan to mitigate or resolve the gaps is described, along with details of how compliance is monitored and evidenced. The Executive lead then reviews and signs off the compliance and action plan where necessary. A process of peer review then takes place. This was most recently completed and presented to the Board in January 2022.

The Integrated Performance Report is the Board level report that encompasses all key metrics of interest to the Board and the public regarding the performance of our acute and community healthcare services in terms of quality, workforce and finances. This year the report has been redesigned with metrics defined by the NHS System Oversight Framework for 2021/22, the Trust Improvement Programme and align with the Trust's 3 strategic objectives: Outstanding Care, Healthy Communities and A Great Place to Work. The key metrics of the report are prepared by the Trust business intelligence function overseen by the Director of Performance and Planning. Executive leads then review and provide narrative to accompany the data. The report is produced monthly and presented at the bimonthly Trust Board in Public.

### **Management of risks to data security**

Risks to data security are managed and controlled through a range of methods, and the Trust undertakes an annual assessment against the Department of Health & Social Care, NHS England & Improvement (NHSE/I) ten data and cyber security standards which are published and monitored via the Data Security & Protection Toolkit.

The annual submission of the Data Security & Protection Toolkit (DSPT) is monitored by the Trust Board and the latest assessment in March 2020 indicated a self-assessment of 'standards fully met'. Since that point, a more robust view of our assessment has been established, supported by a review of our DSPT position by KPMG commissioned by NHS Digital. This supported a heightened awareness of cyber security issues for all NHS Trusts flagged by NHSE/I in relation to the Ukraine situation.

BHT is now considered as a Trust with 'low assurance' in relation to risks to data security as measured by the DSPT. Following investment approved by the Board in March 2022 we now have a recovery plan in place to improve that assessment. We aim to report to Executive Management Committee in June and subsequent reporting to F&BP and Board.

Submission of the DSPT is due at the end of June to NHS Digital/NHSE/I, where we will have an internal view of where we are at in terms of compliance. We expect to achieve 'partial compliance with a costed plan to achieve full compliance'.

Colleagues are empowered and encouraged to report all information security incidents, including those classed as 'near misses', in accordance with the Trust Risk Management Policy and Handling Reported Information Security Incidents Procedure and a confidential system for reporting information security breaches and near misses is in place and actively used. The Information Governance department has a role within the Trust to monitor, investigate and report on Information Security Incidents and, in conjunction with the Patient Safety Team, Board-level Senior Information Risk Owner and Caldicott Guardian, determine the severity status of incidents deemed as serious or potentially serious.

The Trust Caldicott Guardian is responsible for the establishment of procedures governing access to, and the use of, person-identifiable information and the transfer of that information to other bodies, where this is permitted. The Caldicott Guardian is supported by the Information Governance Manager and the Caldicott and Information Governance Committee, which monitors compliance with key legislation and the performance of the Trust through the Data Security & Protection Toolkit.

If an incident is a potential breach (under GDPR/DPA 18) it is triaged against the incident reporting system and guidance within the Data Security and Protection Toolkit. If the breach meets the threshold, incident details will be sent to the Information Commissioner's Office as the supervisory authority, and to the Department of Health & Social Care or NHS X, depending on the impact and nature.

### **Organisational major risks**

The major risks facing the organisation are as follows:

*Failure to consistently provide outstanding quality care that is compassionate, cost effective and safe*

This incorporates the risks associated with: inadequate staff resource; inability to control out of hospital demand; areas of digital immaturity; areas of aging estates infrastructure and links to infection prevention and control risks; gaps in learning; and the Trust's underlying financial deficit.

*Inability to generate surpluses, to fund capital development for investment in services*

This reflects risks linked to the Trust strategic financial plan, the burden of cost from the COVID-19 pandemic, variation in clinical productivity between services, structural financial challenges, commissioning gaps related to out of hospital demand, and gaps in workforce associated with the local cost of living and national workforce shortages in some professions.

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

This reflects the Trust's ambitions as an anchor institution and to make digital advances in managing whole population health and inequalities, as well as risks associated with the direct and indirect clinical harm caused by the COVID-19 pandemic, and necessary reforms needed to its urgent care pathway in anticipation of the future health needs of the local population.

*Inability to lead an organisation with the capacity and capability to deliver our best in everything we do*

This describes risks of the negative impact of the COVID-19 pandemic on staff morale, wellbeing and retention, changes in the integrated care system following publication of the Government White Paper in early 2021, variations in organisational culture, behaviours and inclusivity, and suboptimal use of data and business intelligence resources.

Actions to mitigate and address these risks will be described in the Trust 2022/23 Board Assurance Framework and are being managed through the Trust's governance processes.

### **Well-led**

The Trust is currently rated as Requires Improvement by the Care Quality Commission (CQC) for the Well-Led and Use of Resources domains. A subsequent visit by the CQC focussing on the Well-Led domain was undertaken in March 2022 for which the report is awaited. Following receipt of this, an appropriate external governance review will be

procured. The Well-Led inspection was subsequent to a Core Services Inspection conducted in February 2022 which considered core medical and surgical services.

Although NHS Trusts are exempt from needing to monitor the NHS Provider Licence, directions from the Secretary of State require NHS Improvement to ensure that NHS Trusts comply with conditions equivalent to the licence as it deems appropriate.

In May 2019, the Trust received enforcement action by NHS Improvement (NHSI) FT4(5) (a), (b) and (d) due to the state of its finances at the time. The Trust met with NHS England and Improvement (NHSE/I) through undertakings meetings throughout 2019/20 and succeeded in meeting the financial requirements set and achieving its revised financial plan.

Following a meeting that took place on 5 May 2021, NHSE/I agreed to recommend the Trust's undertakings be removed and confirmed that verbal assurance was sufficient for the Trust to certify compliance accordingly. On 12 June 2019, NHS Improvement formally confirmed that it was satisfied that the Trust had complied with all of the Trust's Enforcement Undertakings accepted by NHS Improvement.

In October 2021, due to concerns regarding quality and operational performance, NHSE/I moved the Trust from Segment 2 to Segment 3 under the Single Oversight Framework (SOF). A number of supportive measures were put in place by NHSEI to support Board governance, operational priorities and finance including an external Leadership Capacity and Capability Review.

### **Embedding risk management in the organisation**

As noted earlier in this Statement, risks are identified, analysed and controlled in accordance with the Trust's Risk Management Policy, and a range of supporting systems and processes are in place to embed risk management activity. For example:

- The Trust's mandatory induction and ongoing training programme for all staff reflects the need for staff to have a sound basis in managing risks relating to Information Governance, Infection Prevention and Control, Fire Safety, Safeguarding Children and Vulnerable Adults, Health and Safety and Manual Handling.
- Incident reporting is openly encouraged across the Trust, and lessons learned from incident investigations are disseminated, discussed and promoted.
- The potential to learn from incidents is highlighted in inductions and in shared learning through academic half day forums, lessons learned events, and through groups and committees which focus on quality, emphasising the value of incident reporting as useful data intelligence to support safety improvements,
- The Patient Safety Team has robust communication lines with Executives, the Director of Medical Education, and the Freedom to Speak Up Guardian to ensure that conditions where staff feel safe to report incidents are fostered and maintained.
- Increasingly the role of Safety II is being incorporated into patient safety discussions throughout the Trust, recognising the value of learning from what is done well through appreciative inquiry and excellence reporting. Additionally, Safety II forms the basis of the developing Trust Quality Strategy.
- Emergency preparedness systems are in place to ensure the Trust is able to respond, take action to control and mitigate risks at Service Delivery Unit (SDU), Divisional and organisational levels.
- Risk is regularly discussed at a wide range of forums, including the Trust Board and its sub-committees (which set the tone for discussions at Divisional and departmental-level forums).

- Within each clinical division there are management teams in SDUs supported by clinical governance leads managing the risk in accordance with the Trust's Risk Management Policy.
- Risk management is incorporated into the Trust's planning arrangements and Quality Impact Assessment (QIA) process, which is overseen by the Medical Director and Chief Nurse.
- Equality impact assessments form part of every Trust policy and business case, and a consideration of the possible impact or implications for equality are captured in every report presented at Executive Management Committee or the Board.

### **Workforce strategies**

The Trust complies with the 'Developing Workforce Safeguards' recommendations via the following methods:

- A review of safe staffing levels is led by the Chief Nurse and presented to the Board twice per year. The reviews follow the National Quality Board's (NQB) 2016 guidance and cover the three necessary components: evidence-based tools, professional judgement and quality outcomes. During the Level 4 incident this was replaced with more frequent review of workforce deployment linked to the Trust's emergency response; a monthly review of safe staffing levels was considered during 2021/22.
- The Trust Board reviews all workforce metrics on a bi-monthly basis and does so as part of its wider review of quality, safety, performance and finance metrics, to ensure that workforce challenges and risks are understood as part of the wider context of service delivery. This is supported by daily staffing reviews and other key governance meetings, including People Committee and Strategic Workforce Committee. We have a workforce representative at all Silver Command meetings (daily during the height of the pandemic).
- Where there are critical service risks in relation to staffing and the safe delivery of care these, along with their associated mitigations are escalated to the Trust Board and external regulators as required.
- Individual risk assessments were completed for all colleagues in 2021/22, both clinical and non-clinical, in line with national requirements. A process is in place for Occupational Health to particularly support those declared as high risk, and mitigations are discussed and agreed with the individual and their manager to ensure their ongoing safety at work. There is now an ongoing programme for new starters and rotating junior doctors to complete these risk assessments and ensure they remain under review.
- COVID-19 vaccinations have been offered to all colleagues in line with national guidance and there is a rolling programme to offer to new starters. A range of support has also been offered to help ensure individuals have access to the relevant information and clinical advice about the vaccination, including regular webinars with clinical experts open to all.
- Recognising the continued impact of COVID-19 on the physical health, mental health and wellbeing of our colleagues, the Trust continues the significant focus on its health and wellbeing offering, supported by our 'Thrive' programme to help our colleagues to reflect and reset as part of our recovery. We have enhanced the counselling resources available in wellbeing service to support demand and enable more 'outreach' across the Trust to provide quick and easy access to all. The

Occupational Health service continues with a COVID-19 dedicated team supporting absence, isolation and general advice for employees and immediate family.

- The people strategies for the Integrated Care System and the Trust were aligned to reflect the impact of the COVID-19 pandemic on colleagues and the NHS People Plan, with the People Promises, remains a key thread through our work to support our priority for the organisation to be a great place to work. Key areas of focus are: recruitment and resourcing; culture and leadership; supporting our staff; workforce development and planning; and releasing time to care (workforce productivity).
- During 2021/22 the Trust reviewed and improved processes to ensure that all policy and service changes, including those related to skill mix and the introduction of new roles, are subject to robust Equality and Quality Impact Assessments (EQIA, QIA) led by the Medical Director and Chief Nurse.
- The Trust has a range of mechanisms in place for staff to raise concerns which includes accessing the Freedom to Speak Up Guardian or by contacting the named Non-Executive Director for Whistleblowing. The Trust also has a Guardian of Safe Working Hours in post for medical staff to raise concerns. Regular reports from both Guardians were received by the Board in 2021/22.

A number of control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

Internal Audit undertook a review of the Trust's Equality & Diversity during 2020/21 and this received substantial assurance. The cover sheets for all Executive Management Committee and Board reports include a section for the author to make members aware of any equality impacts or implications. Training has been provided to senior leaders and managers on the importance of ensuring equality matters are considered in all reports and recorded. All Trust policies include an equality impact assessment, as do business cases where relevant.

The Trust has supported the creation of eight staff networks:

- BHT EMBRACE (BAME colleagues)
- BHT Ability (Colleagues with long-term health conditions or disability)
- BHT Proud (LGBTQ+ colleagues)
- BHT VIBES (A multi-faith and spiritual network for all colleagues)
- BHT Carers
- KALINGA Filipino Healthcare Professional Organisation Bucks
- BHT One in Four (Supporting colleagues to talk about mental health)
- BHT Women's Network

The Trust's Public Sector Equality Duty publication is available on the Trust website and control measures are in place to ensure the Trust meets and complies with all its obligations under the equality, diversity and human rights legislation.

- All Trust policies have an integral compliance and monitoring section the requirements are monitored annually.
- Board and Divisional reviews reports (at least annually)
- HR and Workforce Group reviews and monitors workforce related data (monthly)
- Employee Relations Tracker monitors ER cases (on-going basis) PSED and WRES and WDES reporting provides an overview of this annually.
- Equality Impact Assessments are completed when policies are reviewed

- Review of the Trust's E & D Objectives takes place in line with the Public Sector Equality Duty requirements and we currently have published our Equality Objectives from 2019-2023

The trust is fully compliant with the registration requirements of the Care Quality Commission.

The trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the guidance) within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance [Reports and data - Buckinghamshire Healthcare NHS Trust \(buckshealthcare.nhs.uk\)](https://buckshealthcare.nhs.uk/reports-and-data)

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

The Trust's Public Sector Equality Duty publication is available on the Trust website and control measures are in place to ensure the Trust meets and complies with all its obligations under the equality, diversity and human rights legislation. [Equality and diversity reports - Buckinghamshire Healthcare NHS Trust \(buckshealthcare.nhs.uk\)](https://buckshealthcare.nhs.uk/equality-and-diversity-reports)

### **Net Zero**

The Trust has undertaken risk assessments and has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. The trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with. In September 2021, the Trust published it's Net Zero Carbon Roadmap which can be accessed here: [Trust Net zero carbon roadmap - Buckinghamshire Healthcare NHS Trust \(buckshealthcare.nhs.uk\)](https://buckshealthcare.nhs.uk/net-zero-carbon-roadmap)

### **Review of economy, efficiency and effectiveness of the use of resources**

The Trust is required to demonstrate that it achieves value for money for taxpayers by demonstrating economy, efficiency and effectiveness in the use of the resources available. The majority of the services we provide are commissioned by other NHS organisations and Local Authorities, accounting for approximately 89% of total income. Within the prices that we are paid for most of this activity, (known as the tariff), there is the in-built national assumption that we will make efficiency savings.

In 2021/22 the Trust delivered a £1.1m deficit<sup>1</sup>, including £27.5m of COVID-19 funding This compares to a surplus of £5m in 2020/21 (which included £29.4m of Covid-19 funding) and a deficit £29m outturn in 2019/20.

The 2021/22 outturn included the achievement of £16.56m of efficiency plans, £0.56m above plan. While the impact of the COVID-19 pandemic has continued to create a very challenging, the Trust has continued to focus on efficiency and productivity, with examples below:

- The Trust has a well-developed Commercial Plan which is enabling financial benefits linked to key commercial contracts as well as generating commercial income for the Trust alongside new business.

- Better use of estates to ensure our premises are fit-for-purpose for patients and staff has also enabled financial benefits through estate rationalisation.
- Efficiencies have continued to be delivered in relation to medicines and also through procurement efficiencies linked to contracts and consumables.
- Embedding quality improvement continues to be central focus, with quality improvement huddles being implemented as part of a continuous improvement system, alongside a programme to build capabilities to enable all staff to make quality improvements which also result in waste reduction.
- Transformation programmes are well defined with a focus on new models of service delivery which will contribute to financial sustainability alongside improvements in patient care and quality.

In terms of capital, the Trust spent its full £43m capital allocation for 2021/22 which has enabled substantial modernisation of its IT infrastructure (digital diagnostics, data networks and centres and systems upgrades) and its estates (Paediatric ED, dermatology redesign, energy centre upgrades, MRI installation) as well as medical equipment enhancements.

The Trust's governance provides assurance regarding the use of resources, with regular scrutiny by the Executive Management Committee, Capital Management Group, Finance and Business Performance Committee, Audit Committee and Trust Board. An Executive-level Transformation Board provides assurance that transformation plans are delivered successfully and that associated benefits relating to quality, people and money are realised. Governance for divisional performance is through the monthly Performance, Quality and Financial Review meetings.

The Trust's external auditors are required to provide an opinion on whether they are satisfied that, in all significant respects, the Trust has put in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ending 31 March 2022. The draft internal audit opinion is that the organisation has an adequate and effective framework for risk management, governance and internal control; however, further enhancements to the framework have been identified to ensure that it remains adequate and effective. Nine reports have been issued with reasonable assurance (positive) opinion five reports have been issued with partial assurance (negative) opinion and a report on Asset Management – IT Asset Follow Up was issued with minimal assurance (negative) opinion. No reports received an opinion of 'no assurance'. The details of these reports have been considered at the Audit Committee who also monitor implementation of actions to address identified weaknesses.

The 2022/23 budget has been agreed with a full year deficit of £29m deficit which includes £21.3m efficiencies. This remains a challenging plan to achieve given the need to deliver significant increases in activity to support recovery, alongside the delivery of material efficiencies.

### **Information governance**

Any serious incidents that meet the required threshold are reported up to the Information Commissioner's Office via the Data Security and Protection Toolkit. For the period 2021/22, two serious incidents which were notified to the Information Commissioner's Office (ICO). These involved the attachment of a clinic schedule to an email to a patient and the inclusion of a ward handover sheet with a patient's discharge paperwork. In both cases the ICO responded with recommendations on ensuring robust processes but concluded that no further action was required.

## Data quality and governance

The following measures are in place to assure the quality and accuracy of data including that which relates to elective waiting lists:

- The Trust has an 'Elective Care Access Policy and Procedure', which encompasses Standard Operational Procedures for waiting list management at all stages of a referral to treatment pathway. The Policy also states the responsibilities of key staff, including those for auditing data quality.
- The Trust also has a 'Data Quality Policy and Procedure', which describes the Trust's general approach to data quality, including the role of the Data Quality Group.
- There is a weekly validation process involving operational, management and information leads, to assure the quality of local and national waiting times including the Referral to Treatment 18-week pathway (RTT) reporting/data is up to date and correct.
- There is a regular checking process in place for RTT patients, who have been removed from the waiting list, following a non-patient interaction (validation). This is to assure data quality and pinpoint opportunities to focus on improvements or training that will provide continued alignment with the Access policy.
- For cancer, patient level information is reviewed daily as part of multi-disciplinary team meetings and tracing processes to support patient pathway management. A similar process to the RTT is used to manage waiting lists and patients on the cancer pathways.
- Over the past year the Trust continued to adhere to infection control guidance where necessary with areas of reduced elective services; during this time patients continue to be reviewed for risk of clinical harm and prioritised accordingly. Due to the volume of patients impacted during the pandemic, the Trust is currently managing significant waiting lists and clinical teams across specialties are working together closely to ensure patients continue to be prioritised appropriately and the risk of clinical harm minimised, maximising use of independent sector capacity where possible.

## Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the Audit Committee, the Finance & Business Performance Committee, the Quality & Clinical Governance Committee and the Strategic Workforce Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The Head of Internal Audit Opinion for 2021/22 states that "the organisation has an adequate and effective framework for risk management, governance and internal control. However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective". The last sentence of Opinion reflects the fact that five reports undertaken by Internal Audit in 2021/22 have been issued with partial assurance (Expenses, Waste Management, Contract Management of Commissioned Services, Accounts Payable and

Asset Tracking – Medical Equipment) and one report issued with minimal assurance (Asset Management – IT Asset Follow Up).

The Audit Committee approves the Internal Audit plan for the year and receives details of the findings from each of the Internal Audit reviews that are undertaken. Summary reports of relevant Internal Audit reviews are also submitted to the Executive Management Committee during the year.

### **Significant internal control issues**

The following significant internal control issues have been identified in 2021/22:

In October 2021, NHSE/I placed the Trust under Segment 3 of the Single Oversight Framework (SOF) due to concerns related to operational performance.

Like almost all NHS providers, demand for services in excess of available capacity coupled with challenges associated with managing COVID-19 drove non-compliance against some regulatory standards in 2021/22. Our performance against the Accident & Emergency 4-hour target of 95% was 75.2%, the average performance for Referral to Treatment Times for patients waiting 18 weeks or less was 64.7% for patients on an admitted pathway and 67.9% for those on non-admitted pathways and 47% of cancer patients met the target of receiving their first treatment in 62 days against a target of 85%. However, significant progress was made in reducing the number of patients waiting over 104 weeks for their treatment with only two waiting by March 2022.

In 2020/21, the Trust reported three Never Events as follows:

- Wrong implant/prosthesis implanted.
- Retained foreign object post procedure.
- Patient attached to piped air instead of oxygen.

A report for each of the Never Events has been approved and closed by the Clinical Commissioning Group (CCG) and all related actions have been completed.

### **Conclusion**

The significant internal control issues which have been identified in 2021/22 are described above, namely operational performance and three Never Events.

Signature:



Date: 21 June 2022

Neil Macdonald  
Chief Executive  
Buckinghamshire Healthcare NHS Trust

## **Modern Slavery Act 2015**

We published a statement regarding slavery and human trafficking on our website in July 2021, which can be found here: [Modern slavery declaration - Buckinghamshire Healthcare NHS Trust \(buckshealthcare.nhs.uk\)](https://www.buckshealthcare.nhs.uk/modern-slavery-declaration). This is reviewed annually.

## Statement of the Chief Executive's responsibilities as the Accountable Officer of the Trust

The Chief Executive of NHS Improvement, in exercise of powers conferred on the NHS Trust Development Authority, has designated that the Chief Executive should be the Accountable Officer of the Trust. The relevant responsibilities of Accountable Officers are set out in the *NHS Trust Accountable Officer Memorandum*. 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 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, other items of comprehensive income and cash flows for the year.

As far as I am aware, there is no relevant audit information of which the Trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

This Annual Report & Accounts (ARA) as a whole is fair, balanced and understandable and that I take personal responsibility for the ARA and the judgments required for determining that it is fair, balanced and understandable.

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.

Signature:



Date: 21 June 2022

Neil Macdonald  
Chief Executive  
Buckinghamshire Healthcare NHS Trust

## Remuneration and staff 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 Nominations & Remuneration Committee. Membership of the Nominations & Remuneration Committee during 2021/22 comprised the following Non-Executive Directors:

<b>Voting members</b>
Mr David Highton (Chair)
Dr Dipti Amin, Mrs Nicola Gilham, Mr Rajiv Jaitly, Mr John Lisle and Mr Tom Roche

On behalf of the Trust Board this reviews the appointment of Executive Directors and other staff appointed on Very Senior Manager (VSM) contracts, to ensure such appointments have been undertaken in accordance with Trust Policies. It also reviews the remuneration, allowances and terms of service of such staff; reviews (with the Chief Executive) the performance of Executive Directors and other staff appointed on VSM contracts; oversees appropriate contractual arrangements for such staff (including the proper calculation and scrutiny of termination payments, taking account of such national guidance, as appropriate); and considers and approves proposals on issues which represent significant change. The Committee is chaired by Hattie Llewelyn-Davies, Trust Chair, and meets as required.

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

The voting Non-Executive Directors are appointed for a set term of office. Their original date of appointment, date of expiry and extended date of tenure (if applicable) are set out below:

Name	Date of appointment	Date of expiry	Extended date of tenure	Date of leaving
Ms Hattie Llewelyn-Davies (Chair)	March 2014	March 2020	March 2022	December 2021
Mr David Highton (Chair)	January 2022	January 2025	-	-
Dr Dipti Amin	June 2015	June 2021	June 2023	-
Mrs Nicola Gilham	August 2019	August 2022		-
Mr Rajiv Jaitly	June 2015	June 2021	June 2023	-
Mr John Lisle	April 2021	March 2024	-	-
Mr Tom Roche	Feb 2019	Feb 2021	Feb 2023	-
Mr Graeme Johnston	March 2013	March 2017	March 2021	March 2021
Mr Mo Girach-Non Voting	April 2021	-	-	-
Dr Adrian Hayter (Non Voting)	April 2021	March 2023		

There are no rolling contracts. In 2021/22 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.

**Salaries and allowances [Auditable Element]**  
**Table 1: Single total figure table**

Name and title	Date(s) of Service		2021-22						2020-21					
			(a)	(b)	(c)	(d)	(e)	(f)	(a)	(b)	(c)	(d)	(e)	(f)
			Salary (bands of £5,000)	Expense payments (taxable) to nearest £100*	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension-related benefits (bands of £2,500)	TOTAL (a to e) (bands of £5,000)	Salary (bands of £5,000)	Expense payments (taxable) to nearest £100*	Performance pay and bonuses (bands of £5,000)	Long term performance pay and bonuses (bands of £5,000)	All pension-related benefits (bands of £2,500)	TOTAL (a to e) (bands of £5,000)
Appointment	Termination	£000	£	£000	£000	£000	£000	£	£000	£000	£000	£000	£000	
Chairman Mrs Hattie Ulewelyn- Davies	March 2014	December 2021	-	-	-	-	-	25 - 30	35 - 40	-	-	-	-	35 - 40
Chairman Mr David Highton	January 2022		10-15	-	-	-	n/a	10-15	-	-	-	-	-	-
Non-Executive Director Mr Graeme Johnston	March 2013	March 2021	-	-	-	-	-	-	10 - 15	-	-	-	n/a	10 - 15
Non-Executive Director Mr Rajiv Jaitly	June 2015		10 - 15	-	-	-	n/a	10 - 15	10 - 15	-	-	-	n/a	10 - 15
Non-Executive Director Dr Dipji Amin	June 2015		10 - 15	-	-	-	n/a	10 - 15	10 - 15	-	-	-	n/a	10 - 15
Non-Executive Director Mr Tom Roche	October 2017		10 - 15	-	-	-	n/a	10 - 15	10 - 15	-	-	-	n/a	10 - 15
Non-Executive Director Mrs Nicola Gilham	August 2019		10 - 15	-	-	-	n/a	10 - 15	10 - 15	-	-	-	n/a	10 - 15
Non-Executive Director Mr John Lisle	April 2021		10 - 15	-	-	-	n/a	10 - 15	-	-	-	-	-	-
Associate Non-Executive Director Mr Adrian Hayter	April 2021		10 - 15	-	-	-	n/a	10 - 15	-	-	-	-	-	-
Associate Non-Executive Director Professor David Sines	March 2012	March 2021	-	-	-	-	-	-	10 - 15	-	-	-	n/a	10 - 15
Associate Non-Executive Director Professor Karol Sikora	December 2019	February 2021	-	-	-	-	n/a	-	10 - 15	-	-	-	n/a	10 - 15
Non-Executive Director Mr Mo Girach	March 2021		-	-	-	-	n/a	-	10-15	-	-	-	n/a	10-15
Chief Executive Mr Neil Macdonald	March 2018		200 - 205	-	-	-	-	200 - 205	200 - 205	-	-	-	-	200 - 205
Director of Finance Mr Barry Jenkins	August 2019		155 - 160	-	0-5	-	-	37.5 - 40	195 - 200	155 - 160	-	0-5	-	37.5 - 40
Chief Nurse and Director of Patient Care Standards Ms Karen Bonner	March 2020		120 - 125	-	-	-	-	25 - 27.5	145 - 150	120 - 125	-	-	-	307.5 - 310
Medical Director Dr Tina Kenny	November 2013	March 2021	-	-	-	-	-	-	205 - 210	175 - 180	-	-	-	32.5 - 35
Medical Director Mr Andrew McLaren*	April 2021		195 - 200	-	-	-	-	47.5 -50	245 -250	-	-	-	-	-
Director of Strategy Mr David Williams	April 2015	February 2022	115 - 120	-	-	-	-	25 - 27.5	140 - 145	110 - 115	-	-	-	15 -17.5
Chief Operating Officer Mr Dan Gibbs	September 2019	September 2021	65 - 70	-	-	-	-	15 - 17.5	80 - 85	130 - 135	-	-	-	50 -52.5
Chief Operating Officer Mr Gavin Macdonald	October 2021	March 2022	60 - 65	-	-	-	-	n/a*	60 - 65	-	-	-	-	-
Chief Operating Officer Mr Raghuv Bhasin	March 2022		5 - 10	-	-	-	-	5-10	10-15	-	-	-	-	-
Chief People Officer Ms Bridget O'Kelly	August 2017		120 - 125	-	-	-	-	5 - 7.5	125 - 130	110 - 115	-	-	-	37.5 - 40
Commercial Director Ms Ali Williams	December 2018		120 - 125	-	-	-	-	27.5 - 30	150 - 155	115 - 120	-	-	-	27.5 - 30

n/a - Non-Executive Directors are not entitled to pension

n/a\* - Prior Year or part year comparators not available

\*This director opted back into the NHS pension scheme in November 2021.

column (e) -The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less, the contributions made by the individual.

The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights.

This value does not represent an amount that will be received by the individual.

It is a calculation that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of the pension scheme could provide

Full details of directors' remuneration and pension benefits are given below: [Auditable Element]  
As per Table 1, performance related pay was made to the Director of Finance. There were no other performance related payments in 2021/22.

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name and Title	Real increase in pension at National Pensions Age (NPA)	Real increase in pension lump sum at National Pensions Age (NPA)	Total accrued pension at National Pension Age (NPA) at 31 March 2022	Lump sum at National Pension Age (NPA) related to accrued pension at 31 March 2022	Cash Equivalent Transfer Value at 31 March 2022	Real Increase in Cash Equivalent Transfer Value *	Cash Equivalent Transfer Value at 31 March 2021	Employer's Contribution to stakeholder pension
	(bands of £2500) £000	(bands of £2500) £000	(bands of £5000) £000	(bands of £5000) £000	£000	£000	£000	To nearest £100 £
Chief Operating Officer Mr Dan Gibbs	0 - 2.5	-	30 - 35	50 - 55	496	20	455	0
Chief Operating Officer Mr Gavin Macdonald *	Unable to disclose*	Unable to disclose*	30 - 35	50 - 55	524	Unable to disclose*	Unable to disclose*	0
Chief Operating Officer Mr Raghuv Bhasin *	Unable to disclose*	Unable to disclose*	5 - 10	-	65	Unable to disclose*	Unable to disclose*	0
Medical Director Mr Andrew McLaren	2.5 - 5	7.5 - 10	60 - 65	140 - 145	1,271	109	1,147	0
Director of Finance Mr Barry Jenkins	2.5 - 5	-	20 - 25	-	294	20	251	0
Chief Nurse and Director of Patient Care Standards Ms Karen Bonner	0 - 2.5	-	45 - 50	115 - 120	936	28	885	0
Director of Strategy / Chief Operating Officer Mr David Williams	0 - 2.5	-	45 - 50	95 - 100	924	31	872	0
Chief People Officer Ms Bridget O'Kelly	0 - 2.5	-	50 - 55	-	742	13	709	0
Commercial Director Ms Ali Williams	0 - 2.5	-	5 - 10	-	100	15	68	0

\* Comparative information was not available for these individuals from NHS Pensions.  
This table only includes Executive Directors where the Trust has made contributions to a pension scheme.

Following the McCloud judgment NHS Pensions will now, at retirement, give members 2 sets of figures:-One set of figures if the status quo remains, membership in the 2015 Scheme from April 2015.  
One set of figures if the member chooses to move any 2015 Scheme membership between April 2015 and March 2022 back into the legacy scheme. Members cannot make this choice until retirement. The Trust has not made any adjustments in the Remuneration Report tables for the McCloud judgment.

### Staff Numbers & Cost [Auditable element]

The number of staff employed within each staff grouping is shown below:

Average Staff Numbers	2021-22			2020-21		
	Total	Permanently Employed	Other	Prior Year Total	Prior Year Permanently Employed	Prior Year Other
	Number	Number	Number	Number	Number	Number
Medical and dental	836	740	96	781	724	57
Administration and estates	1,273	1,126	147	1,175	1,085	90
Healthcare assistants and other support staff	856	738	118	848	752	96
Nursing, midwifery and health visiting staff	2,278	1,871	407	2,117	1,810	306
Scientific, therapeutic and technical staff	1,057	962	95	1,045	950	95
Other	8	8	-	8	8	-
<b>TOTAL</b>	<b>6,308</b>	<b>5,445</b>	<b>863</b>	<b>5,973</b>	<b>5,329</b>	<b>644</b>
Number of employees (WTE) engaged on capital projects	0	0	0	10	10	0

<b>Staff Costs</b>	<b>2021/22</b>	<b>2020/21</b>
	<b>Total</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>
Salaries and wages	233,492	216,177
Social security costs	23,683	21,904
Apprenticeship levy	1,126	1,036
Employer's contributions to NHS pensions **	40,280	38,186
Temporary staff (including agency)	46,272	47,340
<b>Total gross staff costs *</b>	<b>344,855</b>	<b>324,643</b>
<b>Of which</b>		
Costs capitalised as part of assets	6	2,208

### **Banding of Senior Managers**

The breakdown of Senior Managers, by band, is shown below:

<b>Managers/Senior Managers</b>		
	<b>31 March 2022</b>	<b>31 March 2021</b>
<b>Agenda for Change Banding</b>	<b>Headcount</b>	<b>Headcount</b>
Band 7	57	53
Band 8	112	103
Band 9	14	11
Non-Agenda for Change Contracts	6	6
<b>Total</b>	<b>189</b>	<b>173</b>

## Percentage change in remuneration of highest paid director

The percentage change from the previous financial year in respect of the highest paid director is 0% and the average percentage change from the previous financial year in respect of employees of the trust, taken as a whole is 4%.

## Pay multiples [Auditable element]

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce. Total remuneration is further broken down to show the relationship between the midpoint of the highest paid director's salary component of their total remuneration against the 25th percentile, median and 75th percentile of salary components of the organisation's workforce.

The banded midpoint remuneration of the highest paid director in the financial year 2021/22 was £202,500 (2020/21 £202,500). This was 4.9 times (2020/21 5.3 times restated) the median remuneration of the workforce, which was £41,119 (2020/21 £38,072 restated). The relationship to the remuneration of the organisation's workforce is disclosed in the below table.

2021-22	25 <sup>th</sup> percentile	Median	75 <sup>th</sup> percentile
Total remuneration (£)	29,590	41,119	59,404
Salary component of total remuneration (£)	29,542	41,113	59,404
Pay ratio information	6.84:1	4.92:1	3.41:1
2020-21			
Total remuneration (£)	-	38,943*	-
Salary component of total remuneration (£)	-	-	-
Pay ratio information	-	5.2:1	-

\*Restated with availability of better quality information in relation to agency staff remuneration.

4 employees were paid more than the highest paid Director. Remuneration by midpoint of band, ranged from £29,590 to £202,500 in 2021/22 (£24,826 to £202,500 in 2020/21 restated).

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind but not severance payments. It does not include employer pension contributions and the cash equivalent transfer values of pensions.

The tables below details exit packages including redundancy paid to Trust employees: [Auditable element]

**Table 1: Exit packages**

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages
2021-22	WHOLE NUMBERS ONLY	£000s	WHOLE NUMBERS ONLY	£000s	WHOLE NUMBERS ONLY	£s
Less than £10,000						
£10,000 - £25,000						
£25,001 - £50,000						
£50,001 - £100,000						
Totals	0	0	0	0	-	0

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages
2020-21	WHOLE NUMBERS ONLY	£000s	WHOLE NUMBERS ONLY	£000s	WHOLE NUMBERS ONLY	£s
Less than £10,000						
£10,000 - £25,000						
£25,001 - £50,000						
£50,001 - £100,000						
Totals	0	0	0	0	-	0

**Table 2: Analysis of Other Departures**

	<b>Number of exit package agreements</b>	<b>Total Value of Agreements</b>	<b>Prior Year Number of exit package agreements</b>	<b>Prior Year Total Value of Agreements</b>
<b>Other Exit Packages - disclosures (Excluding Compulsory Redundancies)</b>	<b>Number</b>	<b>£000s</b>	<b>Number</b>	<b>£000s</b>
Contractual payments in lieu of notice*	31	84	0	0
Exit payments following Employment Tribunals or court orders				
<b>Total</b>	<b>31</b>	<b>84</b>	<b>0</b>	<b>0</b>

## Off Payroll employees

The Review of Tax Arrangements of Public Sector Appointees report was published by the HM Treasury in 2012<sup>1</sup>, which was followed up with its Annual Reporting Guidance in December 2012. This requires the Trust to have in place contractual arrangements that assure 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 £245 per day.

The Trust is required to provide disclosures on how many of those arrangements it had in place at 31 March 2021, and new engagements during the period 1 April 2020 to 31 March 2021 (see Table 1 below).

<b>Table 1: Contractual arrangements off-payroll costing &gt;£245 per day</b>	<b>Number</b>
Number of existing engagements as of 31 March 2021	1
<i>Of which, the number that have existed:</i>	
for less than one year at the time of reporting	1
for between one and two years at the time of reporting	0
for between 2 and 3 years at the time of reporting	0
for between 3 and 4 years at the time of reporting	0
for 4 or more years at the time of reporting	0

---

<sup>1</sup> [Review of tax arrangements of public sector appointees - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

<b>Table 2: Contractual arrangements off-payroll costing &gt;£245 per day</b>	<b>Number</b>
Number of new engagements, or those that reached six months in duration, between 1 April 2021 and 31 March 2022	2
Number of new engagements which include contractual clauses giving the Buckinghamshire Healthcare NHS Trust the right to request assurance in relation to income tax and National Insurance obligations	0
Number for whom assurance has been requested	0
<i>Of which:</i>	
assurance has been received	0
assurance has not been received	0
engagements terminated as a result of assurance not being received	0

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

In addition, the Trust is required to provide the disclosure in the table below regarding the number of Board Members or Managers with financial responsibility employed on such a basis.

Number of off-payroll engagements of Board Members, and/or Senior Officers with significant financial responsibility, during the year	0
Number of individuals that have been deemed "Board Members, and/or Senior Officers with significant financial responsibility" during the financial year. This figure includes both off-payroll and on-payroll engagements	0

## NHS Sickness Absence Figures for NHS 2021-22

Figures Converted by DH to Best Estimates of Required Data Items		Statistics Produced by NHS Digital from ESR Data Warehouse		
Average FTE 2021	Adjusted FTE days lost to Cabinet Office definitions	FTE-Days Available	FTE-Days Lost to Sickness Absence	Average Sick Days per FTE
a	b	c	d	e
5,445	52,870	9.7	1,987,315	85,766

Source: NHS Digital - Sickness Absence and Workforce Publications - based on data from the ESR Data Warehouse

Period covered: January to December 2021

Data items: ESR does not hold details of the planned working/non-working days for employees so days lost and days available are reported based upon a 365-day year. For the Annual Report and Accounts the following figures are used:

The number of FTE-days available has been taken directly from ESR. This has been converted to FTE years in the first column by dividing by 365.

The number of FTE-days lost to sickness absence has been taken directly from ESR. The adjusted FTE days lost has been calculated by multiplying by 225/365 to give the Cabinet Office measure.

The average number of sick days per FTE has been estimated by dividing the FTE Days by the FTE days lost and multiplying by 225/365 to give the Cabinet Office measure. This figure is replicated on returns by dividing the adjusted FTE days lost by Average FTE.

The information above has been subject to audit.

### Declaration

I confirm adherence to the reporting framework in respect of the Accountability Report.

Signed



Date:

21 June 2022

Chief Executive

## Financial statements



*The Trust launched free health checks for people of South Asian heritage within the local community from 17 January 2022. The health checks are part of a research study to understand why some conditions are more common in this community and tackle health inequalities. South Asian heritage people have twice the risk of cardiovascular disease and three-times the risk of diabetes compared to Europeans.*

## 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 HM 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, other items of comprehensive income and cash flows for the year. In preparing those accounts, the 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 and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

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.

The Directors confirm that the Annual Report and Accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS Trust's performance, business model and strategy.

By order of the Board

Signature:



Date: 21 June 2022

Neil Macdonald  
Chief Executive  
Buckinghamshire Healthcare NHS Trust

Signature:



Date: 21 June 2022

Barry Jenkins  
Chief Financial Officer  
Buckinghamshire Healthcare NHS Trust