Buckinghamshire Healthcare NHS
NHS Trust

Buckinghamshire Healthcare NHS Trust Annual report 2011 / 12

Where your needs always come first

Contents

If you require our annual report in an alternative format, including in other languages or as an audio book, please contact the communications team on 01494 734959 or email: communications@buckshealthcare.nhs.uk. Alternatively you can write to: Communications Department, Buckinghamshire Healthcare NHS Trust, Amersham Hospital, Whielden Street, Amersham, Bucks HP7 0JD.

1. A few things about us

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

Following the partnering of Community Health Buckinghamshire with the Trust in April 2010, we are responsible for a significant proportion of NHS care in the county; with health services provided in people's homes or from one of our five community hospitals, or from our two acute hospitals at Stoke Mandeville and Wycombe.

Our aim is to provide comprehensive and value for money care aimed at giving patients the right treatment, in the right place, at the right time. Up to 5,700 highly trained doctors, nurses, midwives, health visitors, therapists, healthcare scientists and other support staff make up our workforce, caring for the full spectrum of patients from newborn babies to elderly people needing help to live independently at home.

As well as being a major provider of community and acute hospital care, we are renowned for our specialist services. Stoke Mandeville Hospital is home to the internationally recognised National Spinal Injuries Centre, one of only a few such centres of expertise in the UK. We are also a regional centre for burn care, plastic surgery and dermatology, and recognised nationally for our urology and skin cancer services.

Buckinghamshire Healthcare NHS Trust is an NHS provider organisation based in the South of England Strategic Health Authority area and our services are commissioned by primary care trusts and specialist commissioners. Our main commissioner is NHS Buckinghamshire and Oxfordshire cluster (formerly Buckinghamshire PCT), and they account for more than 70 per cent of the Trust's income.

2011/12 in numbers

- 156,034 new outpatient attendances at our hospitals
- 268,228 follow-up outpatient attendances
- 22,000 outpatient procedures performed
- 6,626 elective inpatient admissions
- 40,704 elective day case admissions
- 38,426 emergency admissions
- 104,434 number of people attending our emergency services

Where we are based

We provide inpatient facilities from two acute and five community hospitals in the county, and care closer to home from 20-plus venues such as health and leisure centres and GP practices. Our community health services include adult community healthcare teams (district nursing, occupational therapy and

physiotherapy), services for children and families, intermediate care, health visitors, community dental services and palliative care.

Our acute hospitals

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

Our community facilities

- Amersham Hospital, Whielden Street, Amersham HP7 0JD
- Buckingham Hospital, High Street, Buckingham MK18 1NU
- Chalfont & Gerrards Cross Hospital, Hampden Road, Chalfont St Peter SL9 9SX
- Marlow Hospital, Victoria Road, Marlow SL8 5SX
- Thame Community Hospital, East Street, Thame OX9 3JT
- Florence Nightingale House, Stoke Mandeville Hospital, Mandeville Road, Aylesbury HP21 8AL
- Waterside Unit and Chartridge Ward, Amersham Hospital, Whielden Street, Amersham, HP7 0JD

Our administrative headquarters are based at Amersham Hospital.

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

2. Chairman's and Chief Executive's welcome and review

Welcome to our annual report for 2011/12, another year of real challenge and achievement, but one that was characterised above all by the commitment of our teams to provide a broad range of quality services from improving environments.

This is a really exciting time for the Trust. Not only are we working to provide care closer to patients' homes, we are also developing specialist services within clinical networks, developing our relationships with GPs as they take on new commissioning responsibilities, and preparing to become an NHS Foundation Trust. NHS Foundation Trust status will help us build a stronger future in order to deliver on our vision of becoming the first choice healthcare provider for the people of Buckinghamshire.

We know that patients don't want to spend unnecessary time in hospital, and over the past year we began to look at real opportunities to streamline the services we offer by reducing duplication and improving the patient experience. Since the integration between Buckinghamshire Hospitals NHS Trust and Community Health Buckinghamshire in April 2010, forming Buckinghamshire Healthcare, there have been many successes and developments. They include examples such as the intravenous therapy at home scheme, the home oxygen service, early supported discharge stroke services, and the establishment of the adult community healthcare teams, which now provide a 24/7 service.

Senior leaders have spent a lot of time listening to staff and patients to understand how else we can offer more care in a community setting, and over the next year we hope to be able to demonstrate further positive changes. Our five promises, drawn up with widespread patient and staff involvement, have continued to be the driving force behind efforts to improve quality and establish our services as the first choice for our local communities.

Our estate received a number of makeovers and redesigns this year, including the development of the specialist stroke unit at Wycombe Hospital, refurbishment of children's services at Rayners Hedge, redevelopment of Wycombe Hospital entrance area and the refurbishment of the Wycombe endoscopy unit. We look forward to delivering further physical improvements in our hospitals during 2012/13.

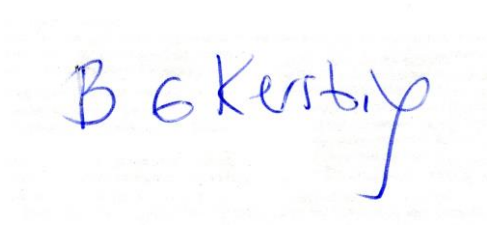
Last year was characterised by efforts to sustain and improve our patient care and quality of outcomes, whilst increasing our efficiency and integrating services. Government policy has emphasised closer working with GPs and the new GP-led clinical commissioning groups (CCG). We are pleased to have good relationships with both emerging CCGs in Buckinghamshire, and as the commissioning function moves from primary care trusts to the CCGs, we look forward to supporting them through the transitional period.

In addition, a major piece of work has involved us collaborating closely with NHS Buckinghamshire, doctors, GPs, nurses and clinical colleagues to develop local health services. Better Healthcare in Bucks (BHiB) is focused on improving emergency care, general medical inpatient care, elderly care, breast care and specialist vascular care across the county. From January to April 2012, the BHiB consultation sought the views of the public on our proposals. For more details about the programme and developments see page 17.

With hard work and commitment from all areas of the organisation, we are delighted to report a small financial surplus for 2011/12, and that our very challenging cost improvement programme of £33m was achieved in full. We expect 2012/13 to be equally challenging, however with the ongoing benefits of integration allowing us to reduce duplication in service areas and improve the patient experience, we are confident we can achieve our financial goals whilst also continuing to enhance the quality of our services.

This document is but a snapshot of the year. Much work goes unreported, and it is impossible to detail it all here. As such, on behalf of the Board, we would like to pay tribute to all those who have worked so hard over the past year to support healthcare services across Buckinghamshire. This includes our staff, patients and carers, volunteers, and colleagues from partner organisations. We look forward to working with you again over the course of the coming year in our continuing mission to improve the health of the population of Buckinghamshire.

We hope that you find the remainder of this report informative.



Brenda Kersting, Acting Chair **Anne Eden, Chief Executive**

3. Our mission

Our mission at Buckinghamshire Healthcare NHS Trust is excellence – to provide each and every patient with the best care, ensuring they have an excellent experience and achieve the best possible health outcome.

Our mission is underpinned by the values contained in our five promises. These promises are long-term commitments to make better what matters most to our users. They were drawn up in partnership with patients and their representatives and updated last year to reflect the integration of community services. They shaped our business plan and objectives for 2011/12 and are our ongoing commitment to provide:

- **Clean and safe practice**, clinics and hospitals so you never need to worry unduly
- **A caring, helpful and respectful attitude** from approachable teams, who listen to you, involve you in decisions about your care and ensure you're clear about what to expect
- **Respect for your time** with care closer to home, offering choice and flexibility with a minimum of delays and cancellations
- **Easy access to comfortable and modern facilities**, offering privacy and dignity, personal space and good healthy food
- The **best clinical care** from teams of skilled healthcare professionals, who help you improve and maintain your health.

We are dedicated to ensuring our promises are reflected in all that we do, and to continue to work to deliver these promises throughout the organisation.

The 2011/12 business plan

In 2011/12 we agreed a business plan that would ensure the continued and sustainable delivery of safe, high-quality services in our acute hospitals, whilst at the same time continuing to integrate our community services.

The business plan reflected the transition to provide more quality, appropriate care in community or home settings. The plan also recognised the development of specialist clinical networks to support a number of key services, and it provided a new basis from which the Trust moved forward on its journey to gain NHS Foundation Trust status.

4. The corporate objectives

We established eight priorities for 2011/12 to provide practical direction for our staff to help implement our strategy.

In addition to our corporate objectives, we were expected to achieve against national targets and standards.

This chapter charts progress in our eight priority areas for 2011/12:

1. improve **quality outcomes**
2. ensure we have a productive and motivated workforce to deliver **high standards in patient care** and a positive **patient experience** in line with our service standards
3. ensure consistency in high levels of clinical care for **stroke patients**
4. improve the **urgent care pathway**
5. work in **partnership** with GP commissioners and the PCT to develop an acute services reconfiguration plan
6. develop a high quality **healing environment**
7. **secure future** in our own hands
8. promote excellence to **extend market reach** in flagship services.

Principal risks

Risk management is fundamental to the safety of patients and in 2009/10 a revised risk management strategy was approved by the Board to ensure that everything possible is being done to meet our objectives and deliver safe and effective care.

Our main risk areas fall into the following categories: clinical risks, health and safety risks, workforce and recruitment risks, financial and business risks, estate and environmental risks and information governance risks. During 2011/12 we placed particular emphasis on managing clinical and financial risks, and the continued integration of community services.

1. Improve quality outcomes

From the comfort of your community – developing local healthcare services for you

We are in a unique position, as an integrated acute and community healthcare provider, to develop strong and seamless pathways of care.

We have strengthened our patient pathways to enable the earlier discharge of patients home, safe in the knowledge that a specialist community practitioner will be keeping an eye on them. Through our adult community healthcare teams and specialist nursing teams we are also reducing the need for hospital admissions altogether. Over the next few years we want to provide far more

care in a community setting or patients' homes, allowing our acute sites to become more specialist in those services that cannot be offered elsewhere.

Examples of key achievements within our community services include:

Community team reconfiguration

In 2010/11, the district nursing teams, intermediate care, therapists, and evening nursing service integrated to form the adult community healthcare teams (ACHTs). There are seven locality-based teams across the county.

The teams now operate 24 hours, seven days a week, and provide packages of care around the themes of urgent response, reablement and maximising independence. During 2011/12 they doubled their activity and are now hitting levels which equate to almost 500,000 patient contacts per year.

These improvements have been supported by the recruitment of community liaison posts within the acute hospitals to enable early identification and assessment of patients who could have their care provided within our community hospitals, by the ACHTs and by our specialist nursing teams within their own home.

In addition, to further strengthen the relationship between GPs and the adult community healthcare teams, 'link nurses' are helping to improve communications with GPs to ensure they are being kept up-to-date, informed and involved in the care of patients we support in the community.

A link nurse has been allocated to each GP practice, and on a weekly basis they inform GPs about the care being provided to their patients in the community and any concerns they may have.

Intravenous (IV) therapy service

The service has been running since September 2010 and is enabling the safe delivery of IV antibiotic therapy in the patient's home or other community settings. Previously patients have had to remain in hospital for this treatment.

The service is supported by consultant medical teams, in particular microbiologists, and links closely with the adult community health care teams to provide treatment. It is providing improved patient experience, and savings for the Trust in the shape of 2,000 bed days and over 140 patients seen.

Integrated respiratory service

Assisted-discharge schemes are a safe and effective alternative way of caring for patients with exacerbations of Chronic Obstructive Airways Disease (COPD), who would otherwise need to be admitted or stay in hospital. Patients with chronic respiratory disease now spend on average seven fewer days in hospital since the early supported discharge service was introduced

and we have seen savings of £90,000 per year due to reduced hospital admissions.

This year has seen the development of a home oxygen and assessment service, which has integrated with the pulmonary rehabilitation service. The service now has a team of specialist nursing and therapy clinicians who can support patients with specialist respiratory needs to stay at home or as close to their own home, when previously they would have needed a hospital stay.

Cardiac rehabilitation and heart failure service

The service is helping us reduce acute admissions, and is among the most successful in the South of England SHA area. Improvements have been achieved through better primary, secondary and community working, and through the use of new technologies including telehealth. Telehealth enables specialist nurses to monitor patients, with the support of the ACHTs, in their home environment when previously a hospital admission would have been needed.

Single point of access

A single point of access was established for referring professionals as a pilot at Florence Nightingale House, to ensure that all palliative and end of life patients receive their care in a timely way from the most appropriate provider. This service proved to be successful and will be fully implemented in 2012/13.

Community services have improved in terms of activity, productivity and quality this year. They have also impacted positively on acute services even where that is hard to measure.

We will be taking forward what we have learnt this year and using this knowledge to integrate more services across our community and acute services, to ensure patients receive the most appropriate care in the most appropriate setting.

Infection rates continue to drop

Figures from the Health Protection Agency released in July 2011 show that infections across the NHS in Buckinghamshire continue to remain low in our hospitals for Clostridium difficile (C. difficile) and MRSA bacteraemia (bloodstream infections).

The Trust received excellent results for its MRSA bacteraemia figures for 2010/2011, which showed that Buckinghamshire acute hospitals had well below the national average of MRSA bacteraemia cases per 10,000 bed days, as we reported only 1.6 cases against an average of 3.9 nationally. This figure was joint second lowest for all acute trusts in our Strategic Health Authority area, which includes Oxfordshire, Berkshire, Hampshire and the Isle of Wight.

We also performed well regarding the rate of C.difficile infections in patients aged two and over, per 10,000 bed days, reporting 26.4 cases compared to the national average of 28.2 cases. However, whilst still low, we unfortunately did not meet our ambitious target for C.difficile infection rates this year.

Making improvements in this area will continue to be a focus next year with the Trust developing a proactive plan, including a new risk assessment tool that allows us to predict and easily identify areas of risk.

This is excellent news for our patients and staff as we continue to be vigilant and work hard to deliver on our promise to offer the safest care in clean and modern facilities.

Patient safety continuing to improve

Considerable work has taken place during the year to build upon and develop the organisation's patient safety processes.

The programme of 'executive walkabouts' led by our chief executive and involving non-executive directors continued and included areas such as medicine for older people, maternity and the National Spinal Injuries Centre. Safety and environmental issues are discussed during the walkabout and good practice shared. In addition to executive walkabouts, health & safety walkabouts took place in wards and departments. In both cases, feedback and actions are taken forward by the ward and department managers.

The Safety Thermometer is part of the Safety Express national campaign. It is an improvement tool which allows us to collect data to measure outcomes and progress for the four 'harms' - pressure ulcers, falls, urinary catheter infections and blood clots (venous thromboembolism or VTE). Alongside other measures the Safety Thermometer allows us to monitor progress and identify areas for further work. We collected and submitted data on four wards in the organisation during 2011/12 and are currently arranging to collect data across the entire organisation.

During 2011/12 the Trust remained committed to the themes of the South of England Strategic Health Authority 'Patient Safety First' work-streams including reducing the incidence of patient falls, medication errors and hospital acquired pressure ulcers which are regularly reported and discussed across the Trust. Indeed, during the year patients themselves had the opportunity to give their views and stories to the Trust Board on any aspect of patient safety and this provided the Board with first hand accounts of patient experience and highlighted learning and actions.

We will continue to build on our patient safety processes and engage patients, staff and the public by celebrating good practice and acting on areas identified for development in 2012/13.

Continuing to improve patient experiences in hospital

More than 90 per cent of inpatients surveyed say the care they receive from Buckinghamshire Healthcare was ‘good’ or ‘excellent’.

The Healthcare Commission’s annual inpatient survey for 2010, which was published in April 2011, found that 93 per cent of inpatients rated the quality of care as ‘excellent’, ‘very good’ or ‘good’, and 82 per cent of patients said they were ‘always’ treated with dignity and respect.

The survey highlighted that since 2009, the Trust has improved in a number of areas including staff attitude and communication, improved pain management, high standards of patient information and a reduction of noise at night in ward areas. Other findings include improvements in cleanliness, with the vast majority of patients (96 per cent) describing their accommodation as ‘very’ or ‘fairly’ clean, and more than three quarters of nurses always being seen to wash their hands (77 per cent).

Praise for elderly care

The Trust received an unannounced inspection last July by the Care Quality Commission (CQC) which looked at our acute hospital services for older people. The inspection took place at Stoke Mandeville Hospital and was part of a national review.

We are delighted that the CQC were extremely satisfied with the care provided in the areas they visited in terms of dignity, respect and standards of nutrition. Their feedback is a real indicator of how dedicated our staff are to ensuring that elderly patients receive the best possible care when they stay at our hospitals.

The Trust recognises that one of the challenges for care is that as dementia rates rise our patient population will change from the majority being cognitively intact to the majority having cognitive problems. This means that our approach to dementia care and our hospital environment need to change.

In the acute medicine for older people ward at Wycombe Hospital, for example, we are trying to see if patients with dementia can find their way around more easily by the use of brightly coloured bathroom doors. We are also using the ‘This is Me’ document to capture a patient’s history so we can see the person behind the illness and continue to take account of personal habits and preferences as much as possible. We know that feedback is important and we have introduced a comment book at the entrance to the ward so we can capture and respond to visitor feedback in real time rather than after the patient leaves hospital.

Once we have three months worth of evidence, we will cascade this to other wards so they can develop similar initiatives.

Low levels of wasted patient meals

Figures released in October 2011by SSentif, which analysed figures from over 200 NHS trusts, highlighted the Trust as having the lowest level of meals returned uneaten in hospitals across the country.

We welcome these figures which highlight our attention to the quality and choice of foods available to patients. We understand the importance of good nutrition in aiding patients' recoveries and always strive to offer good, balanced meals.

In addition to these figures, this year's Patient Environment Action Team (PEAT) report rated the quality of food available at Amersham, Stoke Mandeville and Wycombe hospitals as 'excellent'. Our community hospitals at Thame and Marlow also received 'excellent' scores.

Macmillan Quality award for the Cancer Care and Haematology Unit

Last June the Cancer Care and Haematology Unit at Stoke Mandeville Hospital were awarded the Macmillan Quality Environment Mark (MQEM) by Macmillan Cancer Support, for the exceptional service provided by the unit.

The MQEM has been developed in partnership with the Department of Health in England as a core component of the Cancer Reform Strategy. This award identifies and recognises cancer environments that provide high levels of support and care to people affected by cancer, and links quality environments with enhanced health outcomes.

We are thrilled with this award, which reflects the high standards of service and dedication to patients of all staff on the unit.

Review praises cardiology service

An 'exemplar service' which others can learn from is how the Trust's cardiology service was described following a Clinical Peer Review (CQPR) in January 2012.

The review which took place at Wycombe Hospital was conducted through a series of colleague-to-colleague interviews. It was designed to provide the Trust with assurance that it is providing safe, high quality care.

In addition, the Trust was commended for showing a strong sense of commitment, passion, enthusiasm and goodwill in ensuring delivery of an effective service. Other highlights included a sense of strong leadership and a culture of audit, teaching and training within the team.

Care Quality Commission registration

The Trust has declared full compliance with the Care Quality Commission regulations for registration and has been registered with the Care Quality Commission for all services since 1 April 2010. The registration is without

conditions. The Trust continues to monitor itself against these regulations and has not found any significant control issues.

Further information on quality

Our quality accounts for 2011/12, which are approved by the Secretary of State, will be published in June and available on our website www.buckshealthcare.nhs.uk or from the communications department (communications@buckshealthcare.nhs.uk).

The quality accounts include:

- what we are doing well
- where improvements in service quality are required
- what our priorities for improvement are for the coming year
- how our organisation has involved people using our services, staff, and others with an interest in the organisation in determining areas for improvement.

2. Ensure we have a productive and motivated workforce to deliver high standards in patient care and a positive patient experience in line with our service standards

The Trust's human resources (HR) and education, learning and development strategies aim to ensure that we have the right people with the right skills delivering care to our patients and service users. They also guide our efforts in cultivating the right environment, culture and support for staff to deliver the Trust's objectives, promises and service standards.

During 2011/12 a number of work programmes continued to address key retention and recruitment issues. The healthcare assistant (HCAs) project surveyed our healthcare assistants to help develop plans to reduce staff turnover, sickness absence rates, improve induction into the Trust and ensure access to development opportunities.

As a result of this work a bespoke recruitment, induction and development programme (linking in to the Trust's service standards and including literacy and numeracy assessments) was developed. It has now been in place for over a year and positive outcomes include a reduction of two percent in turnover for this staff group. Similar Trust-wide initiatives have now been put in place for band five nurses.

Service standards

The service standards are not a time limited programme of work but a long-term cultural change programme that the Trust has been committed to since

their introduction in 2009. They continue to underpin our desire to drive up the quality and safety of our patients' experience.

The service standards provide a clear commitment to our patients and service users to put their needs first, while providing a positive environment for our staff to work in. They are themed around:

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

Since the introduction of the service standards over 70 per cent of our workforce has received initial training in meeting them. This continues to be a focus at corporate and local induction and the service standards e-learning module, introduced in 2011, forms part of statutory and mandatory training for all staff.

Towards the end of 2011 we instigated a three year review of the service standards training and materials and in 2012 we aim to re-focus the training (though retaining the themes of communication, courtesy and compassion) so that we can help our staff with communication and building rapport with patients and each other.

3. Ensure consistency in high levels of clinical care for stroke patients

In June 2011, Wycombe Hospital became home to the county's first hyperacute stroke unit. The unit provides 24/7 thrombolysis (clot-busting drug) treatments, specialist care and emergency treatment (including the use of therapies to mobilise people after admission) to the people of Bucks and East Berks during those crucial first hours and days.

Following this, we centralised all inpatient stroke care into one refurbished and expanded facility at Wycombe to improve access to the dedicated stroke service. Over 80 per cent of our stroke patients now spend more than 90 per cent of their in-patient stay on the stroke unit.

To support the hyperacute stroke unit, the Trust also developed a stroke early supported discharge service (ESDS). The ESDS provides specialist therapy support to patients in the comfort of their own homes and through our day hospitals, enabling them to leave hospital sooner and safely.

Intensive rehabilitation is provided for up to six weeks by a specialist team including occupational therapists, physiotherapists, speech and language therapists, rehabilitation assistants and stroke nurses.

The multi-disciplinary rehabilitation team now has up to 25 patients on the caseload at any one time (equivalent to one ward!)

Patient representatives and community-based voluntary services such as The Stroke Association and Carers Bucks were all involved in the redesign and establishment of the stroke ESDS. They provided invaluable input in terms of design, through attendance at project meetings with the implementation team.

They raised important issues such as the need for clear communication with patients and carers, helped with the design of an information leaflet, and highlighted the vulnerability stroke patients and their carers feel initially on discharge from hospital.

Early feedback from patients and carers about developments in our stroke service is very positive. They have reported continuing to improve in their rehabilitation after stroke on discharge home, whilst feeling more confident about being at home.

4. Improve the urgent care pathway

GP-led urgent care

We know that a large percentage of people who attend our emergency services could be better seen and treated elsewhere in the NHS network. We continue to work closely with commissioners to improve public awareness around how they can 'choose well', but we are also developing innovative relationships with GPs at Wycombe and Stoke Mandeville to offer a different kind of 'front-door for patients'.

For example, we have enabled patients who come to our Emergency Medical Centre at Wycombe to be seen by a GP rather than a hospital doctor, where it is more appropriate for them to do so. We are also piloting a similar model of service at Stoke Mandeville A&E.

Urgent review clinic

In January 2012 the department of general surgery introduced a rapid access clinic for patients attending A&E as an alternative to overnight admission to hospital. Patients can now spend the night at home and return the next morning for investigations prior to out-patient review. This is helping the service to reduce patient admissions by up to 15 a week.

5. Work in partnership with GP commissioners and PCT to develop an acute services reconfiguration plan

Better Healthcare in Bucks

Proposals developed by hospital doctors, nurses, GPs and other clinicians through the Better Healthcare in Buckinghamshire programme were published

in January and were subject to a three month public consultation which ran until 16 April 2012.

The project led by NHS Buckinghamshire and supported by Buckinghamshire Healthcare and the GP collaboratives, aims to ensure local people continue to have access to high quality, safe and accessible services which offer a good patient experience, while making the most of developments in healthcare and meeting future challenges.

The launch of the consultation followed a public involvement and engagement programme which ran from September to October 2011.

The proposals set out to:

- **refocus the emergency medical services at Wycombe Hospital**, run by GPs and emergency nurse practitioners providing diagnosis, advice and treatment to people with minor injuries or illnesses, supported by the A&E departments at Stoke Mandeville and Wexham Park hospitals
- **centralise specialist inpatient care** for emergency medicine, respiratory, gastroenterology, medicine for older people and diabetes at Stoke Mandeville Hospital, complemented by the specialist stroke and cardiac services based at Wycombe Hospital
- **centralise and create a specialist breast care centre** at Wycombe Hospital, to provide initial assessment and outpatient services for people with breast problems.

The following new services were also proposed:

- **day assessment unit** for older people at Wycombe Hospital to allow them to be cared for without overnight admission to hospital
- **step-down ward** for elderly and medical patients at Wycombe Hospital – who still require 24 hour hospital care but with less specialist input
- **telephone and email advice service** for GPs and ambulance crews to help them better support patients out of hospital
- **urgent next-day outpatient appointments** to help patients avoid hospital admission
- **full specialist diagnostic support** for GPs to help them better manage patients in the community or at home.

NHS Buckinghamshire are currently collating responses from the consultation and once we have further details on the outcomes this will be publicised widely.

For more information visit www.buckinghamshire.nhs.uk/bhib

6. Develop a high quality healing environment

Improving the environment

Improving and maintaining the physical settings where we deliver care is an ongoing challenge with an estate the size of ours. During the year around £8 million was spent on refurbishment programmes to upgrade the environment for patients.

New restaurant completes redevelopment

We were pleased to open our new restaurant at Wycombe Hospital, which completes the redevelopment of the entrance area at the hospital and efforts to improve welcome facilities for patients and visitors.

The new improvements include the restaurant moving from the lower ground floor of the hospital up to ground level behind the main reception area, which has also seen major refurbishment. The restaurant has full glazing looking out onto a courtyard area and the changes mean patients and visitors with mobility restrictions can now fully access the new facilities.

The restaurant comes with an increased service area, allowing for a wider range of catering including healthy hot and cold meals, hot drinks and snacks.

Re-named endoscopy unit

TV presenter Fern Britton officially re-named the refurbished endoscopy unit at Wycombe Hospital in September, in honour of leading consultant Dr Alistair McIntyre who sadly passed away last year.

The McIntyre unit provides spacious and modern facilities and improved privacy including a refurbished reception area, three admitting rooms and two endoscopy rooms with adjoining decontamination areas.

Sue Nichol's Centre moves to refurbished Rayners Hedge

During March 2012 children's clinics which were run from the Sue Nicholls Centre in Aylesbury, moved down the road to newly refurbished accommodation at Rayners Hedge, Aylesbury.

The facilities at Rayner's Hedge were refurbished to ensure that clinics were provided in a comfortable, and safe environment. New modern facilities ensure that we are able to continue to provide the same services for children within a more spacious and child friendly environment.

Improved access and travel

Plans to improve parking at Amersham, Wycombe and Stoke Mandeville hospitals, to ensure we provide safe and clear parking arrangements for both patients and the public, continued during the year.

We introduced a new permit system for staff and separate parking facilities for staff, patients and visitors, including new barriers, to ensure that vehicles are parked correctly in designated areas and to encourage the safe use of the hospital sites. However, we still have more improvements to make to our parking at our sites and these will be a focus in 2012/13.

We have also been looking at other ways of improving patient transport to and from our hospital with a number of organisations including Buckinghamshire County Council.

One of the key improvements last year was our new partnership with Arriva buses, to provide staff, patients and visitors travelling between Wycombe (via Wycombe bus station), Stoke Mandeville and Amersham hospital sites with free travel.

The new service provides a more frequent bus service, new routes and larger more comfortable buses.

Patients and visitors collect their free single-use travel tickets from either the main receptions at Stoke Mandeville and Wycombe Hospitals or the cashiers office at Amersham Hospital. To qualify they show their appointment letter or, if visiting a relative, give details of the patient and ward they are visiting.

We are delighted with this new development. Not only are patients and visitors receiving free travel, the initiative also supports our sustainability agenda by encouraging less car use.

We continue to work with Arriva to ensure we provide the best possible bus service for patients and staff travelling between these three sites.

For more on timetables please go to the Arriva bus website at www.arrivabus.co.uk/buckshealthcare.

7. Secure future in our own hands

Service innovation

The Trust has a dedicated service redesign and innovation team. Over the last year the team have supported a wide range of projects and initiatives to improve clinical outcomes, whilst also enhancing the patient experience. They worked with clinical teams to reduce waste and delay, improve communication and make services more efficient for our patients. Examples include:

Home oxygen service (HOAS)

The Trust introduced a comprehensive Home Oxygen Assessment Service in February. The HOAS provides assessment, suitable prescribing, ongoing review and home support for patients over 18. Evidence nationally suggests close management of home oxygen will reduce oxygen costs by 20 per cent whilst improving overall care for the patient.

Orthogeriatric pathway

During 2011 a full review of the emergency orthogeriatric pathway focusing on care for elderly patients with hip fractures was been undertaken. This looked at reducing their length of stay in hospital and providing more on-going rehabilitation within a community setting. Several initiatives have been introduced which together aim to improve the patient experience and outcomes, including a new pathway for managing pain, improved multi-disciplinary paperwork and closer liaison between hospital and community services.

Daily facilitated meetings

In November, the acute medicine for older people ward at Stoke Mandeville Hospital piloted daily multidisciplinary meetings, to help improve quality of care, minimise delay and ensure appropriate discharge from hospital. The meeting is attended by therapists, a social worker, a discharge coordinator, doctors, nurses and community liaison. In the first three months of the project the average length of stay for patients on the ward reduced by three days. The model is now being rolled out across the Trust.

Cellulitis pathway

A successful pilot was completed in January 2011 to demonstrate that patients with cellulitis requiring IV therapy can be safely managed in the community. The service is now fully operational and helping patients to avoid unnecessary admission to hospital.

Falls admission avoidance pathway

A joint initiative between South Central Ambulance Service and the Trust's community and specialist falls teams has been designed to support people who fall at home. This will help patients to avoid admission to hospital wherever possible and a pilot is planned for May 2012 to ensure the service is safely implemented.

Improving financial management to deliver better value for money

Our objective is to deliver quality services while achieving value for money ensuring economy, effectiveness and efficiency in the use of our resources. The main source of income for us in 2011/12 was that from the commissioners (NHS Buckinghamshire) of our NHS services.

Within the calculation of the amount we are paid for our services is a built-in understanding that we will make efficiency savings of 4% per annum. This, together with an assumption that the level of referrals are expected to reduce as more patients are seen in the community or primary care, resulted in our need to make cost improvements of £28.2million, or approx 9%, in 2011/12.

This was exceeded and helped us attain a surplus of £2.8m, resulting in the Trust managing to 'breakeven' for the past four years.

The Audit Commission, the Trust's external auditors, consider whether the Trust has put into place proper arrangements to secure economy, efficiency and effectiveness in its use of resources as part of the audit work it carries out on the Trust. In 2011/12 the Audit Commission found that the Trust had made these proper arrangements.

The turnaround programme

The financial savings objective for the Trust during 2011/12 was to achieve £28.2 million efficiencies through a turnaround programme focused on four work streams. They mirror the corporate objectives as follows:

- improving quality and safety
- transforming service delivery
- service and site configuration
- efficiency productivity and cost effectiveness.

Delivery of the savings programme was largely through the divisions ensuring clinical engagement and support for cost improvement schemes. Central to the turnaround programme was the need to ensure safety and quality of patient care. Progress was assessed and monitored on an ongoing basis with each scheme having a clinical risk assessment before it was approved.

During the financial year operational pressures meant that the Trust had to reduce its 'run rate' levels of expenditure, in order to achieve an additional £5.9m of savings. This work concentrated on four key strands:

- reducing temporary workforce
- length of stay efficiencies
- theatre efficiencies
- good housekeeping.

A total of £33m was delivered against the target of £28.2m, enabling the Trust to deliver its planned £2.8m surplus.

Drive to reduce medicine waste

The Trust has signed up to a campaign to raise awareness about wasted medication. The campaign was launched earlier this year across the NHS South Central Strategic Health Authority area.

We are pleased to participate in this region-wide campaign which is aimed at raising awareness with individual patients that even wasting small quantities of medicines can collectively impact significantly on our overall resources.

The Trust is also involved in a 'Green Bag Scheme'. This is where we supply green bags within the hospital for patient's own medicines. This has the benefit of reducing waste, improving prescribing on admission and the green bag can be reused, acting as a reminder to patients to bring their medicines to their next hospital or clinic visit.

Further information can be found on the national website www.medicinewaste.com

Productive care projects

The productive care projects have been designed by the NHS Institute for Innovation and Improvement to redesign and streamline the way ward teams, theatre teams, units and individuals manage their time and work. The projects help to achieve significant and lasting improvements – predominantly by creating extra time for staff to give to patients, as well as improving the quality of care.

Productive ward

We are pleased to say that one of our pilot wards increased direct care time by almost 30 percent and decreased wasted 'motion' time (looking for medical equipment, patient notes etc) by a similar amount. This project was launched in December 2008 on three wards and, since then, the rollout has continued. Implementation is now taking place on 33 wards within both the acute hospitals and community hospitals.

The productive operating theatre

The aim of the productive theatre project is to make the best use of theatres by reducing the number of delays and cancellations of operations.

An example of how this is being done at Wycombe Hospital is through the use of a central store of instruments and consumables, so that equipment is readily available for a prompt start the next day for all three theatre suites. In addition, at Stoke Mandeville Hospital, visual displays have been introduced to allow coordinators to see the overall picture of what is happening in theatres using real time information.

The productive operating theatre project has now rolled out to all 23 theatres within the Trust's six theatre suites.

Productive community services

Typically, community teams spend a lot of time on activities such as travel, paperwork and administration, handovers with other staff and 'hunting and gathering' for equipment. Nearly a quarter of their time is spent in 'motion' – physically moving between locations, tasks and patients.

Examples include the improvement of IT and telephone facilities for our community team at Buckingham Community Hospital and the standardisation of home delivery bags to include equipment for both mothers and babies – previously these were in separate bags.

So far our work on this project has led to the following improvements:

- driving distances reduced by 21 percent
- number of visits a team is capable of increased by 25 percent
- stock reduced by 75 percent
- time spent looking for items reduced by 66 percent.

The rollout to all relevant community-based units is planned to be completed by 2014.

Becoming an NHS Foundation Trust

Our ambition to become an NHS Foundation Trust (FT) remains a major objective, which once achieved will provide us with a number of freedoms and give local people, patients and staff more of a say about their local NHS.

FT status will give us independence, offering more financial freedoms and allowing us to retain any surpluses for investment in service developments. It will allow us to be accountable locally to our staff, patients and the public through membership arrangements, giving them a greater say in how health services are developed.

2011/12 was spent developing our application to become an NHS Foundation Trust, in line with the Department of Health deadline of 2014. We have been working closely with South of England SHA to meet national expectations on quality and governance, and we have also worked closely with key stakeholders including GPs and local authorities, on the development of service and business plans. We will continue to pursue this objective with vigour.

For more information about our FT members and how to become a member please see page 32.

For more information about NHS foundation trusts, please visit www.buckshealthcare.nhs.uk/gettinginvolved

Improving information management and technology (IM&T)

A number of key IM&T projects progressed during the last financial year, including a significant upgrade to the Millennium care records system. This

originally went live in September 2011 and has delivered a number of efficiencies and benefits to support patient administration.

In addition, the new version of Millennium has enabled the Trust to go-live with new system applications that support A&E and theatres, and replace other out-dated IT systems.

The Millennium upgrade and transition to the latest software is also providing the foundation for the Trust to begin maximising the potential of an electronic patient record, and this will be a key area of focus over the coming months.

The RiO care records system which supports community services was successfully rolled out to more staff through the year, with an additional module deployed to support child health. RiO now supports all community services.

RiO replaces the different clinical and patient administrative systems previously used by community services and is a real step towards an electronic patient record that will enable community staff to share information, support patient care and collect the information needed to support our business and operational requirements.

Keeping information safe

The Trust recognises the importance of managing information appropriately and securely and has a nominated executive director as the senior information risk owner (SIRO). The role is responsible for ensuring the Board has reliable assurance that appropriate controls are in place and that risks are managed in relation to all the information used for clinical, operational and financial purposes.

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

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

Information governance

The Trust has self-assessed its performance on information governance using the information governance toolkit provided by Connecting for Health. The Trust's overall information governance submission for 2011/12 achieved a score of 73 percent, resulting in a 'satisfactory' rating. The two main areas of improvement were seen within 'information security assurance' and 'clinical information assurance'.

Progress continued on implementing and improving information risk controls including mandatory annual information governance training for all staff and the introduction of port control security on all Trust personal computers.

The Trust reported no 'level three' serious untoward incidents involving personal data.

Freedom of Information

The Trust received in total 301 Freedom of Information requests in the period 1 April 2011 to 29 February 2012. This represented a 29 percent increase for the same period in the previous financial year.

Six requests were referred to other organisations and four were withdrawn. The majority of requests were responded to within the 20 working day target. Two were closed as no responses were received after three months following a request for clarification.

Exemptions were applied to 17 requests where no information was provided and for 24 other requests only part of the information was made available with the rest exempt.

Emergency planning

Emergency planning within the Trust is continuing to ensure we meet all of our statutory obligations as a level 1 responder under the Civil Contingencies Act.

This year has seen the further development and approval of many component emergency plans, alongside a robust testing schedule. Plans have been tested with real time incidents, such as the challenges we faced during the harsh winter and the national industrial action that took place at the latter part of 2011.

This has demonstrated that our command and control structure works well and is continuing to be embedded into our general ways of working. Other exercises included a major/mass casualty table top exercise; which included input from the Strategic Health Authority, Thames Valley Police, South Central Ambulance service and the County Council.

The proactive approach of emergency planning has seen success in areas such as the highly effective flu vaccination programme that was rolled out in conjunction with workplace health, infection control and microbiology.

There has also been much activity around planning for the Olympics and the significant involvement and legacy that will come from this for the Trust, particularly in relation to the National Spinal Injuries Unit which has a unique connection with the Paralympic games. As the games move closer, we plan to not only to ensure that the Trust is able to deliver business as usual, but for staff and patients to participate in and enjoy the celebrations.

Reducing our impact on the environment

We have been monitoring more closely our electricity, gas and water usage Trust-wide to help with better budget setting and inform new ways to reduce our energy consumption.

This year we will monitor individual buildings within the Stoke Mandeville and Wycombe hospital estates to establish areas of high energy use. It will be a priority to work with staff, patients and visitors to reduce, usage, costs and CO^2 emissions by:

- education
- installation of energy saving equipment
- use of management groups
- awareness, through posters and advertisement.

Carbon Reduction Committee – energy reduction scheme and its affect

The national carbon reduction targets for the NHS have been set by Government at 10 percent by 2015, versus the 2010/2011 baseline; followed by further target reductions of 34 percent and 80 percent by 2020 and 2050 respectively. The NHS is in a unique position to realise the health, social and financial benefits that can be achieved from carbon reduction. The Trust has already achieved the 10 percent saving, however this is an ongoing requirement especially when the cost of CO^2 will rise from £12 per tonne to £16 per tonne in the next few years.

In 2011/2012 the Trust produced 17,916 tonnes of Carbon Dioxide (tCO^2). This equates to a cost £215,000 and is why we have to start the journey of embedding carbon reduction into the context of day-to-day business.

Waste not, want not

We have changed the waste contractor for Wycombe and Amersham hospitals, which has reduced our costs and improved efficiency. We are now working with the new contractor to improve segregation and recycling.

To improve the clinical segregation of waste we aim to hold small classes to educate staff on the various disposal methods and how costs can be reduced safely, mainly through less incineration.

We are in the early stages of replacing the old compactor at Wycombe Hospital with a smaller unit and introducing a cardboard baler. The Trust will see a return from the baler as the cardboard can be resold once it is in flat pack form.

Sustainability management group

This year we formed a sustainability management group to help implement our carbon management plans. The group will work with capital services to develop projects and more detailed analyses.

For the full sustainability report please refer to appendix 4 on page 77.

8. Promote excellence to extend market reach in flagship services

Re-accreditation achievement for National Spinal Injuries Centre

The National Spinal Injuries Centre (NSIC) received a coveted international accreditation of excellence for its care of adults and children with spinal cord injury last December.

The centre, at Stoke Mandeville Hospital, was awarded the highest level of CARF (Commission on Accreditation of Rehabilitation Facilities) accreditation for a further three-year period. This achievement is an indication of the centre's dedication and commitment to improving the quality of the lives of its patients. It is the only NHS spinal injuries centre in England and Wales to achieve accreditation. The young person's unit is the only centre of its kind in Europe with the accolade.

This award gives us a strong foundation to further develop our services and to ensure the NSIC continues to be at the forefront of spinal cord injury care. Indeed, as we approach the 2012 paralympics, the NSIC, as the birthplace of these games, is increasingly the focus of global media attention and is seen as a leading centre of spinal injuries with a strong pedigree.

5. Progress against national standards

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

KPIs are the nationally recognised method for calculating performance in NHS acute trusts and are defined by the NHS Information Authority. In 2011/12 the KPIs covered existing commitments and national targets set out by the Department of Health (DH) and Care Quality Commission set out in the operating framework

Highlights can be seen in the summary table below.

Care Quality Commission Indicators 2011/12

2010/11 National Priority Indicators	Performing	Q1 RAG Status	Q1 Actual	Q2 RAG Status	Q2 Actual	Q3 RAG Status	Q3 Actual	Q4 RAG Status	Q4 Actual
Cancelled operations: Patients not readmitted within 28 days	**<=5%**	G	**3.4%**	G	2.2%	G	**1.6%**	G	**0.0%**
Delayed transfers of care	**<=3.5%**	A	**4.9%**	A	4.0%	G	**2.9%**	G	**2.9%**
Patients that have spent more than 90% of their stay in hospital on a stroke unit	**80%**	G	**81.8%**	G	81.6%	A	**79.9%**	G	**86.3%**
Hospital Acquired Infections									
MRSA Bacteraemia	**<=3 year**	G	**1**	G	**0**	G	**0**	G	**1**
Clostridium Difficile infection rate	**<=45 year**	R	**20**	R	**20**	R	**13**	R	**11**
18 weeks - new performance targets									
Admitted patients finishing their pathway - 90% within 18 weeks	**90%**	A	**86.9%**	A	**86.4%**	R	**81.3%**	G	**92.3%**
Admitted patients finishing their pathway - 95th Percentile	**<=23**	A	**25.1**	A	**24.5**	R	**28.0**	G	**21.0**

Non admitted patients finishing their pathway - 95% within 18 weeks		**95%**	G	**97.2%**	G	**96.9%**	G	**95.8%**	G	**97.1%**
Non admitted patients finishing their pathway - 95th Percentile		**<= 18.3**	G	**15.3**	G	**16.0**	G	**17.0**	G	**15.2**
Incomplete pathways - 95th Percentile		**<=28**	G	**20.8**	A	**29.3**	G	**27.7**	G	**22.8**
Cancer Targets										
2 week GP referral to 1st outpatient appointment		**93%**	G	**98.8%**	G	**99.2%**	G	**99.6%**	G	99.5% *
Max 2 week wait for all breast referrals		**93%**	R	**47.9%**	G	**93.8%**	G	**99.4%**	G	99.1% *
31 day second or subsequent treatment - surgery		**94%**	A	**89.9%**	G	**97.7%**	G	**100.0%**	G	99.3% *
31 day second or subsequent treatment - drug		**98%**	G	**99.2%**	G	**100.0%**	G	**100.0%**	G	100% *
31 day diagnosis to treatment for all cancers		**96%**	A	**95.5%**	G	**98.3%**	G	**99.8%**	G	99.6% *
62 day referral to treatment from screening		**90%**	G	**92.1%**	G	**91.2%**	G	**91.3%**	G	97.5% *
62 days urgent referral to treatment of all cancers		**85%**	R	**79.8%**	G	**89.3%**	G	**96.0%**	G	90.9% *
A&E - new performance targets			**Q1 RAG Status**	**Q1 Actual**	**Q2 RAG Status**	**Q2 Actual**	**Q3 RAG Status**	**Q3 Actual**	**Q4 RAG Status**	**Q4 Actual**
Four-hour maximum wait in A&E from arrival to admission, transfer or discharge		**95%**	G	**96.4%**	G	**96.0%**	G	**95.6%**	G	**95.0%**
Data completeness		**90% - 110%**	G		G		G		G	
Data quality		**all indicators < 5% of records assessed as invalid**	G		G		G			
Patient impact	Unplanned re-attendance rate (within 7	***<=5%***	*shadow*		G		G		G	

Timelin ess	days)									
	Left departme nt without being seen rate	***<=5%***	*shado w*		G		G		G	
	Total time in A&E (admitted) - 95th percentile	***<= 4 hours***	*shado w*		R		R		R	
	Total time in A&E (non admitted) - 95th percentile	***<= 4 hours***	*shado w*		G		G		G	
	Time to initial assessm ent - 95th percentile	***<= 15 mins***	*shado w*		G		G		G	
	Time to treatment in departme nt - median	***<= 60 mins***	*shado w*		G		G		G	

* Cancer and A&E figures are provisional for March.

A forward look

National targets remain essentially the same for 2012/13, though with some slight expansion on the 18 week referral to treatment targets to be specialty specific. In addition a number of local quality targets with our main commissioner, NHS Buckinghamshire have been agreed. These include CQUIN (Commissioning for Quality and Innovation) payment targets, aimed at driving up quality in certain areas:

- risk assessment for venous-thromboembolism
- redesign of some the urgent care pathways seven day a week working; reducing the length of stay for the elderly; development of a clinical decision unit (CDU); and to increase the number of people able to choose to die in their preferred place
- development of the dementia screening and risk assessment of patients with referral to specialist diagnosis
- infection control – sepsis management
- implement technology based solutions to improve productivity of community care.
- a range of innovation schemes to improve patient care and experience.

6. Involving our patients, the public and other key stakeholders

Keeping the patient at the centre of what we do is a key aim. We know doing this brings benefits for our patients, and that a good understanding of their perspective will help us improve their experience. Using resources efficiently is also important. By involving our patients, carers and the public in our work, their views help us get things right first time.

Membership

The Trust is pleased to report that the overall number of members remains consistent, and that we recruited 108 new public members over the year, bringing the total membership to 12,340. The membership remains largely representative of the population we serve, and we continue to communicate with our members via a twice yearly newsletter, events, email, our website and Twitter.

We value all our members, many of whom made a significant contribution over the past 12 months; by providing their views, representing patients on a group or committee or attending meetings and events. Within the membership there is a wealth of expertise and knowledge and every member brings their own patient perspective.

As an aspirant NHS Foundation Trust, we must prepare to have a Council of Governors and will build on our efforts of last summer to generate interest in this area. If you are interested in becoming a governor or member please call 01494 73 4149 for more information.

Involvement

Over the past year there have been many member involvement events which specifically seek the views of our members on service-related matters to inform improvements and developments.

June/July /August 2011 – Becoming a governor
18 sessions took place to promote the opportunity and the role of the public/ staff governor, with good overall attendance. The Trust chairman attended all public sessions and most staff sessions. Presentations were given about the role of the governor followed by a session for questions and discussion.

July 2011 – Developing our services
A member event 'developing our services', chaired by the Trust chairman, took place in Wycombe. Medical director Dr Graz Luzzi presented on some of our service developments, alongside members of our redesign team who highlighted the improvements they had supported following integration with community services. This presentation was supported by a patient who spoke very positively of his improved experience under our care. About 40 attendees

then broke into groups and were asked to identify their top 10 priorities, which they want us to be mindful of when making changes. Making sure changes led to improved outcomes was the top priority across all groups.

August 2011 – Being a better neighbour
This was a very well attended public event held in Aylesbury to share information and listen to the views of local residents who raised concerns over the impact of local parking changes at the hospital. The director of property services gave a presentation on future plans for the site, followed by a question and answer session, concluding with group work to identify and prioritise solutions.

September 2011 – Better Healthcare in Buckinghamshire (BHiB) engagement sessions
During the month, five public meetings were held around the county to introduce BHiB – the joint project being led by NHS Buckinghamshire and Oxfordshire cluster to look at developing health services that better meet the needs of local people both now and in the future. You can read more about this and the recent consultation on page 17.

Over 200 people attended the sessions and the feedback was useful in helping to shape the resulting BHiB proposals. In addition, a survey was developed for people to share their comments and views. Over 370 surveys were returned from the public and 590 staff responded to a staff survey.

October 2011 – Working towards all things equal
Attended by a national speaker and chaired by our chief executive, this equality and diversity event provided the local launch to the new Equality Delivery System (EDS). The event was attended by over 40 people and representatives from stakeholder and partner organisations. The views of those attending were collated around what they identified the NHS did well locally, the areas that could be improved on and their priorities. The feedback will feed into shaping our equality objectives.

Other ways we have involved patients

In addition to the above, we also involve patients and members in our day-to-day projects, groups and committees to ensure that the patient perspective is taken into account in all that we do. Key examples include:

- Patient Environmental Assessment Teams (PEAT) assessment earlier this year
- equality and diversity grading panel
- the development of the stroke early supported discharge service
- a regional stroke learning event to celebrate the ‘stroke portfolio’, the result of a joint project with other key stakeholders. The portfolio has been highlighted as good practice.
- monitored dose project
- transport summit
- staff and volunteer awards

- patient representation on our research governance and infection control committee meetings
- patient stories to Trust Board. These provide the Board with first hand accounts of patient experience and highlight learning and action.

Patient Experience Group (PEG)

The PEG meets every two months and continues to have representation from a range of patient groups including carers. It provides a valuable opportunity for input from patients and service users and for two-way dialogue. Staff representatives are also in attendance and the meetings are chaired by the deputy chief nurse.

The PEG plays a vital role in making sure all new patient information leaflets are patient friendly, and the group assessed 79 different leaflets during 2011/2012.

Views from the group this year have influenced positive changes, including:

- raised awareness for patients on the maternity ward that extra snacks are available for breast feeding mums
- half-day study days have been introduced to train staff on how to care for people with disabilities
- improved awareness for male patients about the support available from the Chiltern prostate cancer group
- care of those with dementia, which was raised as a concern at the PEG, resulting in the implementation of 'The Butterfly Project'
- improvements to the call system in the podiatry service and bookings system
- increasing numbers of disabled parking spaces.

Local Involvement Networks (LINks)

The Buckinghamshire LINk has continued to evolve and the Trust representative attends its monthly public meetings. The regular meetings with our chair continued and there has been Trust representation at the LINk steering group meetings wherever possible.

Members of the LINk steering group are invited to events at the Trust, including a visit to the Wycombe hospital site in June 2011. This was attended by our chief executive and chair, and was followed by a meeting on the Trust's plans for the future.

In line with national policy, changes to the LINk will be implemented in 2012/13 and the Trust is looking forward to working with the new arrangements and the people supporting them.

The Health Overview and Scrutiny Committee (HOSC)

The HOSC is a well-established forum, carrying out a scrutiny role for public health services on behalf of the local population.

The Trust attends HOSC public meetings on a regular basis providing information and input as requested. Issues covered during the year included the expanded specialist stroke unit at Wycombe, integration of our services, the Better Healthcare in Bucks (BHiB) consultation; and in partnership with NHS Buckinghamshire and Buckinghamshire County Council, delayed transfer of care and dementia.

In addition, the Trust welcomes the opportunity to engage with the OSC and over the past year arranged site visits to all our hospital and key community bases to give committee members a clearer picture of our service provision.

Charitable and voluntary services partners

The Trust's charitable fund receives income which is made up of donations, legacies, activities for generating funds and investment income. The Trust is immensely grateful to those people who remember the Trust through donations or leave a legacy in their will. These monies are used to enhance services within the Trust focused on patients' welfare, staff welfare, research and general charitable hospital purposes. The Trust Board is the corporate trustee and a separate annual report and accounts are produced for the charity, which are available from our website www.buckshealthcare.nhs.uk.

We are indebted to groups such as the WRVS which are staffed almost exclusively by volunteers, for the significant contribution they make towards improving care for our patients.

The Trust has also continued to benefit greatly from the work of Scannappeal, which this year includes: the completion of the 'Save their Skin' appeal for Stoke Mandeville Hospital to provide specialist gamma probes to locate skin cancers; the funding of specialist rehabilitation equipment for patients with brain injury being treated at Amersham Hospital; and providing a 3D heart scanner for Wycombe Hospital. In addition, the League of Friends across our acute and community hospital sites and the Cancer Care and Haematology Fund at Stoke Mandeville Hospital have also significantly supported the Trust. During the year all these organisations have made significant donations of equipment and funding for projects for use throughout the Trust.

Additionally, through the contribution made by the Florence Nightingale Hospice Charity, important new services are provided both within the hospice itself to patients and through the hospice at home work. The Trust recognises how valuable this work is in improving the care of patients.

Principles for remedy

The Ombudsman's 'principles for remedy' state that an attempt to resolve a complaint should be based on:

- getting it right
- being customer focused
- being open and accountable

- acting fairly and proportionately
- putting things right
- seeking continuous improvement.

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

7. Our staff

Supporting our workforce

The Trust is one of the largest employers in the county, with 4,785 directly employed staff (full time equivalents) and total staff headcount of up to 5,700 people. The number of directly employed staff has reduced during the year following two TUPE transfers out of the organisation (involving over 130 staff), and staff leaving the organisation as part of our workforce and service change transformation.

As in previous years we have continued to focus on tackling our temporary staffing costs to improve the quality and value for money of our temporary staff solutions. This has led to better procurement and contract arrangements with agencies, however we are mindful that there will continue to be a need for temporary staff because of the high demand for our services, prevention and control of infection measures, sickness absence and vacancy hotspots.

We now run regular open events to market our organisation and attract candidates to our vacancies. Working in partnership with a contractor we have attracted newly qualified nurses from Eire and have worked in partnership with a London FT to set up events in Glasgow and Sheffield to help us attract nursing staff.

Occupational health and wellbeing

The occupational health and wellbeing (OHW) team in Stoke Mandeville moved to its new location in the old eye outpatients department at the beginning of December. This is a more modern and comfortable facility for staff to access services.

Following a wide consultation, a new Service Level Agreement with the Trust was implemented in July 2011. This has provided greater clarity and understanding about what our clients and users can expect from the service.

The team's new database software system is planned to go live in May 2012. This system will enable much quicker and easier access for clients and managers to our services. Texting reminders for appointments will be just one the many improvements made possible by the new system in the future.

Health and wellbeing

During the year the Trust's Health and Wellbeing Steering Group focused on reducing sickness absence, obesity and mental health issues, and will be assessed for the Investors in People Health & Wellbeing Award in April 2012.

Sickness absence case management continued throughout 2011/12, during which time a wide range of actions were put in place and closely monitored.

Some of the actions and mechanisms put in place include:

- utilised Bradford score and integrated sickness absence policy into everyday management – direct reporting to managers
- monthly sickness absence reporting
- health summits – focusing on staff requiring support
- effective communication – good liaison with HR, OHW and managers
- fast track counselling/physio for those requiring early assistance
- round table discussions to support managers and members of staff
- home visits
- introduced stress workshops for managers
- 1:1 coaching with managers.

Obesity

Change4Life posters were sent to all staff areas to encourage staff to swap sugary, high fat snacks for healthier options, drink more water, eat smaller portions and to encourage staff to use the stairs rather than the lifts.

During the year we promoted physical activity through cycle to work schemes, information on walking and cycling routes, and provided exercise classes delivered by our own instructors.

Flu vaccination campaign

The year's flu vaccination campaign has been the most successful to date, achieving a 40.5% take up of total at risk groups. Higher profile advertising and all day drop in clinics contributed to this success. 2,300 staff in total received the vaccine.

Support with childcare

The day nursery at Wycombe is involved in a 'changing outcomes' focus group sponsored by Bucks County Council. These groups focus on raising children's achievements to help improve their lives. A mentor who recently conducted an audit of the provision found the Wycombe day nursery to be performing to a very high level. This has resulted in a grant to fund additional resources.

The Trust continues to provide an on-site nursery at Amersham and nursery facilities at Stoke Mandeville Hospital.

Education, learning and development

The Trust has a fully integrated, multi-professional education, learning and development team responsible for the delivery of the learning and development strategy. The team's workstreams are:

- delivery of statutory and mandatory training

- commitment to the NHS Skills Pledge – functional skills training for literacy, numeracy and IT skills
- **vocational education**, which supports the widening participation agenda of bands 1-4 and includes apprenticeships in health, social care and business administration
- **pre-qualifying education,** which ensures the next generation of healthcare professionals have the right learning tools
- **post-qualifying education & medical education,** which develops the healthcare workforce and includes clinical skills training and continuing professional and personal development
- **leadership & succession planning,** which delivers quality services through people.

Through these workstreams the Trust aims to ensure all staff have equal access to appropriate learning and development opportunities, which are relevant to their job roles and aligned to organisational need.

The current appraisal process, including documentation, was reviewed this year for both acute and community staff. New documentation will be introduced in April 2012, to help align staff's objectives to the 2012/13 business objectives.

Leadership

The Trust has continued to invest significantly in leadership development for staff working in front line roles. Strong leadership and management skills are required at every level of the organisation. In order to develop our leaders effectively foundations have been put in place this year for leaders and managers to emerge, develop and reach their full potential.

Training feedback from the annual staff survey 2010 is encouraging with 76% of staff saying that they had received job relevant training, learning or development in the last 12 months. However, work needs to be undertaken to ensure all staff feel there are good opportunities to develop their potential at work.

Trust library service

Our use of survey monkey software to evaluate information skills training sessions and the use of mail merge to send welcome messages to new library users were both identified as areas of good practice in the Sally Hernando Innovation in NHS Library and Knowledge Services Awards 2011/12.

The majority of print journals were cancelled from 2012 so as to release funds to purchase a subscription to UpToDate, an online resource providing detailed information at the patient bedside or clinic. Library staff are currently trialing Clinical Key, a new electronic resource providing access to over 700 journals and 400 books in full text. Trial access for other staff will be available early next year.

Equality and diversity

The Trust has made good progress with this agenda over the past year. We have published information in line with the requirements of the Public Sector Equality Duty (PSED). The PSED under the Equality Act (2010), also includes specific duties which we are on schedule to comply with by publishing our first equality objectives by April 6. These have been informed by both staff and patient engagement. The Equality Act (2010) extends protection to nine protected characteristic groups eg race, gender, disability, age, maternity and pregnancy, religion or belief, gender identity, marriage and civil partnerships, and sexual orientation.

In addition, the Trust has implemented the new Equality Delivery System (EDS) which is a national framework. It consists of four goal areas and 18 outcomes and is underpinned by engagement with staff, patients and the public, in particular those who share a protected characteristic – termed as interested parties. Grades are allocated to each of the outcome criteria via engagement with interested parties.

More information is available on the above via our equality and diversity pages on our website at www.buckshealthcare.nhs.uk

Acting on feedback, communications and consultation

For the last nine years the Trust has participated in the national NHS National Staff Survey. The Department of Health uses the survey results nationally to help define policy, and inform public and patients of progress and developments in the NHS. Locally, we use the results to measure compliance with essential standards of quality and safety, and as a temperature check as to how staff are feeling about a wide range of topics that are important to them.

Published in March 2012, and covering the period October to December 2011, we scored well nationally in the survey in the provision of support and opportunities to maintain staff health, wellbeing and safety; with fewer staff suffering work related injuries and work related stress. There were fewer incidents of violence and abuse from patients and staff, and fewer staff witnessing potentially harmful errors or near misses. More of our staff participated in equality and diversity training and fewer staff experienced discrimination at work.

Those findings that deteriorated were in the number of staff working extra hours and the number of staff appraised in the last 12 months. The former is understandable given the level of organisational change and financial and operational pressures the Trust faced in 2011. The overall staff engagement score improved slightly to 3.54 against a national average of 3.62 (scale score of 0 to 5) and this is disappointing given the Trust's efforts to engage and communicate with staff particularly around our financial challenges, our FT application and more recently the reconfiguration of our acute and community services.

In anticipation of some of the results, the Trust commissioned a ‘deep dive’ programme to help identify what the Trust can do to improve a number of the key findings. This work has commenced with a ‘tell us how survey’ and will continue with focus groups. The output of this programme will help to pinpoint the actions the Trust needs to take to deliver improvements overall in the staff experience.

Consultation and negotiation

The Trust recognises and has developed a positive working relationship with its trades unions, staff organisations and professional bodies over many years. The Trust works with these bodies in a number of areas related to the staff experience including for example working conditions and pay, disciplinary and grievance, health and safety, harassment and bullying and improving the work lives of staff. In 2011/12 the Trust worked closely with these consultative committees to ensure that all matters relating to organisational transformation were consulted upon and negotiated, reflecting a partnership approach.

Celebrating good practice

The Trust’s annual staff awards, which have been running for eight years, recognise and reward good practice from every part of the Trust and this year attracted over 200 nominations. In November 2011, over 130 staff, sponsors and guests attended the awards ceremony which was held in the Education Centre at High Wycombe.

In June 2011 the Trust’s medical staffing team were recognised nationally for their consultant recruitment and selection programme at the Healthcare People Management Awards (HPMA). The project ‘consultant recruitment – getting it right’ was cited as best practice and praised for being both robust and focussed and attracted the HPMA judges’ attention for “cracking long standing recruitment issues”.

8. Looking forward

Our 2012/13 objectives and challenges

During 2011/12 the Board reviewed its long term goals to support the delivery of our mission and our plans to become an NHS Foundation Trust.

Our five strategic objectives for 2012/13 are:

1. **To excel in the delivery of clinical care, safety and patient experience**
2. **To ensure our full range of services, from community to highly specialised, are integrated and sustainable**
3. **To employ the highest calibre dedicated people who are proud to work for Buckinghamshire Healthcare**
4. **We will work collaboratively and effectively across organisational boundaries and out into our communities to ensure the best outcomes for patients**
5. **To be a highly effective, sustainable NHS Foundation Trust through maximising efficiency, productivity and cost effectiveness**

9. Our Trust Board

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

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

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

Directors and the register of interests

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

Name	Position	Interests Declared
Jane Bramwell	Non-Executive Director	Chair of charity supporting adults with a learning disability and deputy chair of governors at a local special school Husband Michael Brand is a Bucks County Councillor
Les Broude	Non-Executive Director	Works on a consultancy basis on career transition with Penna Plc that provides a coaching service to the NHS Family friend Chair of The Royal Hospital for Neuro-Disability
Anne Eden	Chief Executive	None
Juliet Brown	Director of Strategy & System Reform	Director and Secretary for Shining Life Children's Trust (Charitable Co) charity involved in social work in Sri Lanka
Graham Ellis ^	Chairman and Non-Executive Director	Non-Executive Director in Ministry of Defence, Defence, Equipment & Support (DE&S) and member of Audit Committee and Safety Board Non-Executive Member of Audit Committee, Oil & Pipelines Agency Non-Executive Chair to Safety Committee, Oil & Pipelines Agency Non-Political Parish Councillor for Preston Bissett, Buckingham Family friend works in community services,

		Bucks Healthcare NHS Trust
Ian Garlington	Director of Property Services	Director The Stoke Mandeville Hospital Postgraduate Society Ltd Trustee of the National Society for Epilepsy Trustee of Scannappeal
Keith Gilchrist	Non-Executive Director	Advisory work with LCA (Low Carbon Accelerator) finance fund for low carbon development companies Son is speciality registrar ST2 paediatrics currently seconded to Oxford University research and SMH
Malcolm Griffiths	Non-Executive Director	Director of Okio Limited, an IT/web design company Director of Bluespace Thinking, a consultancy company Chair of the South Central Patient Safety Federation
Sandra Hatton	Director of Human Resources & OD	None
Elizabeth Hollman***	Acting Trust Board Secretary	Chair of the Heart of Ryemead Community Association Trustee/Secretary to the Registered Charity Church of Shalom
Brenda Kersting ^^	Acting Chair and Non-Executive Director	Lay Assessor for the National Clinical Assessment Service (NCAS) Independent Member of the Parole Board Non Executive Member of Parole Board Audit and Risk Committee Lay panellist for the GMC's Fitness to Practice panels.
Sam Knollys ****	Joint Director of Strategy & System Reform	None
Dr Graz Luzzi	Medical Director	None
Janet Meek **	FT Programme Director	Husband works at the DH and is the finance lead for the FT pipeline nationally
Robert Peet	Chief Operating Officer	None
Lesley Perkin^^^^	Joint Director of Strategy & System Reform	None
David Sines ^^^	Associate Non-Executive Director	Director of the British School of Osteopathy Pro Vice Chancellor at Buckinghamshire New University with educational contracts with the SHA
Lynne Swiatczak	Chief Nurse & Director of Patient Care Standards	None
Tom Travers	Director of Finance & IT	None

** from June 2011 until December 2011
*** from February 2012
**** from April to July 2011
^ until December 2011
^^ from January 2012
^^^ from February 2012
^^^^ from July to December 2011

Directors' remuneration

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

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

The Executive directors are employed within a standard employment contract which provides for a six month notice period. On termination of employment the director would be entitled to contractual severance terms, such as lieu of notice pay and redundancy. Any payments above normal contractual levels would have to be approved by HM Treasury as an economic use of public funds before they were made.

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

Name	Date of Appointment	End of Term of office	Extension to tenure (if applicable)
Graham Ellis	01/10/2008	31/12/2011	Retired
Les Broude	01/05/2007	30/04/2011	30/04/2015
Brenda Kersting	01/05/2007	30/04/2011	31/10/2014
Jane Bramwell	01/05/2007	30/04/2011	30/04/2013
Keith Gilchrist	01/05/2007	30/04/2011	30/04/2014
Malcolm Griffiths	16/07/2007	15/07/2011	30/11/2013
David Sines (Associate)	February 2012	July 2012	

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

In 2011/12 there have been no significant awards or compensation payments made to past Directors, and no amounts are payable to third parties in respect of any director.

Membership of the remuneration committee during 2011/12:

Graham Ellis (to end December 2011)
Jane Bramwell
Les Broude
Keith Gilchrist
Malcolm Griffiths
Brenda Kersting
David Sines (from February 2012)

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

	2011-12				2010-11			
Name and Title	**Service as Director in year**	**Salary (bands of £5000) £**	**Other Remuneration (bands of £5000) £**	**Benefits in Kind Rounded to the nearest £100 £**	**Service as Director in year**	**Salary (bands of £5000) £**	**Other Remuneration (bands of £5000) £**	**Benefits in Kind Rounded to the nearest £100 £**
Chairman Mr G Ellis	1/4/11-31/1/12	20-25	-	-	Full Year	20-25	-	-
Mrs B Kersting	1/2/12-31/3/12	0-5						
Non-Executive Directors Mr M Griffiths	Full Year	5-10	-	-	Full Year	5-10	-	-
Mr L Broude	Full Year	5-10	-	-	Full Year	5-10	-	-
Mr K Gilchrist	Full Year	5-10	-	-	Full Year	5-10	-	-
Ms J Bramwell	Full Year	5-10	-	-	Full Year	5-10	-	-
Mrs B Kersting	1/4/11-31/1/12	5-10	-	-	Full Year	5-10	-	-
Chief Executive Ms Anne Eden	Full Year	155-160	-	1,300	Full Year	155-160	-	700
Chief Operating Officer Mr R Peet	Full year	110-115	-	-	Full year	110-115	-	-
Director of Finance Mr T Travers	Full Year	110-115	-	400	Full Year	110-115	-	-
Chief Nurse and Director of Patient Care Standards Ms L Swiatczak	Full year	95-100	-	-	1/6/10-31/3/11	75-80	-	-
Medical Director Dr G Luzzi	Full Year	45-50	125-130	-	Full Year	45-50	125-130	-
Director of Property Services Mr I Garlington	Full Year	100-105	-	400	Full Year	100-105	-	-
Director of HR and organisational development Mrs S Hatton	Full Year	90-95	-	-	Full Year	90-95	-	-

Joint Directors of Strategy & System Reform Mrs S Knollys*	1/4/11-31/7/11	45-50	20-25	-	Full Year	30-35	-	-
Ms L Perkin	26/7/11-30/11/11	20-25	-	-	None	-	-	-
Mrs J Brown	Full year	55-60	-	-	01/06/09 - 31/03/10	50-55	-	-

*Other remuneration relates to contractual redundancy payment.

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

Directors' pension entitlements

Name and Title	Real increase in pension at age 60	Real increase in pension lump sum at age 60	Total accrued pension at age 60 at 31 March 2012	Lump sum at age 60 related to accrued pension at 31 March 2012	Cash Equivalent Transfer Value at 31 March 2012	Cash Equivalent Transfer Value at 31 March 2011	Real Increase in Cash Equivalent Transfer Value	Employer's Contribution to stakeholder pension
	(bands of £2500) £000	(bands of £2500) £000	(bands of £5000) £000	(bands of £5000) £000	£000	£000	£000	To nearest £100 £
Chief Executive Ms A Eden	0 - 2.5	5-7.5	60-65	180-185	1,131	1,009	122	85,000
Chief Operating Officer Mr R Peet	2.5-5	0	10-15	15-20	158	136	23	16,000
Director of Finance Mr T Travers	0 - 2.5	2.5 - 5	15-20	50-55	301	243	58	40,700
Director of Nursing Ms L Swiatczak	0-2.5	5-7.5	5-10	20-25	131	91	40	28,300
Director of HR and Organisational Development Mrs S Hatton	0 – 2.5	2.5 - 5	35-40	115-120	825	764	60	42,300
Joint Directors of Strategy and System Reform Mrs S Knollys*	0 - 2.5	0 - 2.5	5-10	15-20	44	37	7	4,600
Mrs J Brown	0 - 2.5	2.5-5	10-15	40-45	206	158	48	33,500
Director of Facilities and Estates Mr I Garlington **	0 - 2.5	0 - 2.5	0-10	-	56	29	26	18,200
Medical Director Dr G Luzzi	0-2.5	2.5-5	45-50	145-150	984	892	92	64,700

Ms L Perkin acted as a Director of Stategy and System Reform in the period 26/7/11 to 30/11/11 . As only part of the pension entitlement accrued for this year was related to this period of service it is not considered helpful to provide the information or a comparator.

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

**Mr I Garlington is a member of the NHS Pension Scheme 2008 section and, as such, has no automatic entitlement to a lump sum.

Pay multiples

From 2011/12 reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid director in Buckinghamshire Healthcare NHS Trust in the financial year 2011/12 was £155,000 to £160,000 (2010/11 £155,000 to £160,000) This was 5.6 times (2010/11 5.7 times) the median remuneration of the workforce, which was £27,854 (2010/11 £27,646).

In 2011/12 9 employees (2010/11 9 employees) received remuneration in excess of the highest-paid director. Remuneration ranged from £158,000 to £190,000 (2010/11 £158,000 to £179,000).

Total remuneration includes salary, non-consolidated performance-related pay (none awarded in 2010/11 or 2011/12) benefits-in-kind and any severance payments. None of the employees who received remuneration in excess of the highest paid director received redundancy payments in 2011/12 (2010/11 nil). It does not include employer pension contributions and the cash equivalent transfer values of pensions.

There has been a pay freeze across the NHS during 2010/11 and 2011/12, with the pay of the highest-paid director (the same individual in both years) remaining static. The median pay has changed very marginally.

The pay of the highest paid employee has increased due to an increase in the number of sessions worked and paid.

Audit committee

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

Les Broude (Chair)	Non-Executive Director
Keith Gilchrist	Non-Executive Director
Malcolm Griffiths	Non-Executive Director

Brenda Kersting	Non-Executive Director (to December 2011)
Jane Bramwell	Non-Executive Director (from January 2012)

Auditors

The Trust has been audited by the Audit Commission since 2008/09. Their total remuneration in 2011/12 was £198,700 (excluding VAT). Of this £186,200 was in respect of audit services for the financial statements. The remainder consisted of fees for the statutory audit and mandatory studies requested by the Department of Health, including the auditing of the Trust's separate Quality Accounts for 2010/11 and work under the National Fraud Initiative.

The Audit Commission has provided a declaration (an ISA 260 declaration of independence and objectivity) confirming that it has maintained independence from the Trust.

Directors' declaration in respect of audit

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

10. Our finances

Financial performance

Performance in year

Planning for 2011/12 had identified that the Trust was likely to face falling income during the year. The PCT has a plan to reduce demand on acute services in order that more patients can be treated at home with the aid of primary care and community services. In addition there is a 4% efficiency saving inbuilt into the tariff on which we obtain payment for activity. However, in practice, inflation experienced in the NHS tends to be higher than that experienced in the whole population and the cost of expensive drugs and treatments creates further cost pressures. As a result of the above factors it was clear that the Trust faced another year of being required to achieve significant cost improvements of £28.2m or approximately 9% (following on from 2010/11 when there was a requirement to achieve £29.8m of savings).

Although there are significant 'business as usual' pressures the Trust is being supported to undertake process redesign, systems reform and some workforce changes to prepare the Trust for future challenges. This work includes ensuring that our patients are treated in the best place, which for many will be in their own home with support from staff in the community and looking at whether admittance to hospital is in their best interests.

Despite these challenges the Trust achieved a surplus, after technical adjustments of £2,848,000. This achievement means that the Trust has succeeded in its duty to 'breakeven' on a cumulative basis – a requirement if it is to undertake a successful Foundation trust application next year.

The surplus reported before technical adjustments is £4,338,000. However there are three items included within this that the Department of Health requires to be negated before considering the financial performance of a Trust. These items are:

- a reversal of an impairment to the value of the Trust's property that had previously been reflected in the Statement of Comprehensive Income (SOCI). During 2009/10 the value of land and buildings had fallen considerably. However this has been reversed in the years since and the element of upward revaluation relating to the original impairment is taken to the SOCI. This is considered to be outside the financial management of the Trust and to artificially inflate any surplus reported. The effect on the surplus of £2,751,000 needs to be removed.

- The impact of the change in accounting treatment for the Stoke Mandeville PFI as a result of the transition to International Financial Reporting Standards (IFRS). This caused the reported surplus in 2011/12 to be £527,000 lower than it would otherwise have been, so

needs to be added back on.

- The impact of the change in accounting treatment for donated assets in 2011/12. This had the impact of reducing the reported surplus by £734,000 from where it would otherwise have been and also needs to be added back on.

The Trust is required to meet, or undershoot, certain targets known as 'External Financing Limit' and 'Capital Resource Limit'. In 2011/12 the Trust achieved these targets within the levels that it is expected to meet.

The Audit Commission is required to give the Trust a conclusion on whether, in their opinion, it obtains 'Value for Money'. In reaching this conclusion the Audit Commission reviews whether the trust has proper arrangements for securing financial resilience and challenging how it secures economy, efficiency and effectiveness. The Trust has been given unqualified conclusions in 2010/11 and 2011/12.

Accounting policies

Expense recognition

In 2011/12 there were a number of service redesigns and restructurings that took place throughout the Trust. As a result, a number of staff were made redundant and others left under the Mutually Agreed Resignation Scheme (MARS). The number of staff affected and the value of their exit packages is shown below. All exit packages were within contractual terms and no additional non-contractual payments were made.

Exit package cost band (including any special payment element)	Number and cost of compulsory redundancies	Number and cost of other departures agreed	Total number and cost of exit packages	Number and cost of departures in a) and b) where special payments have been made
	a	b	c	
<£10,000	2 (£12,000)	6 (£34,000)	8 (£46,000)	0 (£0)
£10,001 - £25,000	8 (£149,000)	6 (£92,000)	14 (£241,000)	0 (£0)
£25001 - 50,000	1 (£28,000)	9 (£297,000)	10 (£325,000)	0 (£0)
£50,001 - £100,000	6 (£509,000)	4 (£255,000)	10 (£764,000)	0 (£0)
£101,001 - £150,000	1 (£134,000)	2 (£200,000)	3 (£334,000)	0 (£0)
£150,000 - £200,000	-	-		0 (£0)
>£200,000	-	-		0 (£0)
Total	**18 (£832,000)**	**27 (£878,000)**	**45 (£1,710,000)**	

Non-current assets

The Trust is required to report the 'fair value' of its non-current assets. In assessing the fair value, it takes into account the advice of experts, where appropriate. The District Valuation Office has advised the Trust that the value of its land has not changed since the beginning of the financial year, although buildings and dwellings have increased by 3.6%. Where the increase reverses the impairment to values charged to the Income Statement in the previous financial year the benefit has been credited to the Income Statement, otherwise the increase has been credited to the Revaluation Reserve.

During 2011/12 the Trust disposed of a property in Whielden Street Amersham that was surplus to the Trust's requirements. In addition the Trust is in the process of securing the sale of a piece of land at the front of the Stoke Mandeville site. As this is to be disposed of by sale the Trust has reclassified it as 'Non-Current Assets Held for Sale'

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

Donated assets

At the beginning of the 2011/12 financial year, guidance on accounting for donated assets was changed. Previously a donated asset reserve was maintained, transfers from which matched any impact of the receipt or depreciation of donated assets. From 2011/12 the receipt of a donated asset will be accounted for as income and depreciation from those assets as expenditure. Any resulting differences, and therefore impact on the Trust's surplus or deficit, will be taken as a technical adjustment.

Donations

We have been extremely fortunate again this year to benefit from support from Scannappeal, the Trust charities and the League of Friends; with the purchase of medical and other equipment exceeding £380,000. There have also been donations of smaller items of equipment for which we are very grateful.

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

Pension liabilities

Past and present employees of the Trust are covered by the provisions of the NHS Pension Scheme. The scheme is an unfunded, defined benefit scheme and is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the Trust of participating in the scheme is equal to the contributions

payable to the scheme for the accounting period. Further details can be found in note 9 of the Trust's 2011/12 financial statements.

Financing arrangements

The Trust currently has two loans. The first is a capital loan which was taken out in September 2008, at a fixed interest rate of 4.88%, in order to support the Trust's significant capital programme in that year. At 31st March 2012 there was £2,100,000 outstanding, which is repayable at twice yearly instalments of £700,000 in September and March. The second is a working capital loan, which was taken out in March 2010. This loan is at a fixed interest rate of 1.89% and at 31st March 2011 there was £7,500,000 outstanding. This is repayable in twice yearly instalments of £1,250,000 in September and March.

During the financial period, the Trust incurred £331,000 (2010/11 £442,000) in interest on its loans.

Under IFRS, the Trust is required to account for the private finance initiative schemes and any equipment held under finance leases by accounting for both the value of the asset and the future liability to pay. This future liability is shown on the Statement of Financial Position as 'borrowings'. The amount paid to our PFI partners is accounted for as either service charges for the services provided, or finance charges on the 'borrowing' for the buildings in the Income Statement. In 2011/12 the Trust accounted for £10,219,000 (2010/11 £9,770,000) in finance charges in relation to the PFIs.

Cash flow

The Trust actively manages its operational cash flows by pursuing its debt in order to minimise amounts outstanding and by paying its creditors as they fall due.

The Trust earns interest on its bank balances and is subject to interest rate fluctuations on these earnings. Interest rates are currently very low so the risk of them reducing by a material amount and thus reducing the Trust's income earned is also considered to be low. The Trust's loans are at fixed interest rates so the Trust is not exposed to interest rate risk in respect of loans.

Interest earned on bank balances during the year amounted to £34,000 (2010/11 £51,000).

Better payment practice code

The Better Payment Practice Code (BPPC) requires the Trust to aim to pay all valid NHS and non-NHS trade creditors by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later. The Trust's performance in 2011/12 shown below:

	2011-12 Number	2011-12 £000	2010-11 Number	2010-11 £000
Non-NHS Payables				
Total Non-NHS Trade Invoices Paid in the Year	**66,357**	**149,679**	73,515	126,593
Total Non-NHS Trade Invoices Paid Within Target	**56,572**	**137,884**	50,153	96,243
Percentage of Non-NHS Trade Invoices Paid Within Target	**85.3%**	**92.1%**	68.2%	76.0%
NHS Payables				
Total NHS Trade Invoices Paid in the Year	**3,557**	**66,572**	3,076	60,085
Total NHS Trade Invoices Paid Within Target	**2,636**	**45,780**	2,212	51,813
Percentage of NHS Trade Invoices Paid Within Target	**74.1%**	**68.8%**	71.9%	86.2%

The Trust has made significant inroads into improving performance on payment of its non-NHS suppliers within the timescales specified and in line with requirements to manage its cash balances, although performance is still at below 95%. Further efforts will be made in 2012/13 to improve the percentage achieved.

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

2012/13 and beyond

With the passing of the Government's bill on changes to commissioning for NHS services, the Trust will be facing some uncertainties on how services are likely to be commissioned, which may lead to both opportunities and challenges. In addition the Trust is working with its current commissioners on the 'Better Healthcare in Bucks' strategy. It is fully committed to being the provider of choice for both acute and community services in mid and south Buckinghamshire in future years.

We are also firmly committed to achieving Foundation Trust status during 2012/13 and the Trust is on the pathway to achieving this. In order to stay on this pathway we will need to continue, and improve upon, strong financial performance and financial management. Key to this will be remaining in financial surplus.

Initial indications are that the cost improvement programme for 2012/13 will be no less significant than that for 2011/12. Decreasing price tariffs, increasingly elderly populations and chronic conditions mean that the Trust will need to control its costs to enable it to operate within the resources available to it. Trust management is looking to develop its initial plans to

maintain its absolute commitment to quality of services while meeting these challenging savings targets.

Following the abolition of the Audit Commission, audit firms have been tendering for the supply of audit services to the NHS. Ernst & Young will be appointed as the Trust's external auditors for 2012/13.

Summary financial statements

Statement of Comprehensive Income (SOCI) for year ended 31 March 2012

	NOTE	2011-12 £000	2010-11 £000 (restated)
Employee benefits	9.1	**(211,172)**	(214,082)
Other costs	7	**(109,094)**	(113,192)
Revenue from patient care activities	4	**319,652**	323,217
Other Operating revenue	5	**20,745**	22,442
Operating surplus		**20,131**	18,385
Investment revenue	11	**34**	51
Other gains and (losses)	12	**250**	(5)
Finance costs	13	**(10,638)**	(10,293)
Surplus for the financial year		**9,777**	8,138
Public dividend capital dividends payable		**(5,439)**	(5,192)
Retained surplus for the year		**4,338**	2,946
Other Comprehensive Income			
Net gain/(loss) on revaluation of property, plant & equipment		**3,094**	1,884
Total comprehensive income for the year		**7,432**	4,830
Financial performance for the year			
Retained surplus for the year		**4,338**	
Reversal of previous Impairment (a)		**(2,751)**	
Adjustments in respect of donated asset reserve elimination (c)		**734**	
IFRIC 12 adjustment (b)		**527**	
Adjusted retained surplus*		**2,848**	

*** A Trust's Reported NHS financial performance is derived from its Retained surplus, but adjusted for the following:**

a) Impairments to Fixed Assets and Reversals

During 2009/10, the value of land, buildings and dwellings was significantly impaired due to movement in the property market. During 2011/12, this was partly reversed and part of the element that was charged to the SOCI in 2009/10 has been credited back in 2011/12. An impairment charge or subsequent reversal is not considered as part of the organisation's operating position.

b) The revenue costs of bringing PFI assets on to the balance sheet due to the introduction of International Financial Reporting Standards (IFRS) accounting in 2009/10

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

c) Change in accounting policy in respect of Donated assets.

HM Treasury issued new accounting instructions for 2011/2012 onwards to comply with IFRS. These state that donated assets will be recognised in full in the SOCI income in the year of receipt. Any difference between receipt and depreciation charged on donated assets is recorded as a technical adjustment. Previously, the effect of receipt of donated assets was negated in the SOCI by releasing reserves to match the depreciation charged.

Statement of Financial Position (SOFP) as at 31 March 2012

	31 March 2012	31 March 2011 (restated)	31 March 2010 (restated)
	£000	£000	£000
Non-current assets:			
Property, plant and equipment	**261,617**	253,598	254,394
Intangible assets	**191**	56	-
Trade and other receivables	**2,545**	2,692	2,901
Total non-current assets	**264,353**	256,346	257,295
Current assets:			
Inventories	**4,720**	3,593	3,272
Trade and other receivables	**17,582**	17,746	15,956
Other current assets	**147**	147	147
Cash and cash equivalents	**5,520**	2,572	723
Total current assets	**27,969**	24,058	20,098
Non-current assets held for sale	**1,800**	1,042	-
Total current assets	**29,769**	25,100	20,098
Total assets	**294,122**	281,446	277,393
Current liabilities			
Trade and other payables	**(31,869)**	(24,082)	(17,999)
Other liabilities	**(26)**	(27)	(271)
Provisions	**(234)**	(458)	(1,153)
Borrowings	**(1,704)**	(1,632)	(1,724)
Working capital loan from Department	**(2,500)**	(2,500)	(2,500)
Capital loan from Department	**(1,400)**	(1,400)	(1,400)
Total current liabilities	**(37,733)**	(30,099)	(25,047)
Non-current assets plus/less net current assets/liabilities	**256,389**	251,347	252,346
Non-current liabilities			
Trade and other payables	(1,639)	(1,912)	(2,187)
Other Liabilities	(437)	(463)	(490)
Provisions	(1,399)	(1,432)	(1,635)
Borrowings	(66,762)	(68,515)	(69,939)
Working capital loan from Department	(5,000)	(7,500)	(10,000)
Capital loan from Department	(700)	(2,100)	(3,500)
Total non-current liabilities	**(75,937)**	(81,922)	(87,751)
Total Assets Employed:	**180,452**	169,425	164,595
FINANCED BY:			
TAXPAYERS' EQUITY			
Public Dividend Capital	158,319	154,724	154,724
Retained earnings	(16,504)	(22,008)	(25,745)
Revaluation reserve	38,637	36,709	35,616
Total Taxpayers' Equity:	**180,452**	169,425	164,595

The SOFP has been restated for previous years to reflect the change in accounting treatment for donated assets referred to in Note c in the SOCI.

The only difference in the SOFP is the removal of the donated asset reserve. The impact of this is shown on the Statement of Changes in Taxpayers' Equity (SOCITE)

Statement of Changes in Taxpayers' Equity (SOCITE) for year ended 31 March 2012

	Public Dividend capital	Retained earnings	Revaluation reserve	Total reserves
	£000	£000	£000	£000
Balance at 1 April 2011	154,724	(22,008)	36,709	**169,425**
Opening balance Adjustments		326	(326)	**-**
Restated balance at 1 April 2011	154,724	(21,682)	36,383	**169,425**
Changes in taxpayers' equity for 2011-12				
Retained surplus for the year	-	4,338	-	**4,338**
Net gain on revaluation of property, plant, equipment	-	-	3,094	**3,094**
Transfers between reserves	-	840	(840)	**-**
New PDC Received	3,595	-	-	**3,595**
Balance at 31 March 2012	**158,319**	**(16,504)**	**38,637**	**180,452**

Statement of Cash Flows (SCF) for year ended 31 March 2012

	2011/12	2010-11 restated
	£000	£000
Cash Flows from Operating Activities		
Operating Surplus/Deficit	**20,131**	18,385
Depreciation and Amortisation	**9,258**	14,530
Impairments and Reversals	**(2,751)**	(2,407)
Donated Assets received credited to revenue but non-cash	**(380)**	(1,522)
Interest Paid	**(10,551)**	(10,263)
Dividend paid	**(5,359)**	(4,890)
Release of PFI/deferred credit	**147**	-
(Increase)/Decrease in Inventories	**(1,127)**	(321)

(Increase)/Decrease in Trade and Other Receivables	**311**	(1,582)
Increase/(Decrease) in Trade and Other Payables *	**3,288**	7,548
(Increase)/Decrease in Other Liabilities	**(27)**	(271)
Provisions Utilised	**(408)**	(1,137)
Increase/(Decrease) in Provisions *	**108**	204
Net Cash Inflow/(Outflow) from Operating Activities	**12,640**	18,274
CASH FLOWS FROM INVESTING ACTIVITIES		
Interest Received	**35**	55
(Payments) for Property, Plant and Equipment	**(8,893)**	(11,013)
(Payments) for Intangible Assets	**(144)**	(56)
Proceeds of disposal of assets held for sale	**1,295**	5
Net Cash Inflow/(Outflow) from Investing Activities	**(7,707)**	(11,009)
NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING	**4,933**	7,265
CASH FLOWS FROM FINANCING ACTIVITIES		
Public Dividend Capital Received	**3,595**	-
Loans repaid to DoH - Capital Investment Loans - Repayment of Principal	**(1,400)**	(1,400)
Loans repaid to DoH - Working Capital Loans - Repayment of Principal	**(2,500)**	(2,500)
Capital Element of Payments in Respect of Finance Leases and On-SoFP PFI	**(1,680)**	(1,516)
Net Cash Inflow/(Outflow) from Financing Activities	**(1,985)**	(5,416)
NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS	**2,948**	1,849
Cash and Cash Equivalents at 31 March 2011	**2,572**	723
Cash and Cash Equivalents at 31 March 2012	**5,520**	2,572

* - some of the cash flows from operating activities given above have been adjusted to take into account movements in the SOFP relating to investing and financing activities e.g. interest payable, Public Dividend Capital payable and the unwinding of discount on provisions. For this reason, the cash flows above cannot be derived from other notes to the accounts

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

Director of Finance & IT
Buckinghamshire Hospitals NHS Trust
Amersham Hospital
Whielden Street, Amersham
Buckinghamshire HP7 0JD
Or by telephoning: 01494 734755

11. Statement of directors' responsibilities in respect of the accounts

2011-12 Annual Accounts of Buckinghamshire Healthcare NHS Trust

STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE ACCOUNTS

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

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

- make judgements and estimates which are reasonable and prudent;

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

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

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

By order of the Board

nb: sign and date in any colour ink except black

8TH JUNE 2012 ..... Date ..... pp Chief Executive
Medical Director

8TH JUNE 2012 ..... Date ..... Finance Director

12. Statement of chief executive's responsibilities as the accountable officer of the Trust

2011-12 Annual Accounts of Buckinghamshire Healthcare NHS Trust

STATEMENT OF THE CHIEF EXECUTIVE'S RESPONSIBILITIES AS THE ACCOUNTABLE OFFICER OF THE TRUST

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

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

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

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

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

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

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

nb: sign and date in any colour ink except black

Signed.....pp.....Chief Executive
Medical Director

Date.8TH JUNE 2012

13. Annual governance statement

Governance statement

Each year we are responsible for producing a governance statement, which looks at the effectiveness of our systems of internal control.

Based on the work undertaken in 2011/12, significant assurance can be given that there is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently. However, some weakness in the design and inconsistent application of controls, put the achievement of particular objectives at risk. However, none of these areas was identified as a high risk to the organisation.

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

14. Auditor’s opinion and report

Independent auditor's report to the Board of Directors of Buckinghamshire Healthcare NHS Trust

I have examined the summary financial statement for the year ended 31 March 2012 statement of comprehensive income; statement of financial position; statement of changes in taxpayers’ equity and statement of cash flows.

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

Respective responsibilities of directors and auditor
The directors are responsible for preparing the Annual Report.

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

I also read the other information contained in the Annual Report and consider the implications for my report if I become aware of any misstatements or material inconsistencies with the summary financial statement.

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

Opinion
In my opinion the summary financial statement is consistent with the statutory financial statements of the Buckinghamshire Healthcare NHS Trust for the year ended 31 March 2012.

Maria Grindley
District Auditor
Audit Commission
Ground and 1st Floor,
Unit 5, Isis Business Centre,
Horspath Road
Cowley,
Oxford, OX4 2RD

8 June 2012

Appendix 1: Become a member of the Trust

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

Membership office
Buckinghamshire Healthcare NHS Trust
Amersham Hospital
Whielden Street
Amersham
Bucks
HP7 0JD

Appendix 2: Feedback on annual report 2011/12

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

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

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

Please post feedback to:

Communications
Buckinghamshire Healthcare NHS Trust
Amersham Hospital
Whielden Street
Amersham
Bucks HP7 0JD

Or telephone: 01494 734959

Or email: communications@buckshealthcare.nhs.uk

Appendix 3: Glossary

Acute hospital services Medical and surgical interventions provided in hospitals.
Accruals An accounting concept. In addition to payments and receipts of cash, adjustment is made for outstanding payments, debts to be collected and stock (items bought, paid for but not yet used). This means that the accounts show all the income and expenditure that relates to the financial year.
Auditors' Local Evaluation (ALE) ALE is the Audit Commission's assessment framework involving auditors making scored judgements on key areas of financial performance in NHS trusts. It assesses how well NHS organisations manage and use their financial resources, and forms the quality of financial management for non-foundation trusts within the Care Quality Commission's annual health check.
Agenda for Change Agenda for Change is the pay system for the majority of NHS staff.
Annual health check The annual health check produced by the Care Quality Commission involves the assessment and rating of the performance of each NHS organisation. The annual health check rating for the previous financial year is published in October.
Assets In general, assets include land, buildings, equipment, cash and other property.
Assurance framework (and Board Assurance Framework) The assurance framework provides organisations with a simple but comprehensive method for the effective and focused management of the principal risks to meeting their objectives. It also provides a structure for the evidence to support the statement on internal control.
Audit commission They are an independent public body responsible for ensuring that public money is spent economically, efficiently, and effectively in the areas of local government, housing, health, criminal justice and fire and rescue services. They appoint the external auditors.
Better payment practice code The better payment practice code requires the Trust to aim to pay all valid non-NHS

invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.
Break-even (duty) A financial target. In its simplest form it requires the Trust to match income and expenditure.
Boorman Review This is the final report by Dr Steve Boorman of the independent NHS Health & Well-being review. Published in November 2009, it provides a set of recommendations for improvement in the provision of health and well-being across the NHS.
Capital Expenditure on the acquisition of land and premises, individual works for the provision, adaptation, renewal, replacement and demolition of buildings, items or groups of equipment and vehicles, etc. In the NHS, expenditure on an item is classified as capital if its costs exceed £5000 and its useful life expectancy is greater than one year.
Care pathway This is the route and interactions with healthcare services that a patient will take from their initial meeting with a GP to completion of their treatment.
Care Quality Commission (CQC) The Care Quality Commission provides an independent assessment of the standards of healthcare services, whether provided by the NHS, the private sector or voluntary organisations. The CQC replaces the Healthcare Commission.
Charitable funds Our charity, registered number 1053113 includes a general amenity fund (unrestricted), a research fund (restricted) and an endowment fund.
Chief Nurse's High Impact Actions for nursing and midwifery Eight high impact actions were unveiled by the chief nursing officer for England Dame Christine Beasley in 2009, following submissions from nurses and midwives on how their profession can contribute to improving healthcare, wellbeing and efficiency in services. They are available from the NHS Institute for Innovation and Improvement's website.
Choose and book It is the government's aim to allow patients to choose the hospital they are treated in. Patients needing elective treatment are offered a choice of four or five hospitals once their GP has decided that a referral is required. These could be NHS trusts, Foundation Trusts, treatment centres, private hospitals or practitioners with a special interest operating within primary care. Choose and book is a national service that, for the first time, combines electronic booking and a choice of place, date and time for first outpatient appointments.

Clinical division
The Trust's organisation management structure is based on six clinical divisions, each led by a divisional clinical chair who is a medical consultant supported by a lead nurse and general manager. The six divisions are:-

- clinical services
- community and integrated care
- medicine
- spinal and private patients
- surgery
- women and children.

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

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

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

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

Community Health Buckinghamshire (CHB)
CHB was the provider services arm of NHS Buckinghamshire (the primary care trust), and includes services such as district nursing, services for children and families, intermediate care, occupational and physiotherapy, community dental services, speech and language therapy and palliative care. CHB is now integrated with our Trust, with the staff's employment transferring in April 2010.

Connecting for health
This is the national programme for information technology aiming to bring modern computer systems into the NHS which will improve patient care and services.

Cost improvement programme

The ‘savings’ plan agreed for 2009/10.
Corporate trustee A corporate trustee is a corporation which has been appointed to act as a trustee of a charity. In the case of the NHS, the NHS Trust Board is the corporate trustee of our charitable funds.
Current assets Debtors, stocks, cash or similar whose value is, or can be converted into, cash within the next twelve months.
Disability equality scheme The Disability Discrimination Act amended in 2005 gives the Trust ‘general’ and ‘specific’ duties to promote disability equality. The Trust’s disability equality scheme (DES) explains how the Trust will promote equality for disabled and deaf staff and patients.
Eighteen week and cancer waits The NHS improvement plan gave a commitment that by December 2008 no one will have to wait longer than 18 weeks from GP referral to hospital treatment. However, many patients will be seen much more quickly. For example by December 2005, cancer patients were guaranteed a maximum two month wait from urgent GP referral to first treatment and a maximum one month wait form diagnosis to first treatment for all cancers.
Elective inpatient activity Elective activity is where the decision to admit to hospital could be separated in time from the actual admission, i.e. planned. This covers waiting list, booked and planned admissions.
Emergency inpatient activity Emergency activity is where admission is unpredictable and at short notice because of clinical need.
Executive directors The executive directors are senior employees of the NHS Trust who sit on the Board of Directors and will include the chief executive and finance director. Executive directors have decision-making powers and a defined set of responsibilities thus playing a key role in the day to day running of the organisation.
GDP Gross domestic product – a measure of the value of national economic activity.
Governance Governance arrangements are the 'rules' that govern the internal conduct of an

organisation by defining the roles and responsibilities of key officers/groups and the relationship between them, as well as the process for due decision making and the internal accountability arrangements.
Health Protection Agency The Health Protection Agency (HPA) is an independent body that protects the health and well-being of the population. The agency plays a critical role in protecting people from infectious diseases and in preventing harm when hazards involving chemicals**,** poisons or radiation occur.
High Quality Care for All This national strategy for the NHS, by Lord Darzi and published in 2008, aims for everyone to be able to access uniformly, personalised high quality care; that is delivered as close to home as possible, and within the resources available.
ICT Information and communications technology.
International Financial Reporting Standards (IFRS) IFRS are the standards, interpretations and the framework adopted by the International Accounting Standards Board (IASB) to promote high quality financial standards globally.
Key performance indicators (KPIs) KPIs are the nationally recognised method for calculating performance in NHS acute trusts and are defined by the NHS Information Authority. In 2009/10 the KPIs covered existing commitments and national targets set out by the Department of Health (DH) and Care Quality Commission (CQC); clinical quality, outcome and clinical efficiency indicators and activity levels, workforce and health & safety indicators.
Local health economy The NHS organisations including GP practices, and voluntary and independent sector bodies involved in the commissioning, development and provision of health services for particular population groups.
MARS Mutually agreed resignation scheme.
Methicillin resistant staphylococcus aureus (MSRA) This is a strain of a common bacterium which is resistant to an antibiotic called methicillin.
Millennium Care Records Service (CRS) The care records service is the pivotal part of the national programme for IT (NPfIT), the aim being to provide an electronic health record for 50 million people in England,

accessible by any authorised clinician.
National programme for IT (NPfIT) The national programme for IT focuses on changes to IT in the NHS that will improve patient experience. The programme has four particular goals: electronic appointment booking, an electronic care records service, electronic transmission of prescriptions, and fast, reliable underlying IT infrastructure.
NHS Buckinghamshire The local primary care trust and commissioner of NHS services for Buckinghamshire people.
NHS foundation trust (FT) NHS foundation trusts have been created to devolve decision-making from central government control to local organisations and communities so they are more responsive to the needs and wishes of their local people.
NHS trusts NHS Trusts are hospitals, community health services, mental health services and ambulance services which are managed by their own boards of directors. NHS trusts are part of the NHS and provide services based on the requirements of patients as commissioned by PCTs.
Non-executive directors Non-executive directors, including the chairman, are Trust Board members but they are not full time NHS employees. They have a majority on the Board and their role is to bring a range of varied perspectives and experiences to strategy development and decision-making, ensure effective management arrangements and an effective management team is in place and hold the executive directors to account for organisational performance.
OPAT Outpatient parenteral antimIcrobial therapy.
Order communications An electronic system for the requesting and reviewing of test results. For example, pathology results.
Outpatient attendance An outpatient attendance is when a patient visits a consultant or other medical outpatient clinic. The attendance can be a ‘first’ or ‘follow up’.
Overview and scrutiny committees (OSC) OSCs have the power to scrutinise health services. This contributes to their wider role

in health improvement and reducing health inequalities for their area and its inhabitants.
Patient administration system (PAS) A computer system used to record information about the care provided to service users. The data can only be accessed by authorised users.
Patient Advice and Liaison Service (PALS) All NHS trusts are required to have a Patient Advice and Liaison Service. The service offers patients information, advice, quick solution of problems or access to the complaints procedure. PALS are designed to offer on the spot help and information, practical advice and support for patients and carers.
Patient Services Institute The Trust has a central service redesign and development team, the Patient Services Institute (PSI). The PSI supports the divisions by promoting Lean principles and methodology as well as providing facilitation, data analysis, project management expertise and training.
Payment by results (PbR) Payment by results (PbR) aims to be a fair and transparent, rules-based system for paying NHS Trusts. It uses a national price list (tariff) linked to activity and adjusted for case complexity.
Picture archiving computer system (PACS) PACS enables images such as x-rays and scans to be stored electronically and viewed on screens by doctors and other health professionals, creating a near filmless process and improved diagnosis methods.
Private finance initiative (PFI) The private finance initiative (PFI) provides a way of funding major capital investments, without immediate recourse to the public purse. Private consortia, usually involving large construction firms, are contracted to design, build, and in some cases manage new projects
Primary care Family health services provided by family doctors, dentists, pharmacists, optometrists, and ophthalmic medical practitioners.
Provisions Provisions are made when an expense is probable but there is uncertainty about how much or when payment will be required. Provisions are included in the accounts to comply with the accounting principle of prudence.

Quality account
From 2009/10 onwards all NHS trusts have to publish quality accounts to give information about the quality of the services being delivered.

Revenue
Expenditure other than capital. For example, staff salaries and drug budgets. Also known as current expenditure.

Ring-fenced
Funding specifically designated for a purpose and which can only be used for that purpose.

RiO
An electronic patient records system for community health organisations.

Risk register
A register of all the risks identified by the organisation, each of which is assessed to determine the likelihood of the risk occurring and the impact on the organisation if it does occur.

Scannappeal
An independent registered charity that's objective is to raise money for scanners and other life saving medical equipment for hospitals in Buckinghamshire.

Secondary care
Care provided in hospitals.

Service standards
The Trust's new service standards focus on themes around communication, courtesy, compassion and commentary. For the first time they set out the standards of behaviour we expect all of our staff to deliver, with every interaction, every day, with every patient or colleague.

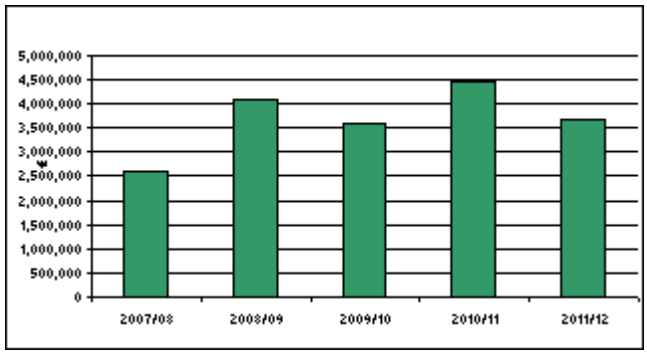
Annual governance statement
The chief executive as the accounting officer is required to make an annual statement alongside the accounts of the Trust, which provides a high-level summary of the ways in which risks are identified and the control systems in place.

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

Tariff / national tariff The national tariff underpins the implementation of the payment by results policy by providing a national price schedule for commissioning services for patients in England. The tariff is a schedule of prices for healthcare resource groups (HRGs). These HRG's cover a range of clinical procedures, treatments and diagnoses that cover a large proportion of hospital services in England.
Trust Board The Trust Board comprises the chairman, executive and non-executive directors and is the body responsible for the operational management and conduct of a particular NHS Trust.
Whole system reform In relation to our agenda this involves looking at the whole system of NHS care in Buckinghamshire, for example the organisations and professions involved, and improving it collaboratively.
Working capital Working capital is the current assets and liabilities (debtors, stock, cash and creditors) required to facilitate the operation of an organisation.

Appendix 3: Sustainability report

18%



Energy usage

The NHS aims to reduce its carbon footprint by 10% between 2009 and 2015. Reducing the amount of energy used in our organisation contributes to this goal
There is also a financial benefit which comes from reducing our energy bill.

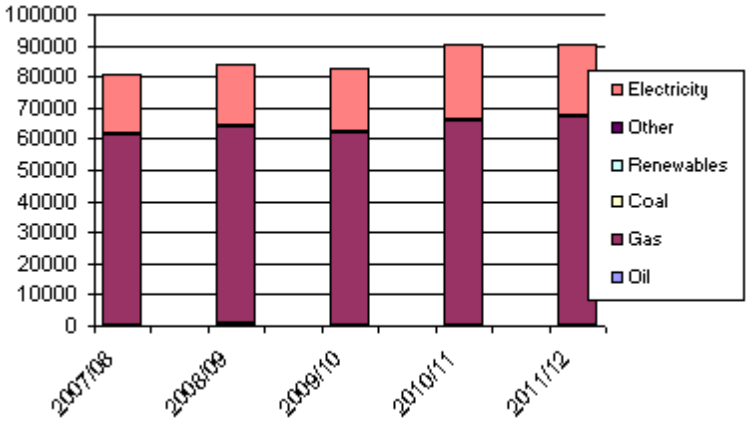
By reducing our energy costs by **18%** in 2011/12, we have saved £791,337, the equivalent of 140 hip operations.

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

489 tonnes

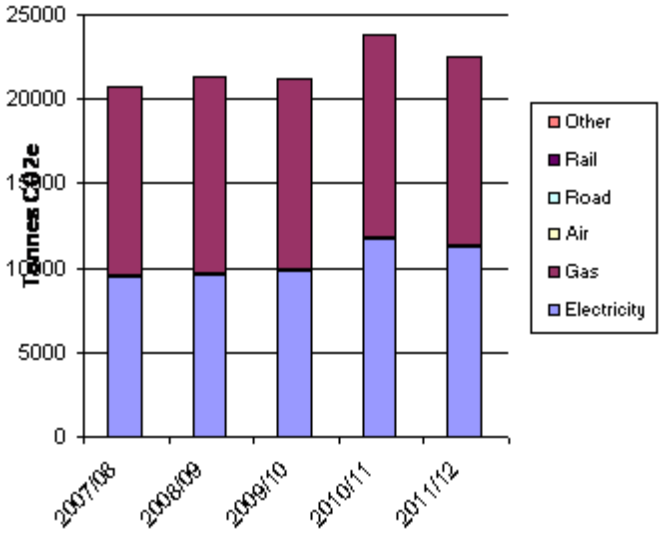
We recover or recycle **489 tonnes of waste**, which is 26% of the total waste we produce.

Our total energy consumption has risen during the year, from 090,071 to 090,624 MWh



Our relative energy consumption has changed during the year, from 0.55 to 0.56 MWh/square metre.

Renewable energy represents 0.0% of our total energy use. In addition, we generate 0.04% of our energy on site We have not made arrangements to purchase electricity generated from renewable sources.

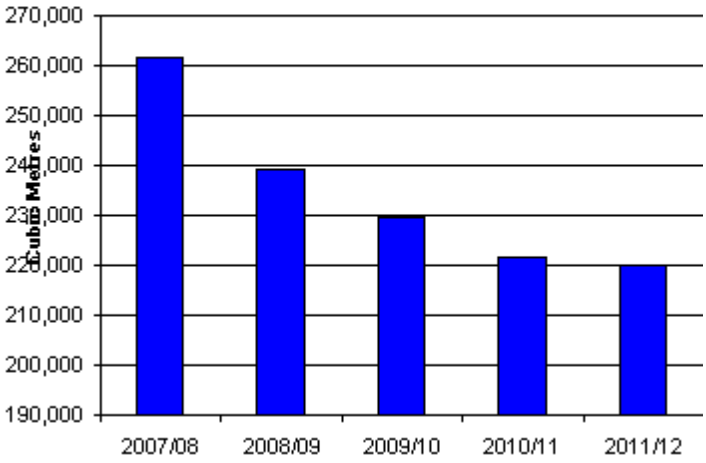


Our measured greenhouse gas emissions have reduced by 1,203 tonnes this year.

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

Water consumption

Our water consumption has reduced by 1,604 cubic meters in the recent financial year.



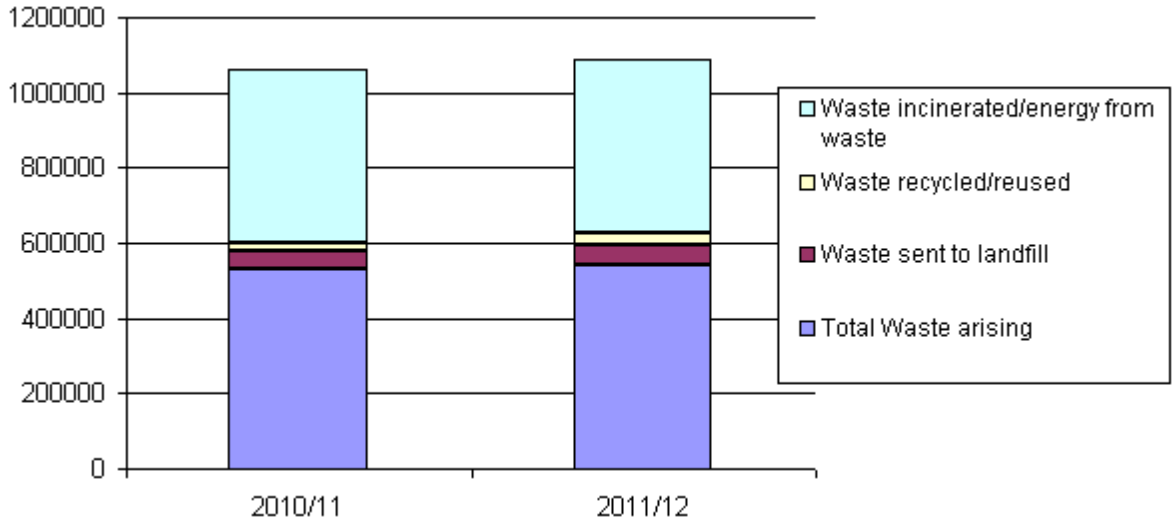
In 2011/12 we spent £343,498 on water.

During 2011/12 our gross expenditure on the CRC Energy Efficiency Scheme was £215,000

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

During 2011/12 our total expenditure on business travel was £2,027,747.

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



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

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

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

Sustainability issues are included in our analysis of risks facing our organisation

NHS organisations have a statutory duty to assess the risks posed by climate change.

Risk assessment, including the quantification and prioritisation of risk, is an important part of managing complex organisations.

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

We have started work on calculating the carbon emissions associated goods and services we procure.

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

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

Our last staff awareness campaign was conducted on the 27th February 2012

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

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

Our organisation does not have a Sustainable Transport Plan.

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