Buckinghamshire Hospitals NHS Trust

Annual report 2008/9

Buckinghamshire Hospitals NHS
NHS Trust

Contents

About us

Buckinghamshire Hospitals NHS Trust operates from three sites in Amersham, Stoke Mandeville and Wycombe. A wide range of high quality acute services are offered at all three sites, as well as some specialist services, including the National Spinal Injuries Centre (Stoke Mandeville), burns care and plastics sub-regional centre (Stoke Mandeville) and dermatology inpatient centre (Amersham).

Our 4,700 staff serve residents across Buckinghamshire, Thame (Oxfordshire), Tring (Hertfordshire) and Leighton Buzzard (Bedfordshire) - a combined population of 500,000. It serves a much larger population, 1.5m, for burns and plastic services and 14m for spinal injuries.

In total, the Trust has 788 beds and there are PFI facilities at all three hospitals. The Trust's operating income for 2008/9 was £279million.

Our lead commissioner is Buckinghamshire PCT which serves a population of around 500,000. Buckinghamshire PCT accounts for more than 65 per cent of the Trust's income. The Trust is within the South Central Strategic Health Authority.

Chairman's and Chief Executive's welcome

We both joined the Trust because we wanted to ensure that the people of Buckinghamshire had the first-class treatment and care they deserved from their NHS. After a number of improvements over the past few years, we firmly believe that our three hospitals – Amersham, Stoke Mandeville and Wycombe - are providing a better service than ever before, thanks to the hard work and dedication of the people we employ.

Our vision is to be the first choice hospitals for the people of Buckinghamshire and beyond, because in a Buckinghamshire hospital the needs of the patient always come first. Our five patient promises provide the focus to deliver this vision – these promises are the very things our patients have told us are important to them. We hope that in this report you can see how we are working hard to ensure that this vision soon becomes a reality.

This year has had its challenges. We, like many others across the country, have seen unprecedented activity levels, particularly in A&E where we narrowly missed out on achieving the national four-hour target.

Financially, the health economy has struggled and we have had to work closely with our colleagues at the PCT to minimise its impact. We were expecting to receive income from a land sale made in late 2008/9, which would have created a small surplus for us at the end of the year, over and above the multi-million pound cost efficiencies we made. Unfortunately, we were informed by our auditors that the profit from this land sale must appear in our 2009/10 accounts instead, which means we now are reporting a £2.7m deficit this year. This is very disappointing, as we have always provided best value for money and more than demonstrated strong financial management.

However, there were also many great achievements:

We were very pleased to receive a clean bill of health from the Healthcare Commission, following their 2006 investigation into C.difficile at Stoke Mandeville Hospital. In addition, we passed our unannounced Hygiene Code inspection, which took place on two of the busiest days of the year. We are also very proud to have maintained our low infection rates across our hospitals.

We moved from 'weak' to 'fair' in the Healthcare Commission's Annual Health Check, whilst retaining our 'good' rating for our use of resources. Next year, we will look to improve further on our quality of services rating.

The National Spinal Injuries Centre at Stoke Mandeville Hospital became the first NHS unit in the UK to achieve international accreditation from CARF (Commission on Accreditation of Rehabilitation Facilities) for excellence in the care of adults and children with spinal cord injury.

We also successfully started our NHS Foundation Trust application. During the summer, we consulted with patients, staff and members of the public about our plans and have since been finalising our business strategy for the next five years, as well as recruiting members to the Trust. We see becoming an NHS Foundation Trust as a real opportunity to help us deliver on our commitment to our five patient promises. It will also bring a number of financial freedoms, providing greater flexibility to respond to the health needs of our local populations. We hope to be granted NHS Foundation Trust in the coming year.

Finally, we would like to take this opportunity to thank all our staff and volunteers for the great contribution they have made to the Trust over the past year, as well as recognise and thank Bernard Williams who retired as Chair in September 2008.

Graham Ellis, Chairman
Anne Eden, Chief executive

Chief executive's review of the year

Our vision

Our vision for Buckinghamshire hospitals is to be the first choice hospitals for the people of Buckinghamshire and beyond, because in a Buckinghamshire hospital "the needs of the patient always come first".

To deliver this vision we used innovative 'in your shoes' sessions to ask our patients what they wanted from their hospital services. This resulted in our five patient promises:

- clean and safe hospitals
- a helpful and respectful attitude
- respect for time
- access to comfortable, modern facilities
- the best clinical care.

Our objectives

In 2008/09 we established 10 objectives to focus efforts on the delivery of our patient promises.

Objective one: Continue delivering high standards of patient safety by reducing our MRSA and C.difficile infection rates even further, achieving 'excellent' in the 2008/09 Annual Health Check.

Outcomes: We are pleased that our infection control rates at the Trust remain among the best in the country. In their publication 'Raising the Standard', released alongside the annual health check results, the Healthcare Commission identified that Trust as one of the ten most improved healthcare organisations recognising our excellent infection control performance.

We moved up from 'weak' to 'fair' for quality of service in the annual health check for 2007/8, and was just short of achieving 'good'. The Healthcare Commission found the Trust to have nearly doubled the number of core standards it met since the last assessment in 2006/07, as well as meeting all existing national targets.

We continue to make significant steps to improve our operational performance and in 2008/9 have declared compliance across all standards; our ambition is to achieve a year-on-year improvement to this rating.

Objective two: Introduce a programme of service standards.

Outcomes: Over the past year, we have been developing with staff and patients, a simple set of ten 'service standards'. These outline the expected behaviours of all staff in every interaction, with every patient and colleague, every day. The programme is being launched in April 2009, supported by a number of different approaches to ensure that this is truly embedded into the way we all work.

Objective three: Ensure patients receive timely care by meeting national access targets.

Outcome: We continue to keep our waiting times low, with 90.6 per cent of admitted and 98.6 per cent of non-admitted patients being treated in 18 weeks or less in 2008/9, exceeding the national targets. The national cancer access targets were also met. Due to unprecedented demand on services during the unusually cold winter months, the A&E target for patients waiting no longer than four hours was slightly underachieved at 97.79 per cent. The Trust has had no diagnostic waits beyond six weeks.

Objective four: Provide a clean, modern and welcoming environment, improving car parking, outpatient and emergency facilities and opening the women and children's unit at Stoke Mandeville Hospital. Improving how we use Amersham Hospital and developing our plans to modernise Wycombe Hospital.

Outcome: An exciting investment was agreed in 2008/9 to refurbish the entire main entrance at Wycombe Hospital, providing a new reception, vending and seating area, restaurant and coffee bar. The work is being carried out in phases and patients, visitors and staff can already enjoy the benefits of the new café and shop.

Improving access and car parking at all our hospitals is one of the key priorities for the Trust. We appreciate that there are difficulties in finding spaces on our sites and we've been working with patients, carers and staff over the past few months to find suitable solutions. In March 2009, we redesignated parking areas at Stoke Mandeville to ensure visitor parking was based nearest the hospital entrances. We have also submitted a planning application for additional spaces for staff and visitors.

We are working with partners in the health and social care community to ensure that Amersham Hospital is used to its full potential.

We also opened the doors to the Mandeville Wing at Stoke Mandeville, which provides a range of diagnostic and ambulatory services.

Reorganisation of women and children's services to provide a specialist inpatient centre at Stoke Mandeville is well underway. Alongside the specialist centre, the full range of outpatient and diagnostic facilities will continue to be provided at Wycombe Hospital, along with a midwife-led birthing centre and a children's ambulatory care unit. It is anticipated that the new unit will open in 2009.

Objective five: Ensure we always provide patients with the best clinical care by rethinking the patient journey in specific areas.

Outcome: The Patient Services Institute (PSI) was established during the year and offers support to Trust staff who would like help to redesign, develop and improve their services for the benefit of patients. The PSI offers in-house expertise and training to help staff run innovative, successful and sustainable projects that improve the patient experience.

PSI is already assisting projects that will deliver real benefits to patients in several areas, including the outpatient booking process, trauma plastics pathway and recruitment process.

Objective six: Improve communication with GPs, developing a marketing strategy, launching a new website and fully implementing 'choose and book'.

Outcome: We were pleased to launch a regular newsletter, following feedback from GPs about how they would like to be communicated and engaged with. This newsletter provides important service imformation, as well as news from the Trust.

In July 2008, we also launched a brand new website (www.buckinghamshirehospitals.nhs.uk), providing information and news about the Trust and its services to patients, public and potential employees. Almost 100,000 people are visiting the site every month, which is up by a staggering 60,000.

Objective seven: Establish corporate departments as internal customer services.

Outcome: A lot of work has occurred over the past year to review and adapt our corporate services to ensure that they are fit for purpose and provide better support to clinical teams. Marketplace

events took place during the year, which showcased the support these departments can offer to the hospital. Our service redesign team also worked closely with clinical and non-clinical departments, using lean principles to help departments work in a more efficient way.

Objective eight: Ensure a financially sound organisation that is rated as 'excellent' for use of resources in the 08/09 Annual Health Check.

Outcome: The Trust achieved a "good" rating for the use of resources in 2007/8 for the second year running.

Objective nine: Achieve NHS Foundation Trust status working with community groups to consult on our proposals and recruit a membership.

Outcome: We successfully completed a public consultation exercise, informing people about our plans to become an NHS Foundation Trust. We are extremely pleased with the level of engagement we've seen, demonstrated through our membership recruitment, with over 11,000 people registered so far. Newsletters are being used to keep the membership informed, together with regular events. The first, held in February 2009, was well attended and received positive feedback; a programme of events is in place for the rest of 2009.

Objective 10: Develop leadership at all levels of our organisation to support the delivery of clinical and corporate objectives.

Outcome: We have provided a development programme to our divisional boards to support them in their roles. This included the introduction of a competency framework.

Staff are being encouraged to get involved with our new BME (black or minority ethnic) networking group, which was launched during 2008/9. We were pleased to welcome John James, programme consultant on the leadership workstream for Lord Darzi's Next Stage Review and a former NHS chief executive, to our launch event where he discussed the challenges and successes he had experienced as a leader of ethnic origin.

We have also identified equality and diversity champions for each division and launched 'getting on - moving up' workshops to support under-represented groups within the Trust to prepare and apply for more senior posts.

Our performance

Operational performance

Indicator	Performance	Target
Total time in A&E: four hours or less	97.79%	98%
Maintain two week cancer waits	99.37%[1]	100% to end of Dec 08. >93% Jan 09 onwards
31 days diagnosis to treatment for cancer	98.66%	>98%
62 days urgent referral to treatment for cancer	93.41%	>95% to end of Dec 08. >84% Jan 09 onwards
%age within 18 week admitted pathway	90.6%	90%
%age within 18 week non-admitted pathway	98.6%	95%
Max. two week wait for rapid access chest pain clinics	98.7%	100%
Number of 15 key diagnostic test waits over 13 weeks	0	0
Number of 15 key diagnostic test waits over 6 weeks	0	0
Outpatient did not attend rates	6.2%	7.1%

Indicator	Performance	Limit
MRSA Bacteraemia	11	23
Clostridium difficile positive results	97	130

1. The cancer waiting time targets are adjusted from January 2009 to reflect the waiting times rules evolving to match the 18 week RTT monitoring system where adjustments for medical or patient choice reasons are not routinely applied to the waiting time. Cancer waiting time targets from January 09 are subject to ongoing review in light of Network performance.

Looking forward: issues affecting performance in 2009/10

Principal risks 2009/10

We have identified the following risks for the coming year:

Principal risk one: Buckinghamshire PCT plans to achieve a recurrent balance by the end of 2010/11, to do this requires very significant changes to the pattern of demand and reductions in commissioned activity.

We are playing our full part in influencing decisions to mitigate this external risk and delivering agreed efficiency improvements in partnership with the PCT.

The Trust Board recognises the need for full alignment of its business plans with the plans of the PCT and that achieving a financially stable local health economy will be a good outcome for all organisations, with reduced financial risk and more certainty around income in future.

Principal risk two: Our protection, repatriation and growth strategy is not achieved because we are not successful in influencing GP referral behaviours in the way planned with an impact on income. We also recognise the level of competition from surrounding hospitals in targeting the same markets.

Principal risk three: The cost improvement programme is not fully delivered. The Trust cost improvement programme is part of a whole system recovery plan delivered with partner organisations. Failing to achieve the programme would worsen the overall position of the local health economy and the Trust would need to take action to secure additional income.

Principal risk four: The change of local service provider for the care records system. The change in supplier means the Trust will need to continue using existing systems and processes.

Principal risk five: Cost pressures influenced by the external economic environment rise above plan. Global recession and high costs of new technologies and drugs, along with a significant slow down in public sector spending create a risk of escalating cost pressures.

Keeping information safe

The Trust recognises the importance of managing information and personal information in particular, appropriately and securely and appointed an executive director as the senior information risk owner (SIRO) in 2008/9. This role is responsible for ensuring the Board has comprehensive and reliable assurance that appropriate controls are in place and that risks are managed in relation to all information used for operational and financial purposes.

The Trust has self-assessed its performance on information governance using version six of the information governance toolkit managed by Connecting for Health. The Trust's overall information governance submission for 2008/9 achieved a score of 70 per cent, resulting in "green" rating. The main area of improvement was seen within the validity and accuracy of processes that support the Trust's clinical information business activities.

Significant progress has been made in the control of risks associated with portable media, with the roll out of encryption for all portable media across the Trust. By the end of 2008/9, 93 per cent of its priority laptop computers had been encrypted. During March 2009, standard encrypted memory keys were also issued to authorised staff as part of a memory key amnesty. Work has been planned to

secure the remainder of all portable devices during 2009/10 which will be accompanied by relevant staff training and policies.

The Caldicott and Information Healthcare Governance Committee, chaired by the Trust Caldicott Guardian, continue to oversee all work related to information governance.

The Department of Health required disclosures on information governance are at attached in appendix two.

Emergency planning

The Trust has an emergency planning officer and a single major incident plan for all sites. The major incident plan highlights Stoke Mandeville as the main emergency response base, with Wycombe supporting this role. Both Wycombe and Stoke Mandeville maintain a full chemical biological radiological and nuclear (CBRN) response and equipment. The major incident plan also contains provision to address 'flu pandemics. In addition, business continuity plans manage a variety of contingencies, including staff shortages and loss of power or supplies.

During 2008/9 we tested our major incident plan through a facilitated tabletop exercise. A pandemic flu tabletop exercise was led by the Thames Valley emergency planning officer. The Bucks Health emergency planning group (chaired by Bucks PCT) is the multi-agency group which considers the wider aspects of major incident planning for the health economy; the Trust is a member of this group and continues to work closely with a range of other partners.

Becoming an NHS Foundation Trust

Between July and October 2008, we conducted a public consultation to seek views on our proposed governance arrangements for the NHS Foundation Trust.

We received 75 written responses and spoke to well over 1,000 members of the public and staff. Broadly, the vast majority of responses were supportive of our proposals and welcomed the involvement of local people and staff in the further development of the Trust. The Board considered the responses and made changes as a result that mean that the size of the Council of Governors was increased from 23 to 26 governors, increasing the majority of public governors and reflecting differences between the sizes of constituencies.

In April 2009 the Trust's application has been sent by the South Central SHA to the Secretary of State and the Department of Health applications committee. Once approved by the Secretary of State, our application will move onto Monitor, the independent regulator for NHS foundation trusts, at this point we will be able to start the election process for our Council of Governors.

Developing our services

Improving quality

Trust passes hygiene code inspection

In March 2009, the Healthcare Commission published its report following an unannounced two-day inspection between Christmas and New Year to assess the Trust's compliance with the national hygiene code. We were pleased to see that no breaches of the code were found by inspectors, who visited a number of wards and departments across all three hospital sites and interviewed a range of staff.

NSIC first unit in UK to be awarded prestigious CARF accreditation

The National Spinal Injuries Centre (NSIC) has become the first NHS unit in the UK and one of only five in Europe to receive a coveted international accreditation for excellence in the care of adults and children with spinal cord injury.

The centre, at Stoke Mandeville Hospital, has been awarded the highest level of CARF (Commission on Accreditation of Rehabilitation Facilities) accreditation for a three year period. The NSIC's paediatric service, among the first in the country, becomes the only children's spinal injury service to be recognised with CARF accreditation outside of north America.

Assessors from CARF also commended the NSIC's innovative use of sport in rehabilitation - the centre was the first in the country to introduce this as part of patients' overall care programmes. This commitment saw the first ever games for wheelchair athletes take place at the hospital in 1948, giving Stoke Mandeville Hospital its position in history as the birthplace of the Paralympic games.

CARF is an internationally recognised independent body that evaluates standards in rehabilitation care around the world.

The prestigious accolade follows rigorous evaluation by assessors who visited the NSIC in November 2008. They looked at all aspects of the rehabilitation programme for patients staying in hospital and those attending appointments.

Comfortable, modern facilities

Working to meet our promise to provide comfortable and modern facilities for patients continues through a significant programme of estate developments planned to take place over the next five years.

The estates strategy is being developed further to ensure that patients receive care in the highest quality accommodation the Trust can offer. Alongside this, key areas are being refurbished to provide a modern, clean and welcoming environment from which to deliver care, and a programme is in place to eliminate mixed-sex accommodation in all areas of the Trust.

The Trust continues to work with partners across the health and social care economy to ensure that the facilities of Amersham Hospital are used as effectively as possible.

Improving efficiency

Pathways of care

Our Patient Services Institute is a Trust-wide change programme which utilises lean and other methodologies to redesign pathways of care. It has already successfully delivered reductions in waiting times for a number of diagnostic services and is now focusing on key improvements to outpatient processes, post acute rehabilitation, lower back pain and plastics trauma access. A recent critical care review is being taken forward with a stronger outreach model and better processes to avoid non-clinical transfers and delays in patient transfer.

Our patients

Patient experience tracker

The Trust continues to use the patient experience tracker to carry out real time monitoring of patients' views. These handsets are used to ask patients five questions about their story while they are still in hospital. The information collected during 2008/9 has been helpful and some of this was fed back to members at our inaugural membership event. An exciting development of this work is the inclusion of the paediatric area which will help us to collect the views of young people in 2009/10.

There have been 9,814 sets of feedback so far which represents 45,000 – 50,000 responses to questions. Feedback so far includes:

- 82.3 per cent of patients felt they were treated with respect and dignity whilst in our hospitals
- 83.1 per cent of patients said our staff were friendly, approachable and sensitive to our needs

Patient Experience Group (PEG)

This continues to be a strong and interactive patient and public involvement group and we take this opportunity to thank all members for their regular attendance and input. This year the group has:

- continued to monitor our national inpatient survey action plan
- been involved with a successful pharmacy project , to generate large yellow print medicine labels for those with visual impairment
- fed back on parking and estates and also the general outpatient experience
- taken receipt of and reviewed a considerable number of patient information leaflets, providing helpful user feedback for amendments or approval where agreed. This includes the NSIC spinal injuries welcome and information pack.

Other patient and public involvement projects

Patients, public, staff and our members, among others, have also got involved in a number of different projects across the organisation, including:

- development of our five patient promises
- development of our new service standards
- a focus group of complainants were invited to help shape improvements and changes to the pain pathway, as part of a patient services institute project
- other patient services institute projects such as male lower urinary tract infection group, have involved patients by conducting interviews or attending workshops
- an outpatient taskforce group was established, which aims to seek the patient perspective in using our outpatients services
- training for volunteers who wish to help us to recruit members.

Complaints

The Trust is working hard to reduce the number of complaints received about our services, facilities and staff. We have also raised awareness of the availability of our complaints and PALS service. In 2008/9, we received 655 complaints compared with 537 in 2007/8. This increase may be because we are now reaching pockets of our community that we were not previously receiving feedback from.

The speed of our responses has improved with 77 per cent being answered in 2008/9 within 25 days, compared to 63 per cent in 2007/8. A repeat of an audit of complainant satisfaction with the process has also shown improvement in speed of response.

In April 2009 the new complaints process for health and social care 'listening, responding, improving: a guide to better customer care' was introduced. The aim is to transform complaints handling to become more comprehensive, accessible and patient focused – 'an individual approach instead of one-size fits all'. The Trust welcomes the opportunity to truly individualise the way each complaint is handled to ensure that the needs of our users are meet.

The number of PALS cases dealt with continues to increase. This year's total of 950 is a rise of 103 on the previous year. The increase in PALS work may be as a result of the Trust providing an even more accessible PALS service in 2008/9, a full-time PALS officer has been in post for 12 months making it possible to increase the presence of the PALS service on all sites.

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 focussed
- 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 same failure does not happen again.

Our staff

Investors in People

We were pleased to learn that we retained Investors in People (IIP) status following a re-assessment during 2008/9.

IIP is a nationally recognised mark of excellence in the management and development of an organisation's largest asset – its people.

We were assessed against a range of criteria, including how investing in people benefits the organisation's performance. Assessors also looked at how we support the health and wellbeing of staff.

The Trust met all 10 standards required to retain IIP status, including:

- ensuring staff understand our strategic aims
- learning and development supports the organisation's aims
- equal access to learning and development opportunities.

The assessment highlighted strong recognition of our five patient promises throughout the Trust and that staff communications were improving.

Assessors also commended our forthcoming service standards programme to improve the patient experience, while staff generally reported feeling valued by managers.

Areas where it was felt improvements could be made included internal communications and consultation, as well as the effective evaluation of training in terms of its effectiveness. Measures are being put in place to address these areas for improvement.

The award of IIP re-accreditation is a considerable achievement for the Trust and is recognition of some of the good staff management practices in place that need to be used as the benchmark for all service areas to achieve.

Annual national staff survey

The latest survey into how NHS staff feel about their role and working at Buckinghamshire hospitals has found the Trust making improvements in some key areas.

The report, released by the Healthcare Commission, records the views of staff working in a variety of posts and departments throughout the Trust. The survey was sent to a randomly selected number of staff late last year.

It found the Trust performing better than the national average in areas including work-related injuries, staff taking advantage of flexible working hours and numbers of potentially harmful errors or near misses witnessed.

Staff also said that the Trust had improved in other important areas, including the availability of hand washing materials, its commitment to a good work/life balance for staff and better clarity around job design, like clear goals or involvement in decision making. Fewer staff than the national average also experienced harassment, bullying or abuse from patients or relatives.

This year the Trust response rate was 55 per cent, which was higher than average for acute trusts.

As we strive to become an NHS Foundation Trust, an employer of choice and prove to be an organisation that delivers its promises and puts the needs of the patient first, we must also foster an environment where staff feel they have a manageable workload and where they feel engaged, supported and valued.

Each division and corporate area is required to develop a local action plan which supports the Trust's overarching plan and to tackle the six following areas:

- staff feeling satisfied with the quality of work and patient care you are able to deliver
- staff working extra hours
- the support staff get from their immediate managers
- communication between management and staff
- staff understanding their role and where it fits in
- staff recommending the Trust as a place to work.

The role that managers have to play in 'leading' their teams at a local departmental level is recognised as being key to achieving high staff morale and motivation. As such, support through various workshops to the leadership and management community as a whole has been established and will be ongoing.

Diversity

We are fully committed to embracing diversity and delivering equality of opportunity for all employees and service users. The Trust's single equality scheme is at the heart of the drive to achieve this. All new or revised documents, strategies and policies undergo an equality impact assessment, where appropriate.

During the last 12 months progress has been made on a number of actions underpinning the Trust's single equality scheme and contributing to the delivery of our tenth corporate objective (develop leadership).

Staff engagement

The Trust has a recognition agreement with the trade unions with well established mechanisms for engagement, consultation and negotiation with staff and their representatives through the joint consultative committee. The human resources strategy was developed utilising these mechanisms.

A comprehensive employee engagement strategy has been developed to ensure the continued engagement of staff. There was considerable discussion and involvement to develop our strategy and within the NHS Foundation Trust consultation. We have a number of workshops planned with staff to discuss to determine further what meaningful engagement mechanisms we can put in place.

Service standards programme

To help us to meet a key patient promise - to treat patients in a caring, helpful and respectful way – the Trust has developed, in conjunction with staff and patients, ten core service standards which all staff should follow when in the workplace or representing the organisation. These service standards have been approved by our Trust Board.

By setting these out, for the first time, the Trust is sharing its commitment to living by the standards and providing a high quality, professional service at all times. The service standards focus on themes around communication, courtesy and compassion.

All staff will receive a handbook outlining the service standards and copies of a DVD, in which real patients and relatives tell their own stories to bring the importance of these

standards to life. Recruitment, appraisals and training will also be adapted to ensure the standards are reflected in all HR practices. Other measurements will also be introduced to ensure the Trust provides the service our patients expect.

Sickness absence

The annual cumulative sickness absence rate for 2008/9 is 3.97 per cent, this is below the 4 per cent SHA benchmark.

Our partners

Commissioners

The Trust's main commissioner is Buckinghamshire Primary Care Trust. The Trust also serves a number of other commissioners in surrounding counties, and a wider catchment for the National Spinal Injuries Centre and sub-regional burns and plastics service.

Whole system recovery

This has been approached in 2008/9 through the whole system recovery programme called "creating a healthy future" which is collaboration between ourselves, the PCT and social services in Buckinghamshire.

This whole system approach to process improvement and cost reduction is clinically driven and comprises of seven work streams which aim to deliver better quality for patients and bring the economy back into balance. It takes a balanced approach between aiming to reduce demand for secondary care and then how that demand is dealt with within the hospitals. The seven work streams are each led in partnership by a PCT and Buckinghamshire hospitals' director (including clinical directors) and are coordinated through a central programme management office. The programme Board is chaired by the PCT chief executive and meets fortnightly.

Engaging with other partners

We have worked in partnership with a local charity Talkback to develop a training package for staff to raise awareness about caring for people with a learning disability. Talkback specialise in supporting people with learning disabilities and have developed a powerful, effective and well-evaluated training programme which staff have found of great value.

Local Involvement Network (LINk)

The Buckinghamshire LINk is an independent statutory body created from a network of local people and organisations interested in improving health and social care services. It replaces the PPI Forum and for the first time provides a public network with statutory powers that spans both health and social care.

The Buckinghamshire LINk was established from April 2008, along with their support organisation the HAP. There has been early engagement between the LINk and the Trust and a draft working protocol has been developed which is awaiting agreement. The Trust has nominated two individuals to act as initial points of contact to aid communication. The Trust regularly attends the LINks steering group meetings. Early informal introduction meetings have provided useful opportunities for both chairs to meet. It is hoped that this will provide a helpful foundation on which to build positive relations with the LINk, as their organisation develops along with their work programme for 2009/10.

Charitable bodies and voluntary services 2008/9

The Trust extends grateful thanks to the 800 plus registered volunteers who work in a wide range of areas and undertake a variety of activities across our hospital sites. These include helping in the wards, driving, assisting with feeding where trained to do so, administrative support, retail and librarian work, hospital radio broadcasting and gardening. 2008/9 was an active year for volunteers, with invaluable contributions being made in many areas across the Trust.

The Trust is also fortunate to benefit from the support of our local communities and a wide range of charitable groups who together enable us to purchase equipment or provide facilities that would not

otherwise be available to the Trust. We would like to take this opportunity to extend our grateful thanks to all those who work to improve the services we can offer patients.

The income of our charity is made up of donations, legacies, activities for generating funds and investment income. These monies are applied to enhance the services provided within the Trust for patients' welfare, staff welfare, research and general charitable hospital purposes, in accordance with the objectivities of the charity. The Trust Board are the corporate trustee and a separate annual report and accounts are produced, which are available from the Trust.

In addition to our charity, the Trust also benefits from the activities of a number of charitable partners. We are indebted to these groups, staffed almost exclusively by volunteers, for the significant contribution they make towards improving care for our patients. Each of our hospitals has a friend's movement and in addition the Trust benefits from the work of Scannappeal and the Cancer Care and Haematology Fund at Stoke Mandeville Hospital.

Reducing our impact on the environment

Reducing our energy use

The Trust has an ongoing energy awareness campaign that promotes good housekeeping practice amongst our staff, including reminders to turn off lights and electrical equipment when not required and especially overnight. In response to the campaign, a reduction in energy use over just one weekend of 2.5 per cent was seen.

The age and condition of some of our estate, in particular the tower block at Wycombe, presents a significant challenge in terms of reducing energy use. During 2008/9 there has been significant development of the site at Stoke Mandeville, this has also had an impact on our ability to reduce energy use in the past year. However, looking forward to 2009/10 energy use is expected to improve as older, inefficient buildings have been replaced with new buildings.

The Trust has worked with the Energy Saving Trust and is increasing awareness amongst staff with energy efficiency labelling of Trust buildings.

The table below summarises the Trust's environmental key performance indicators for 2008/9 compared with 2007/8.

Environmental key performance indicators 2008/9

Direct impacts (operational)			Quantity			
Greenhouse gases	**Definition**	**Data source and calculation methods**	**Absolute tones of CO2**		**Normalised tones of CO2 per £m turnover**	
			2007/8	**2008/9**	**2007/8**	**2008/9**
Gas	Emissions from boilers		11,481	9867	41.65	35.49

Waste	**Definition**	**Data source and calculation methods**	**Absolute tonnes of waste**		**Normalised tones of waste per £m turnover**	
			2007/8	**2008/9**	**2007/8**	**2008/9**
Incinerated or deep landfill	Incinerated and autoclaved clinical waste	Weight of waste generated in tones	672	443	2.44	1.59
Landfill	General waste includes a mixture of paper, card, wood plastics, metals and	Volume of waste generated, calculated by recording the number of skips removed, converted to tones according to Defra guidelines	1,181	1089	4.28	3.92
Indirect impacts (supply chain)						
Greenhouse gases	**Definition**	**Data source and calculation methods**	**Absolute tones of CO2**		**Normalised tones of per £m turnover**	
			2007/8	**2008/9**	**2007/8**	**2008/9**
Energy use	Directly purchased gas which generates greenhouse gases including CO2 emissions	Yearly consumption of directly purchased electricity in kWh, converted according to Defra guidelines	11,677	12,078	42.36	43.45
Energy use	Directly purchased oil which generates greenhouse gases including CO2 emissions	Yearly consumption of directly purchased electricity in kWh, converted according to Defra guidelines	129	178	0.47	0.64
Energy use	Directly purchased coal which generates greenhouse gases including CO2 emissions	Yearly consumption of directly purchased electricity in kWh, converted according to Defra guidelines	0	0	0	0
Energy use	Directly purchased electricity which generates greenhouse gases including CO2 emissions	Yearly consumption of directly purchased electricity in kWh, converted according to Defra guidelines	8,288	8.419	30.07	30.28

Water	**Definition**	**Data source and calculation methods**	**Absolute cubic metres of water**		**Normalised cubic metres of water per £m turnover**	
			2007/8	**2008/9**	**2007/8**	**2008/9**
Supplied water	Consumption of piped water.	Yearly consumption of purchased water	261,700	239,3700	949.42	861.04

Our Trust Board

The Board provide 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.

In September 2008, Bernard Williams retired from his position as chairman of the Trust. Bernard joined the Trust following the 2006 Healthcare Commission report into C. difficile and led the Trust to its current high performing position for infection control.

Graham Ellis was appointed as chairman by the Appointments Commission and took up the post on 1 October 2008.

Register of interests

Graham Ellis Chairman	Non-executive director in Ministry of Defence, defence, equipment & support (DE&S) 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 for Milton Keynes Hospital NHS Foundation Trust, Ophthalmology
Anne Eden Chief executive	Director Stoke Mandeville Hospital Postgraduate Society Ltd
Jane Bramwell Non-executive director	Director and company secretary Avenue Management Company (Chesham) Representative of Chesham Town Council on Dial-A-Ride Management Committee
Les Broude Non-executive director	Works on a consultancy basis on career transition with Penna Plc that provides a coaching service to the NHS
Keith Gilchrist Non-executive director	Non-executive chair Hemcore Ltd Advisory work with LCA (Low Carbon Accelerator) Seed finance fund for low carbon development companies Son is junior doctor based at Banbury/Oxford Radcliffe Hospitals
Malcolm Griffiths Non-executive director	Director of Okio Limited, an IT/web design company
Brenda Kirsting Non-executive director	Director of Tergo HR Lay Assessor for the National Clinical Assessment Service (NCAS)
Nick Hulme Chief operating officer deputy chief executive	Deputy Chairman of the Terrence Higgins Trust
Dr Graz Luzzi Medical director	Trustee, Amersham Dermatological Research Trust (Amerderm)

Tom Travers Director of finance	None
Sarah Watson-Fisher Chief nurse director of patient care standards	Trustee of Scannappeal
Non-voting directors	
Ian Garlington Director of property services	Director Stoke Mandeville Hospital Postgraduate Society Ltd
Sandra Hatton Director of human resources and organisational development	Director of One Volt Ltd – a media broadcast consultancy
Juliet Brown Joint director of strategy and system reform	Director and company secretary for Shining Life Children's Trust (Charitable Co) charity involved in social care in Sri Lanka
Samantha Knollys Joint director of strategy and system reform	None

Director's 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 comprises all of 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. Details of the Trust's policies on contracts, notice periods and termination payments, as well as details of the dates of contracts and notice periods, are available by writing to the director of human resources at Trust Headquarters.

Membership of the remuneration committee during 2008/9

Mr Bernard Williams (chairman until 30/09/08)
Mr G Ellis (chairman from (01/10/08)
Ms J Bramwell
Mr L Broude
Mr K Gilchrist
Mr M Griffiths
Ms B Kersting

Full details of director's remuneration and pension benefits are given overleaf.

		2008 - 09			2007 - 08		
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**	**Salary (bands of £5000)**	**Other remuneration (bands of £5000)**	**Benefits in kind Rounded to the nearest £100**
		£000	**£000**	**£**	**£000**	**£000**	**£**
Chairman:							
Mr B Williams	01/04/08 - 05/10/08	10-15	0	0	20-25	0	0
Mr G Ellis	01/10/08 - 31/03/09	10-15	0	0	n/a	n/a	n/a
Non-executive directors							
Mr M Griffiths	Full year	5-10	0	0	0-5	0	0
Mr L Broude	Full year	5-10	0	0	5-10	0	0
Mr K Gilchrist	Full year	5-10	0	0	5-10	0	0
Ms J Bramwell	Full year	5-10	0	0	5-10	0	0
Mrs B Kersting	Full year	5-10	0	0	5-10	0	0
Chief executive							
Ms A Eden	Full year	155-160	0	1900	130-135	0	0
Director of finance							
Mr T Travers	Full year	110-115	0	0	95-100	0	0
Chief nurse							
Ms S A Watson-Fisher	Full year	90-95	0	0	80-85	0	0
Director of human resources							
Mrs S Hatton	Full year	85-90	0	0	85-90	0	0
Chief operating officer							
Mr N Hulme	Full year	110-115	0	1700	95-100	0	0
Director of property services							
Mr J Summers	01/04/08-31/05/08	15-20	0	0	90-95	0	0
Mr I Garlington	01/09/08-31/03/09	55-60	0	0	n/a	n/a	n/a
Joint director of strategy and system reform							
Mrs J Brown*	01/04/08-10/08/08	40-45	0	0	45-50	0-5	0
Mrs S Knollys	Full year	50-55	0	0	n/a	n/a	n/a
Medical director							
Dr G Luzzi	Full year	45-50	120-125	0	45-50	115-120	0

Mrs J Brown maternity leave from 10/08/08.

Name and Title	Real increase in pension at age 60 (bands of £2500)	Real increase in pension lump sum at age 60 (bands of £2500)	Total accrued pension at age 60 at 31 March 2009 (bands of £5000)	Lump sum at age 60 related to accrued pension at 31 March 2009 (bands of £5000)	Cash equivalent transfer value at 31 March 2009	Cash equivalent transfer value at 31 March 2008	Real increase in cash equivalent transfer value	Employer's contribution to stakeholder pension To nearest £100
	£000	£000	£000	£000	£000	£000	£000	£
Chief executive								
Ms A Eden	5-7.5	20-22.5	50-55	160-165	982	644	322	225200
Director of finance								
Mr T Travers	2.5-5	7.5-10	10-15	35-40	217	134	80	55700
Director of nursing								
Ms S A Watson-Fisher	0-2.5	5-7.5	25-30	85-90	486	369	107	74800
Director of human resources								
Mrs S Hatton**** NHS funded	0-2.5	2.5-5	5-10	15-20	132	85	45	31600
Total	n/a	n/a	30-35	100-105	696	n/a	n/a	n/a
Chief operating officer								
Mr N Hulme	0-2.5	2.5-5	25-30	75-80	454	313	133	92800
Joint director of strategy and system reform								
Mrs J Brown**	2.5-5	7.5-10	10-15	35-40	171	104	65	45300
Mrs S Knollys *	2.5-5	10-12.5	0-5	10-15	33	n/a	33	22800
Director of property services								
Mr J Summers	0-2.5	0-2.5	25-30	80-85	561	435	115	80700
Mr I Garlington***	0-2.5	n/a	0-5	n/a	8	n/a	8	5500
Medical director								
Dr G Luzzi	0-2.5	5-7.5	40-45	120-125	828	564	250	175200

* Mrs S Knollys No pension data for 2007-08 as joined late in the financial year
** Mrs J Brown maternity leave from 10/08/08
*** Mr I Garlington is a member of the NHS pension scheme 2008 section so has no automatic entitlement to a lump sum.
**** During 2008/09 Mrs S Hatton transferred a pension entitlement in from another scheme.

Audit committee

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

Les Broude	Non-executive director
Keith Gilchrist	Non-executive director
Malcolm Griffiths	Non-executive director
Brenda Kerstin	Non-executive director

Better payment practice code

The better payment practice code 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 performance in 2008/9 is shown below:

	Number	**£000**
Total non-NHS trade invoices paid in the year	**71,470**	**127,831**
Total non NHS trade invoices paid within target	**51,557**	**104,103**
Percentage of non-NHS trade invoices paid within target	**72%**	**81%**
Total NHS trade invoices paid in the year	**3,672**	**20,994**
Total NHS trade invoices paid within target	**2,893**	**17,044**
Percentage of NHS trade invoices paid within target	**79%**	**81%**

Land values

For 2008/9 the Trust has recorded the carrying value of its land at its existing use value. During 2009/10 the Trust will be obtaining a professional valuation of its land and buildings on a 'modern equivalent asset' basis.

Auditors

From 2008/9, the audit commission have taken over as external auditors to the Trust. A total of £224,930 was paid to them. This was composed of £178,230 plus VAT in respect of audit services which cover the statutory audit and mandatory studies requested by the Department of Health and £10,000 plus VAT in respect of further assurance services (for audit of the Trust's restated balance sheet under international financial reporting standards).

In respect of maintaining and ensuring that the auditor's independence has not been compromised, the audit commission have provided a suitable declaration (an ISA 260 declaration of independence and objectivity).

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) are unaware. They have 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 are aware of that information.

Our finances

Financial performance

The financial year 2008/9 has been challenging. The Trust had agreed to support the local health economy by agreeing to a reduced level of commissioner income, whilst achieving breakeven at the same time, by taking the benefit from a forward sale of land. However conditions in the contract for the sale have precluded Trust from recognising the profit on the sale of £2.848million, leading to a reported deficit of £2.75million.

This is a particularly disappointing situation, given the contribution and the achievements of all staff in a particularly challenging year, and recognition and thanks must be given for this contribution.

Specific in year achievements in which the entire organisation working with the finance function have played a major part include in excess of £12.3m savings delivered through the organisation and transformation programme with over 200 separate initiatives and supported by an ambitious estate rationalisation programme during a period when the UK is experiencing huge business sector and financial market instability. This is truly a significant achievement having regard for the service pressures experienced during most of the year and the quality improvement standards we set ourselves.

Other achievements in year include the maintenance of standards set under the auditors local evaluation process on the internal control, financial management and value for money lines of enquiry, and the work on international financial reporting standards (IFRS).

The Trust is required to account under IFRS rather than UK GAAP, including the provision of comparative figures for 2008/9. As the first step in achieving this process the Trust was required to submit a restated balance sheet at 1 April 2008 to the Department of Health in December 2008, and is required to restate the 2008/9 in full by September 2008. External audit have assessed the arrangements that the Trust has put in place and has concluded that these arrangements are appropriate and the Trust is well placed to manage the process.

We have been extremely fortunate again this year to have benefited from the level of support from both Scannappeal and the League of Friends, with the purchase of medical and other equipment which in value exceeds £1 million. These fantastic efforts are truly appreciated and many thanks are due to both organisations and all others who give their time to the hospital without charge.

The successes with our NHS Foundation Trust application and in meeting the early closure timetable for annual accounts are in themselves major achievements for which all staff involved are due a huge thank you.

Summary financial statements

Income and expenditure account for the year ended 31 March 2009

	2008/09	2007/08
	£000	£000
Income from activities	**259,899**	254,584
Other operating income	**20,658**	21,059
Operating expenses	**(271,147)**	(262,933)
Operating surplus/(deficit)	**9,140**	12,710
Cost of fundamental reorganisation/reconstruction	**0**	0
Profit/(loss) on disposal of fixed assets	**150**	7
Surplus/(deficit) before interest	**9,290**	12,717
Interest receivable	**287**	394
Interest payable	**(5,597)**	(5,228)
Other finance costs - unwinding of discount	**(29)**	(31)
Surplus/(deficit) for the financial year	**3,951**	7,852
Public dividend capital dividends payable	**(6,701)**	(6,123)
Retained surplus/(deficit) for the year	**(2,750)**	1,729

The Trust planned on achieving breakeven for 2008/2009. However the exclusion of the gain on land disposal of £2.848million has resulted in the Trust achieving a deficit of £2.75million.

All income and expenditure is derived from continuing operations.

Balance sheet as at 31 March 2009

	31 March 2009	31 March 2008
	£000	£000
Fixed assets		
Intangible assets	**0**	0
Tangible assets	**250,049**	246,926
Financial assets	**0**	-
Total fixed assets	**250,049**	246,926
Current assets		
Stocks and work in progress	**2,640**	2,356
Debtors	**15,167**	29,996
Investments	**0**	0
Other financial assets	**0**	0
Cash at bank and in hand	**5,173**	322
Total current assets	**22,980**	32,674
Creditors: Amounts falling due within one year	**(31,177)**	(28,071)
Financial liabilities	**0**	0
Net current assets/(liabilities)	**(8,197)**	4,603
Total assets less current liabilities	**241,852**	251,529
Creditors: Amounts falling due after more than one year	**(38,956)**	(32,138)
Financial liabilities	**0**	0
Provisions for liabilities and charges	**(1,798)**	(2,200)
Total assets employed	**201,098**	217,191
Financed by:		
Taxpayers' equity		
Public dividend capital	**154,724**	154,724
Revaluation reserve	**26,804**	39,075
Donated asset reserve	**21,437**	22,546
Government grant reserve	**0**	0
Other reserves*	**0**	0
Income and expenditure reserve	**(1,867)**	846
Total taxpayers' equity	**201,098**	217,191

Statement of total recognised gains and losses for the year ended 31 March 2009

	2008/09	2007/08
	£000	£000
Surplus/(deficit) for the financial year before dividend payments	**3,951**	7,852
Fixed asset impairment losses	**(1,585)**	0
Unrealised surplus/(deficit) on fixed asset revaluations/indexation	**(11,572)**	15,920
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	**1,060**	359
Defined benefit scheme actuarial gains/(losses)	**0**	0
Additions/(reductions) in "other reserves"	**0**	0
Total recognised gains and losses for the financial year	**(8,146)**	24,131
Prior period adjustment	**0**	0
Total gains and losses recognised in the financial year	**(8,146)**	24,131

Cash flow statement for the year ended 31 March 2009

	2008/09	2007/08
	£000	£000
Operating activities		
Net cash inflow/(outflow) from operating activities	**22,065**	24,579
Returns on investments and servicing of finance:		
Interest received	**320**	379
Interest paid	**(169)**	(1)
Interest element of finance leases	**(5,399)**	(4,791)
Net cash inflow/(outflow) from returns on investments and servicing of finance	**(5,248)**	(4,413)
Capital expenditure		
(Payments) to acquire tangible fixed assets	**(26,525)**	(15,933)
Receipts from sale of tangible fixed assets	**15,440**	21
(Payments) to acquire intangible assets	**0**	0
Receipts from sale of intangible assets	**0**	0
(Payments to acquire)/receipts from sale of fixed asset investments	**0**	0
(Payments to acquire)/receipts from sale of financial instruments	**0**	0
Net cash inflow/(outflow) from capital expenditure	**(11,085)**	(15,912)
Dividends paid	**(6,701)**	(6,123)
Net cash inflow/(outflow) before management of liquid resources and financing	**(969)**	(1,869)
Management of liquid resources		
(Purchase) of finacial assets with the Department of Health	**0**	0
(Purchase) of other current financial assets	**(26,000)**	(73,000)
Sale of financial assets with the Department of Health	**0**	0
Sale of other current financial asset	**26,000**	73,000
Net cash inflow/(outflow) from management of liquid resources	**0**	0
Net cash inflow/(outflow) before financing	**(969)**	(1,869)
Financing		
Public dividend capital received	**22,000**	1,869
Public dividend capital repaid	**(22,000)**	0
Loans received from the Department of Health	**7,000**	0
Other loans received	**0**	0
Loans repaid to the Department of Health	**(700)**	0

Other loans repaid	**0**	0
Other capital receipts	**0**	0
Capital element of finance lease rental payments	**(480)**	(425)
Cash transferred (to)/from other NHS bodies*	**0**	0
Net cash inflow/(outflow) from financing	**5,820**	1,444
Increase/(decrease) in cash	**4,851**	(425)

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
Bucks
HP7 0JD

Or telephone: 01494 734755.

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

The Secretary of State has directed that the chief executive should be the accountable officer for the Trust. The relevant responsibilities of accountable officers, including their responsibilities for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the accountable officers' memorandum issued by the Department of Health.

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

Anne Eden
Chief executive Date

Statement of director's responsibility 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 of the Trust for that period. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgments and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts.

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

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

By order of the Board

Anne Eden
Chief executive Date

Statement of internal control

A full copy of the Trust's statement of internal control is available as part of our annual accounts on request by writing to:

Director of finance & IT
Buckinghamshire Hospitals NHS Trust
Amersham Hospital
Whielden Street
Amersham
Bucks
HP7 0JD

Or telephone: 01494 734755.

Auditor's opinion

To be added

Appendix 1: Department of Health required disclosures on information governance

Serious untoward incidents requiring reporting to the Strategic Health Authority

Summary of serious untoward incidents involving personal data as reported to the information commissioner's office in 2008/9				
Date	**Nature of incident**	**Nature of data**	**Number of people affected**	**Notification steps**
August 2008	Theft of paper documents from secured NHS premises.	Name; date of birth; primary diagnosis;	39	Risk assessed. None
Further action taken	Physical security of area enhanced – key pad lock installed.			

Summary of serious untoward incidents involving personal data as reported to the information commissioner's office in 2008/9				
Date	**Nature of incident**	**Nature of data**	**Number of people affected**	**Notification steps**
December 2008	Loss of paper documents from secured NHS premises.	Name; address; procedure code	38	Risk assessed. None
Further action taken	Information governance risk assessment of area. Record cards to be secured in locked cabinet overnight.			

Summary of personal data related incidents in 2008/9

Summary of other personal data related incidents in 2008/9		
Category	**Nature of incident**	**Total**
1	Loss/theft of inadequately protected electronic equipment, devices or paper documents from secured NHS premises.	
2	Loss/theft of inadequately protected electronic equipment, devices or paper documents from outside NHS premises.	
3	Insecure disposal of inadequately protected electronic equipment, devices or paper documents.	2
4	Unauthorised disclosure	
5	Other	

Appendix 2: glossary

Acute services Medical and surgical interventions provided in hospitals.
Accruals An accounting concept. In addition to payments and receipts of cash, adjustment is made for outstanding payments, debts to be collected and stock (items bought, paid for but not yet used). This means that the accounts show all the income and expenditure that relates to the financial year.
Agenda for Change Agenda for Change is the pay system for the majority of NHS staff.
Amortisation The process of charging the cost of an asset over its useful life as opposed to recording its cost as a single entry in the income and expenditure records. It is similar to depreciation but is used for intangible assets.
Annual Health Check The annual health check produced by the Healthcare 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. The annual health check for activities in 08/09 will be published by the Care Quality Commission in October 2009.
Assets In general, assets include land, buildings, equipment, cash and other property.
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.

Board of directors
The board of directors is the executive body responsible for the operational management and conduct of a particular NHS Trust.

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.

Capital absorption rate
The capital absorption rate is determined by dividing the PDC dividend (from the I&E account) by the average net relevant assets (owned assets of the trust at the beginning and end of the year less current liabilities & cash). The Trust achieves the target if it achieves a rate of return of between 3 per cent and 4 per cent.

Capital resource limit (CRL)
NHS Trusts are given a capital resource limit (CRL) each year. They must not make capital expenditure in excess of this limit.

Charitable funds
Our charity, registered number 1053113 includes a general amenity fund (unrestricted), a research fund (restricted) and an endowment fund. Within these funds are held many individual accounts, three of these are specific general amenity funds covering Stoke Mandeville Hospital, Wycombe Hospital and Amersham Hospital and are used to enhance the services of the relevant hospital. Most of the other accounts are individual ward, departmental or service based and are used for that specific area.

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 five clinical divisions, each led by a divisional clinical chair who is a medical consultant supported by a lead nurse and general manager. The five divisions are:-

- clinical services

- 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.

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.

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.

Depreciation
The measure of the wearing out, consumption or other loss of value of a fixed asset whether arising from use, passage of time or obsolescence through technology, and market changes. The process of charging the cost of an asset over its useful life as opposed to recording its cost as a single entry in the income & expenditure records.

Direct costs
Direct costs are costs that can be directly attributed to a particular activity or output. For example, the cost of a pharmacist is a direct cost to the pharmacy department but an indirect cost to general medicine (as pharmacy serves several departments).

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, ie planned. This covers waiting list, booked and planned admissions.
Electronic staff record (ESR) The electronic staff record (ESR) is the national, integrated human resources (HR) and payroll system which will be used by all 600+ NHS organisations throughout England and Wales.
Emergency inpatient activity Emergency activity is where admission is unpredictable and at short notice because of clinical need.
EU emissions trading scheme The EU emissions trading scheme (EU ETS) is one of the policies being introduced across Europe to reduce emissions of carbon dioxide and combat the serious threat of climate change.
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.
External financing limits (EFLs) NHS Trusts are subject to public expenditure controls on their use of cash. The control is an external financing limit (EFL) issued to each NHS trust by the Department of Health. The EFL represents the difference between the cash resources a trust can generate internally (principally retained surpluses and depreciation) and it's approved capital spending. If its internal resources are insufficient to meet approved capital spend then it is able to borrow the difference.
Financial recovery plan (FRP) The 'savings' plan agreed for 2008/9.
Fixed assets Land, buildings, equipment and other long term assets that are expected to have a life of more than one year.

Fixed cost
A cost whose magnitude does not increase or decrease with changes in activity level.

NHS Foundation Trust (FT)
NHS Foundation Trusts are a new type of NHS Trust in England and 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.

GDP
Gross domestic product – a measure of the value of national economic activity.

Gender Equality Scheme
The gender equality scheme addresses how the Trust will respond to the gender equality duty (GED). This is a statutory duty which came into force in April 2007. All public authorities in England, Wales and Scotland must demonstrate that they are promoting equality for women and men and that they are eliminating sexual discrimination and harassment.

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.

Healthcare Commission (HCC)
The Healthcare Commission provides an independent assessment of the standards of healthcare services, whether provided by the NHS, the private sector or voluntary organisations.

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.

HRG
Healthcare resource group - groupings of treatment episodes which are similar in resource use and in clinical response.

ICT
Information and communications technology.

Improving working lives
The improving working lives standard (IWL) is a blueprint by which NHS employers and staff can measure the management of human resources. Organisations are kite-marked against their ability to demonstrate a commitment to improving the working

lives of their employees.
Indexation A process of adjusting the value, normally of fixed assets, to account for inflation.
Indirect costs Indirect costs cannot be traced directly to a particular activity or output.
Initial resource limit As part of resource accounting and budgeting NHS organisations are provided with a resource limit at the start of the year to determine their maximum use of revenue and capital resources. This may be subject to change with resource limit adjustments such as allocations from central budgets.
Intangible asset Goodwill, brand value, or some other right, which although invisible is likely to derive financial benefit (income) for its owner in future and for which you might be willing to pay.
Integrated governance Integrated governance is the means by which the Trust will pull together all the competing pressures on the Board and their supporting structure, to enable good governance. As a key building block of good governance, Integrated Governance is a process that spans the various functional governance processes that are often unlinked and result in the handling of issues in silos. Integrated governance offers Boards the opportunity to rethink their governance arrangements to be fit for the future direction of the NHS.
Investors in People The Investors in People standard provides a framework that helps organizations to improve performance and realise objectives through the effective management and development of their people.
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.
Marginal Cost The increase / decrease in cost caused by the increase / decrease in activity by one unit.
Market forces factor An index used in resource allocation to adjust for unavoidable variation in input costs. It consists of components to take account of staff costs, regional weighting, land, buildings and equipment.

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.

Monitor
The independent regulator of NHS Foundation Trusts.

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.

National service frameworks (NSFs)
National service frameworks (NSFs) are long term strategies for improving specific areas of care. They set measurable goals within set time frames.

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.

Non-recurrent resources
Income or expenditure which only occurs once.

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

Organisational transformation plan (OTP)
This is a two year plan which sets out how the Trust intended to improve the quality and the integrity of our patient pathways (avoiding duplication and unnecessary steps) and iron out the variations in operating performance, thus improving our

clinical efficiency and thereby value for money. 2008/9 is the second year of this plan.
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'.
Outturn The actual year end position in income and expenditure terms.
Overview and scrutiny committees (OSC) OSCs have the power to scrutinise health services. This contributes to their wider role in health improvement and reducing health inequalities for their area and its inhabitants.
Patient administration system (PAS) A computer system used to record information about the care provided to service users. The data can only be accessed by authorised users.
Patient Advice and Liaison Service (PALS) All NHS trusts are required to have a Patient Advice and Liaison Service. The service offers patients information, advice, quick solution of problems or access to the complaints procedure. PALS are designed to offer on the spot help and information, practical advice and support for patients and carers.
Payment by results (PbR) Payment by results (PbR) aims to be a fair and transparent, rules-based system for paying NHS Trusts. It uses a national price list (tariff) linked to activity and adjusted for case complexity.
Private finance initiative (PFI) The private finance initiative (PFI) provides a way of funding major capital investments, without immediate recourse to the public purse. Private consortia, usually involving large construction firms, are contracted to design, build, and in some cases manage new projects
Primary care Family health services provided by family doctors, dentists, pharmacists, optometrists, and ophthalmic medical practitioners.
Provisions Provisions are made when an expense is probable but there is uncertainty about how much or when payment will be required. Provisions are included in the accounts to comply with the accounting principle of prudence.

Public dividend capital (PDC) The public dividend capital represents the outstanding public debt of an NHS Trust and is made up of the original investment in the trust by the Secretary of State plus any subsequent annual PDC investments to support new capital expenditure less any repayments.
Race equality scheme The race equality scheme is a strategic framework of standards and principles that will be applied across the Trust to ensure that we deliver high quality public services in a manner which is fair for all sectors of the community, that our patients are treated with dignity and respect and that our workforce reflects the communities that we serve.
Recurrent resources Income or expenditure which occurs more than once.
Reference costs NHS organisations are required to submit a schedule of costs of healthcare resource groups to allow direct comparison of the relative costs of different providers. The results are published in the national schedule of reference costs and are used as a building block for the PBR tariff.
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.
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.
Semi-fixed cost A cost whose magnitude is only partly affected by the level of activity. The relationship is not directly proportional.

Service increment for teaching (SIFT) Payment from central resources to recognise the excess costs incurred in hospitals providing medical training.
Service level agreements A service level agreement (SLA) is the main mechanism for service provision between NHS Trusts and Primary Care Trusts for NHS services. An SLA is an agreement that sets out formally the relationship between service providers and customers for the supply of a service by one or another.
Shaping health services The consultation carried out by NHS organisations in mid and south Buckinghamshire about proposed changes to the provision of health care within the area. This has now moved into an implementation phase.
Statement of internal control (SIC) 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) The Strategic Health Authority. It is accountable to the Secretary of State for Health via the chief executive of the NHS and a role to performance manage PCTs and local health systems.
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.
Variable cost An expense whose magnitude varies proportionately with the level of activity undertaken.
Working capital Working capital is the current assets and liabilities (debtors, stock, cash and creditors) required to facilitate the operation of an organisation.

Become a member of the Trust

As part of our application 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.buckinghamshirehospitals.nhs.uk or complete the membership form below and return to us at:

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

Feedback on annual report 2008/9

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@buckshosp.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 Hospitals NHS Trust
Amersham Hospital
Whielden Street
Amersham
Bucks
HP7 0JD

Or telephone: 01494 734959

Or email: communications@buckshosp.nhs.uk