

## TRUST BOARD MEETINGS

### MEETING PROTOCOL

The Buckinghamshire Healthcare NHS Trust Board welcomes the attendance of members of the public at its Board meetings to observe the Trust's decision-making process.

Copies of the agenda and papers are available on our website [www.buckinghamshirehealthcare.nhs.uk](http://www.buckinghamshirehealthcare.nhs.uk).

Members of the public will be given an opportunity to raise questions related to agenda items during the meeting or in advance of the meeting by emailing: [bht.communications@nhs.net](mailto:bht.communications@nhs.net)

If members of the public wish to raise matters not on the agenda, then arrangements will be made for them to be discussed after the meeting with the appropriate director.

When viewing the streamed live meeting please note that only nine directors can be visible at any time. When a director stops talking after a few minutes the system will automatically close their camera and show their initials until the director speaks again.

An acronyms buster has been appended to the end of the papers.

David Highton  
Trust Chair

## THE SEVEN PRINCIPLES OF PUBLIC LIFE

The Committee has set out '**Seven Principles of Public Life**' which it believes should apply to all in the public service. These are:

### **Selflessness**

Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

### **Integrity**

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

### **Objectivity**

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

### **Accountability**

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

### **Openness**

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

### **Honesty**

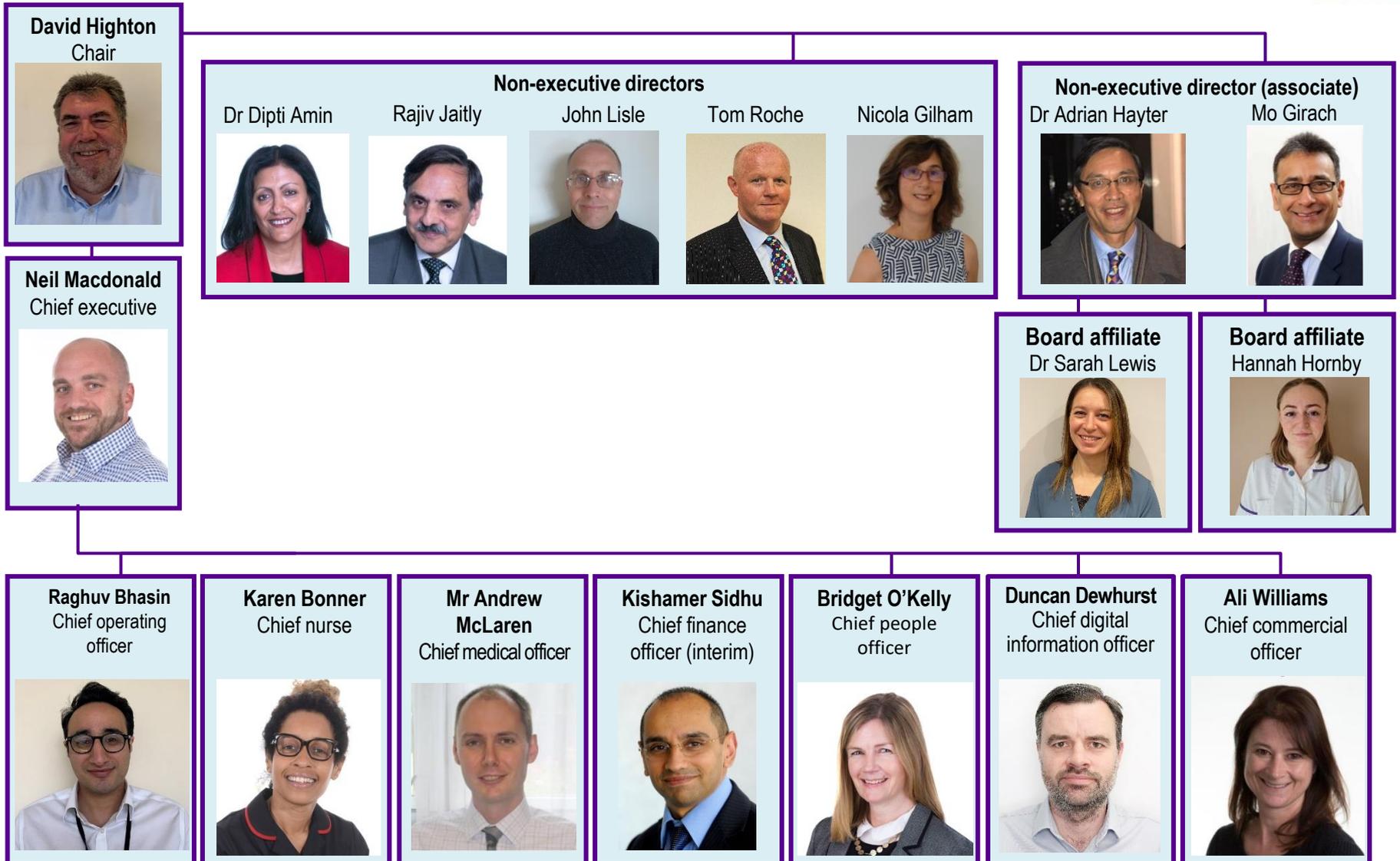
Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

### **Leadership**

Holders of public office should promote and support these principles by leadership and example.

This document should be read in association with the NHS Code of Conduct.

# Board of directors



**Meeting:** Trust Board Meeting in Public

**Date:** Wednesday, 22 February 2023

**Time:** 09:30 – 11:00

**Venue:** via MS Teams and live streamed to the public

Start Time	Item	Subject	Purpose	Presenter	Encl.
09:30	1.	<ul style="list-style-type: none"> <li>Chair's Welcome to the Meeting, Meeting Guidance</li> <li>Apologies for absence</li> </ul>	Information	Chair	Verbal
	2.	Declaration of Interests	Assurance	Chair	Verbal

### General Business

09:35	3.	Minutes of the last meeting held on: <ul style="list-style-type: none"> <li>25 January 2023</li> </ul>	Approval	Chair	Paper
	4.	Actions and Matters Arising	Approval	Chair	Paper
	5.	Chief Executive's Report	Information	Chief Executive Officer	Paper

### Board Sub-Committee Chair's Reports

09:55	6.	Quality and Clinical Governance Committee Chair Report	Assurance	Committee Chair	Paper
	7.	Finance and Business Performance Committee Chair Report	Assurance	Committee Chair	Verbal
	8.	Charitable Funds Committee	Assurance	Committee Chair	Paper

### Performance

10:10	9.	Integrated Performance Report	Assurance	Chief Operating Officer	Paper
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QUESTIONS FROM THE PUBLIC

COMFORT BREAK – 5 minutes

### Finance

10:35	10.	Monthly Finance Report	Assurance	Chief Finance Officer	Paper
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### Information

10:55	11.	Private Board Summary Report	Information	Trust Board Business Manager	Paper
	12.	BHT Charity Annual Report and Accounts	Information	Chief Finance Officer	Paper

13. Risks identified through Board discussion

Discussion

Trust Board  
Business  
Manager

Verbal

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ANY OTHER BUSINESS

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QUESTIONS FROM THE PUBLIC

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Date of Next Meeting:  
29 March 2023, 9:30am

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**The Board will consider a motion:** “That representatives of the press and other members of the public be excluded from the remainder of the meeting, having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest” Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960.

Papers for Board meetings in public are available on our website [www.buckshealthcare.nhs.uk](http://www.buckshealthcare.nhs.uk)

## Meeting: Trust Board Meeting in Public

**Date:** Wednesday, 25 January 2023

**Time:** 09.30 – 13.15

**Venue:** Virtual Meeting via MS Teams and live streamed to the public

### MINUTES

#### Voting Members:

Mr D Highton (DH)	Trust Chair
Dr D Amin (DA)	Non-Executive Director
Ms K Bonner (KB)	Chief Nurse
Mr R Jaitly (RJ)	Non-Executive Director
Mr R Bhasin (RB)	Chief Operating Officer
Mrs N Gilham (NG)	Non-Executive Director
Mr J Lisle (JL)	Non-Executive Director
Mr N Macdonald (NM)	Chief Executive Officer
Mr A McLaren (AM)	Chief Medical Officer
Mr T Roche (TR)	Non-Executive Director
Mr K Sidhu (KS)	Interim Chief Finance Officer

#### Non-Voting Members:

Mr D Dewhurst (DD)	Chief Digital Information Officer
Mr M Girach (MG)	Associate Non-Executive Director
Mr A Hayter (AH)	Associate Non-Executive Director
Miss H Hornby (HH)	Board Affiliate
Dr M Johnson (MJ)	Board Affiliate
Mrs B O'Kelly (BOK)	Chief People Officer
Ms A Williams (AW)	Chief Commercial Officer

#### In attendance:

Miss J James (JJ)	Trust Board Business Manager
Mrs E Jones (EJ)	Senior Board Administrator (minutes)
Ms L Isard (LI)	Head of Intermediate Care & Deputy AHP lead for Community (agenda item 3)
Ms E Wakefield (EW)	Therapy Lead for Discharge to Assess (agenda item 3)
Ms H Beddall (HB)	Director of Midwifery (agenda item 15)
Mr I Currie (IC)	Divisional Director for Women's and Children's Division (agenda item 15)
Mr R Bowen (RB2)	Deputy Director of Strategy BOB (agenda item 22)
Ms J O'Grady (JOG)	Director of Public Health, Buckinghamshire (agenda item 22 & 23)
Mr O O'Sullivan (OO)	Director of Strategy (for agenda item 22)

#### 01/01/23 Welcome, Introductions and Apologies

The Chair welcomed everyone to the meeting. No apologies had been received.

DH noted this was Mark Johnson's last meeting as Board Affiliate and thanked him for his contribution to the Board.

#### 02/01/23 Declarations of Interest

There were no additional declarations of interest declared relevant to the agenda items.

#### 03/01/23 Colleague Story

BOK introduced Emily Wakefield, Therapy Lead for Discharge to Assess and her Manager Laura Isard, Head of Intermediate Care, Deputy Allied Health Professional Lead for Community. BOK

informed the Board the Trust was an inclusive employer of colleagues with SEND (special educational needs and disability).

Emily talked to the Board about her experiences as a neuro-diverse colleague at the Trust including the support available to her and other colleagues with a disability.

During discussion, the following points were noted:

- The Trust was part of a national workforce disability scheme which offered formal frameworks for discussion however informal discussions were very important. It was noted 300 colleagues had declared a disability in the Trust.
- Education was required to enable understanding, reduce bias and provide support for colleagues with disabilities.
- There was a disability network group which provided peer support.
- The Trust was building links and relationships with schools and colleges to provide opportunities for work experience and shadowing.
- Being open and having trust was important to build relationships between managers and colleagues to develop a working relationship.
- It was important to be non-judgemental, to listen, give time and space and make adjustments.

The Board thanked Emily for telling her story.

#### 04/01/23 Minutes of the last meeting

The minutes of the meeting held on 30 November 2022 were **APPROVED** as a true and accurate record.

#### 05/01/23 Actions and Matters Arising

The Action Matrix was **NOTED**.

#### 06/01/23 Chief Executive's Report

NM presented the CEO report which was taken as read. Headline messages of note to the Board were:

- The relentless pressure and continuous demand for urgent and emergency services due to increased incidents of respiratory viruses and infections; paediatric pressures related to Strep A; snow and freezing temperatures causing trauma injuries; pressures in maternity and neonatal services; all of which had been intense in the run up to Christmas and through the holiday period. Demand had since slowed and NM thanked staff for their continuing hard work.
- The increased numbers were reflected in the Integrated Performance Report (IPR) and thought had been given to providing better support for the ambulance service; better coordinating community teams with the urgent community response to prevent people coming into hospital and prioritising off-loading ambulances to get them back on the road however this had a consequence of needing to put patients in the corridor where they had to wait a long time and was undignified. There would need to be a Board focus to eliminate 'corridor care'.
- Investments and funding to support discharge had been announced and the Trust was working with local partners to utilise this and get the best value for money. The Trust was trying hard not to disadvantage patients by discharging them into care but expanding capacity for rehabilitation and creating flow out of the hospital into community services.
- Kumar Pannikar, Consultant Anaesthetist, had received a lifetime achievement award for his leadership in critical care and medical education in the division of surgery.

The following points were raised by the Board:

- NG requested information on the work with the council around discharges into community for long term capacity demand issues and finding a sustainable solution. NM noted investment would be for the long-term benefits of residents and required structural changes to accelerate movement through the system with assessments, therapists and social workers and a better bedded intermediate care facility. NM noted the business case for the full programme would come to Board in due course.
- NG queried if NM had found any intermediate solutions and learning from time spent with the ambulance service. NM highlighted the need to have better direction to alternative pathways noting developing overarching signposting was critical.

- RJ requested the developments in community care were brought through the Integrated Performance Report in order to be measured properly.
- RB noted the new paediatric department would be open by mid-March.

The Board **NOTED** the CEO report.

#### 07/01/23 Audit Committee Chair Report

The report was taken as read and RJ invited questions.

DH noted it was close to year end and the Trust had been unable to appoint external auditors which was a risk for the Trust, recognising KS was in conversation with the Regional Team who were aware of the position. DH queried if this required escalating to the National Team. RJ noted 'agreed upon' procedures were in place to provide assurance to the Board and KS acknowledged the risk of not being able to appoint auditors by the year end, however checks were ongoing to ensure appropriate processes were tested and to enable assurance to be provided to the Board and to be ready if the national team were able to find an auditor. The lack of auditor had been escalated recognising BHT was not the only Trust in this position. This was a national issue with no current solution however the national team were aware and were trying to resolve. KS noted he had already started the process of procuring an External Auditor for the next financial year and highlighted the need to ensure the Trust limited the number of consultancy services used for non-audit work as they were then precluded from being able to audit the Trust's accounts.

The Board **NOTED** the report.

#### 08/01/23 Quality and Clinical Governance Committee Chair Report

DA highlighted the following points; the improvement in the complaint response time; concern around the backlog in radiology and delay in reporting noting actions were in place to reduce patient harm; the Committee would be requesting Audit Committee consider Internal Audit initiate an audit to test that evidence to close actions was sufficient; three of the maternity CNST safety actions were not compliant this year and was reflective of the national position which was a concern noting mitigations were in place; the Committee would be requesting Audit Committee requested a re-audit of clinical audit by Internal Audit to ensure changes had taken place as per the previous audit and the Committee noted paediatric community services remained a concern with the shortage of paediatricians being the main problem, noting, however, mitigations were in place.

The Committee **NOTED** the report.

#### 09/01/23 Finance and Business Performance Committee Chair Report

NG provided a verbal update on the meeting held the previous day noting the Committee had discussed the IPR and noted the challenges in diagnostics; had made a request for community benchmarking and noted the complex presentation of the patients coming into hospital and impact for this on costs.

NG informed the Board the Committee had received the monthly finance report for month 9 which noted a forecast outturn of £14.6M and the reforecast would be reflected in the month 10 report. The month 9 report showed an outturn ahead of plan at £2.1m.

Budget planning was in progress for 23/24 and the Committee were aware of the risks associated with the planning process noting it was expected to be completed within the time frame.

The Committee discussed the capital spend for the year and the overspend of £3.6m noting detailed work was underway for mitigations.

The Committee gave recommendation for approval to Board for the insourcing support for ENT and ophthalmic activity and the Urgent Treatment Centre Contract.

The Board **NOTED** the update.

#### 10/01/23 Strategic People Committee Chair Report

TR highlighted the Committee had discussed the rolling out of the vaccination programme and compared performance against other Trusts; the response rate of the staff survey had remained similar to the previous year and work was underway to try to increase this for next year; the Committee would be requesting Audit Committee consider an internal audit for health and safety.

RB informed the Board the IPR had been discussed at the Board Sub Committees and highlighted the following points:

- Despite the challenges, the Trust had maintained ambulance handover times and benchmarked well against other Trusts.
- The Winter Plan had been delivered including increased capacity to support medically optimised for discharge patients and the Trust had been able to maintain elective activity.
- There were concerns on delays for diagnostics and work was ongoing to bring this back on track.
- The improvement in complaint response times and improved vacancy rates with recruitment from overseas was noted.
- Large numbers were being dealt with by the urgent community response team which was positive and was linked to admission avoidance schemes.

NM referred to the continuing progress around 78-week waiters which remained on plan and was to be congratulated. RB assured the Board there were some final treatments to be booked before the end of the year to ensure long waiters were treated and the Trust should be back on track by the end of March, noting an update would go to the Finance and Business Performance Committee on progress at the February meeting. The further challenge would be around the 65-week waiters and beyond.

**Action: Update to Finance Committee on progress and focussed work on 78-week waiters – RB**

HH recognised the winter pressures in A&E affected pressure on the wards and discharge into the community and ultimately readmissions which would be useful to see as a metric highlighted in the IPR to measure transformation. RB agreed with the need to get more data in the IPR around readmissions noting there had been more risk-based judgements to discharge due to increased admissions. AM noted there was some work ongoing to follow up with patients earlier.

NG queried the plans to recruit enough Allied Health Professionals to assist with discharge in the community recognising the reduction in vacancy rates for nursing and midwifery colleagues. BOK explained recruitment of therapists was a priority, noting the national shortage. Funding was being received to address this and the Trust was looking to build on the success in the National Spinal Injuries Centre recognising there was often a waiting list for working there as it was a great place to work as a therapist. There was some work to do and this would be a focus for next year noting locums were being brought in to ensure patient care was not impacted.

NG referred to the low rate of vaccination uptake and queried why this was and what was being done to boost the rate. KB noted the Trust's uptake of the vaccines reflected the national picture and was due to vaccine fatigue however the Trust was the second highest in the region and ensuring colleagues were vaccinated was a continued focus.

NG noted the increase in occupational health referrals recognising the sickness absence rate was not increasing, however, NG queried if there were any themes for the referrals. BOK noted the themes were around stress both personal and workplace stresses, recognising early interventions were important.

AH queried the community response around discharge to care homes and other units. RB noted there had been close working with the council around elderly mental health although there was concern around social work and GP cover recognising the Olympic lodge model was working.

AH questioned how capacity in and referrals to virtual wards could be increased with expansion into other areas. RB responded noting the single point of access and coordinated care centre for heart failure and other areas. AM noted this was a new area and stressed the importance of not overwhelming the programme by developing it too fast noting a single point of access would be very useful.

In response to TR, RB explained the whole IPR was being reviewed with the business plan to include key metrics and would be ready by April.

TR queried if the new discharge coordinators were providing noticeable improvements. RB noted these colleagues were new in post and were receiving training noting they would be able to expedite

but not actually make the discharges. This was an area of focus and greater definition of their role would be provided.

In response to a query from DA around senior decision makers at the front door, RB noted this was crucial and needed to be sped up, a change of rotas and working patterns would enable this and work was ongoing with the Emergency Department management team to improve these numbers.

MG queried the work with universities around placements and bursaries for recruitment. BOK explained the Trust worked closely with its partner universities to increase the number of placements in the system into Trusts and also into primary care and community Trusts, noting the universities supported students in applying for bursaries.

MG queried if the Trust was working with other providers and GP networks around discharge. RB explained this work was expanding however there was challenge in the workforce to support this work but there was a lot of engagement and development in this area.

The Board **NOTED** the report.

## QUESTIONS FROM THE PUBLIC

### Question

*A member of the public has emailed a concern regarding the Interventional Radiology (IR) service. The original email involved details of the care and clinical presentation of a close relative of this individual so, in reading this out in public, efforts have been made to both express the pertinent points of the concern whilst maintaining patient confidentiality. The concern raised relates to an individual patient who has had an extended stay in hospital and is waiting for an operation that requires the use of interventional radiology; this has been the case for 9 weeks. The procedure has been delayed due to hospital acquired infection and issues with intravenous access impacting on nutrition and medication. The member of the public who wrote in suggests that the medical complications that occurred would not have done so if the interventional radiology machine had been replaced quickly rather than 6 months later with the individual in question still without a firm date for intervention.*

### Response

*Thank you for your question some of which relates to individual patient matters that we will respond to separately in writing rather than in public. We note that this concern has been logged under the Trust complaints process and the team are happy to meet directly with the both the patient and the family to resolve this concern. The Trust acknowledges and appreciates the impact that the loss of our interventional radiology service and the length of time taken to reinstate this service has had on our patients. We understand how difficult and frustrating it must be for those who are inevitably waiting for treatment. We are grateful to colleagues in Oxford University Hospitals who have provided treatment to our patients during this period which has reduced, but not eliminated, the impact. We are due to recommence the service with one new machine next month with the second new machine due to 'go live' by the summer. In relation to intravenous line infections these are closely monitored by our Infection Prevention & Control team. Infections in lines will inevitably occur as a result of the line penetrating the skin regardless of the care taken. There were fifteen-line infections reported in the last 3 months – all of which were thoroughly investigated, and none were found to be caused by lapses in care.*

12/01/23

## Monthly Finance Report

KS informed the Board the Trust was £2.1m ahead of plan. There had been an additional £2.5m of specialist commissioning for the elective recovery fund by the end of the financial year and support of £1m from the local Integrated Care Board for capital spending. As a result, the Trust had been requested to deliver a revised financial plan of £14.6m deficit instead of the current £17m.

The capital plan had been mitigated by £1m and was in line with the plan. KS noted there would not be additional capital to spend as there had been in previous years.

KS noted the capital limit (CDEL) no longer applied unless the ICB breached CDEL which was a change to previous years.

DH thanked KS for the clarity of the finance report.

The Board **APPROVED** the downward revision to £14.6m from £17m and **NOTED** the report.

13/01/23

## Quarterly Operating Plan Update

DD informed the Board the transformation portfolio of the Trust was now in the remit of the Chief Digital Information Officer.

DD noted the following points:

- The operating plan was focused on delivery and what the Trust needed to do this year.
- The IPR would reflect and focus on these measures.
- Operational progress was measured against the Trust's strategic goals.
- There would be the development of the EPR business case and infrastructure of IT.
- A rehabilitation centre of excellence would be created.
- A report would be created with a focus separate from the IPR with big elements to deliver performance this year and deliver the 3-year plan.

During Board discussion the following points were noted:

- RB explained the aim was to reduce children's waiting lists to a 'minimum' of 65 weeks by April 2024 and children needed to be prioritised. Work was ongoing with partners noting the challenges with recruitment and retention in community paediatrics. KB noted there was a relentless focus and a therapy strategy to address the issue.
- AW noted the Trust was committed to providing healthy and cost of living support meals at Amersham Hospital in line with Stoke Mandeville and Wycombe Hospitals.
- BOK explained the operational excellence programme's impact was seen through the staff survey scores around the impact on individuals from the intervention of their manager and metrics on turnover, appraisal and one to one rates which provided both process and outcome measures.
- Concern was expressed by the Non-Executive Directors around the delay opening the new women's and children's building at Stoke Mandeville. RB noted there had been some supply chain issues and challenges with sub-contractors however the building should be open by the end of February / early March.
- AW noted the new Dermatology Unit at Amersham was now fully operational, however, to include additional procedures, more infrastructure was required and this was being worked through.
- The Transformation Board tracked the deliverables and outcomes of the plan against the original milestones and would ensure the Board had a clear view of the plan.
- DH noted the operational plan was a mix of operational performance with charts and milestones and overlapped with the IPR. DH suggested a single report would prevent duplication. In addition, DH stressed the importance of creating a culture where slippage was not the norm and programme management was more disciplined.
- DD noted the operational plan would look at the delivery of the big milestones and agreed to review how this was reported to the Board.

The Board **NOTED** the report.

14/01/23

Freedom to Speak up Guardian (FTSUG) mid-year report

TU highlighted the ongoing benefit of the outreach model and the increase of colleague contacts which was positive. It demonstrated more colleagues from ethnic groups were able to access the service than white British colleagues and this had doubled since reporting in the annual report last year. Speaking Up month in October 2022 had involved events around inclusion and safety. TU thanked the new champions who were helping to signpost the services of the FTSUG.

The Non-Executive Directors commented on the increase in the number of concerns raised by BAME colleagues and queried if there were any themes. TU noted some concerns from BAME groups had highlighted a lack of cultural understanding and this was now included in the education programme. There were specific themes however the staff survey results would show this in due course.

Concern was expressed around a significant number who felt unable to speak up and the need to do more triangulation with the staff survey.

**Action: Triangulation between FTSUG and Staff Survey results to presented to Board in the next FTSUG report – BOK**

The Board **NOTED** the report.

Clinical Negligence Scheme for Trusts (CNST) Maternity

KB informed the Board the Clinical Negligence Scheme for maternity required Board sign off noting the Trust was not fully compliant with all safety actions however mitigations were in place. HB

confirmed the Trust was already aware of the non-compliance and had actions in place to provide assurance.

In response to a query from JL, HB explained there were multiple schemes regarding maternity safety and not all were aligned and asked for different levels of compliance and assurance. Going forward assurance would be provided through the Board Assurance Framework (BAF) and would provide oversight from ward to board. NM informed the Board he had chaired a maternity leadership team meeting to review the approach of what comes to the Board for assurance.

The Board **APPROVED** the maternity incentive scheme (CNST) Board declaration form to be signed by the Chief Executive Officer prior to sign off by the accountable officer for the ICB and submission to NHS Resolution.

16/01/23 CQC Improvement Action Plan

KB updated the Board on the action plan highlighting the one outstanding action around the privacy and dignity of patients which reflected the national situation.

The Board **NOTED** the report.

17/01/23 Corporate Risk Register

KB took the report as read.

NG requested further information on the mitigations in place around the reduced capacity in chemotherapy due to the lack of trained nurses. KB explained the staff were being bolstered by senior staff doing clinical work. MJ queried if there was an emerging risk in other areas where they could be a lack of specialist trained nurses. BOK and KB noted this would be highlighted through the divisional risk registers and the Executive Team notified.

JL requested an update on Ward 2a and the Wycombe Tower which had been identified as an action by the CQC. AW noted a paper on the options would come to Board in February.

The Board **NOTED** the report.

18/01/23 Board Assurance Framework

It was noted the assurance being provided by the BAF was under review and DH noted there was appropriate overlap with the CRR. JJ noted there was a summary page in the report of what had changed since the previous report and highlighted the discussions at Executive Management Committee and Audit Committee.

The Board **NOTED** the report.

19/01/23 Cancer Community Work

The Board **NOTED** the report.

20/01/23 Private Board Summary Report

The Board **NOTED** the report.

21/01/23 Patient Experience Annual Report

The Board **NOTED** the report.

22/01/23 ICB Strategy  
(Rob Bowen – Deputy Director of Strategy, BOB & Jane O’Grady, Director of Public Health, Early Help & Prevention, Buckinghamshire Council)

AW introduced Rob Bowen and Jane O’Grady.

RB2 took the strategy as read and DH noted that only questions and clarification were able to be asked now and not feedback given. Feedback would be provided via a more formal route which was outlined by OO.

JOG noted social care would operate at Place level and some benefits would be seen quickly and others such as the effect of obesity on Cancer would have longer term benefits.

RB2 noted the strategy was under public consultation and would include comments and feedback with an ambition to publish a final version in March and how to measure success was being worked through. It was recognised the strategy should be influencing the direction of the partners in the system and would be reflected in next year's operational plan for the NHS and long-term planning. Plans to deliver the strategy would be aligned.

The Board **NOTED** the Strategy update.

#### 23/02/23 Director of Public Health Annual Report: Cardiovascular Disease (Jane O'Grady)

DD informed the Board the Health and Wellbeing Strategy had been approved and was aligned with the ICB Strategy with the themes of start well, live well and age well. A critical part of the live well item was preventing cardiovascular disease.

JOG presented her report on cardiovascular disease and invited questions.

HH reminded the Board of the presentation on tobacco dependency made by the Trainee Leadership Board to the Board the previous year and the recommendations of being able to accurately record smoking status and work with the live well, stay well service. Making every contact count to facilitate referrals and ensure measurable targets was highlighted.

KB queried if services were culturally competent and JOG noted this was the aim and work was ongoing with communities.

The Board **NOTED** the Annual Report.

#### 24/01/23 Risks identified through Board discussion

- Inability to appoint External Auditors noting this had been escalated regionally and was acknowledged as a national issue.
- Trust capital position.
- Waiting times for Community Paediatric services and potential impact on development.
- Interventional radiology service.

#### 25/01/23 Any other business

- KS requested delegation to the Charitable Funds to approve their accounts, the deadline was 31 January.  
The Board **APPROVED** the delegation.
- KS required to submit draft numbers to the ICB between 10<sup>th</sup> and 13<sup>th</sup> Feb and requested delegation for the CEO to submit.  
The Board **APPROVED** the delegation.

#### QUESTIONS FROM THE PUBLIC

##### Question

What percentage of ward shifts are having to be filled by agency staff?  
What percentage do not turn up for shifts?  
How is this being monitored for impact on BHT staff?

##### Answer

In order to provide a report in the timescale, we have looked at our December 2022 reports for nursing & midwifery staff, although this does include some shifts in community teams. In December 2022, 23.8% of all nursing & midwifery shifts were filled by agency staff; for 3.6% of shifts agency workers did not turn up after they had booked in. For any agency staff who do not turn up, we follow up with their agency on the day. We then monitor on a monthly basis and review with the agency concerned if there are any patterns and agree appropriate action.

##### Addendum

The percentage quoted (23.8%) relates to those shifts put out to agency not to the total of all nursing and midwifery shifts.

**Date of the next Trust Board Meeting in Public: 22 February 2023 at 09.30**

## Public Board Action Matrix

Action ID	Agenda Item	Summary	Target Date	Exec Lead	Status	Update
1512	Integrated Performance Report (IPR)	Update on progress and focussed work with 78-week waiters	28/03/2023	Chief Operating Officer	Propose close	Update to be provided to Finance and Business Performance Committee; propose transfer to F&BPC action matrix
1367	Strategic People Committee Chair Report	Revised organisation approach to be considered and presented to Board regarding increasing complexity of and aggression from patients	29/03/2023	Chief People Officer	In Progress	<p><b>Progress update:</b> Focus for February has been on internal comms about the “No excuse for Abuse Campaign”, including a leadership briefing session focussing on the actions we are taking as a Trust, the support available and the policy that is in place.</p> <p>A good response was received from the campaign lunch including coverage in the Nursing Times (20 December 2022), Bucks Free Press and Planet Radio (24 January 2023) and Wycombe Today (3 February 2023)</p> <p>Videos launched featuring a number of BHT colleagues.</p>
1368	Safe Staffing	Integrated safe staffing report including medical and AHP colleagues within acute and community sites	29/03/2023	Chief Nurse/ Chief Medical Officer	In Progress	Work underway between CN and CMO teams to present to Board in March 2023
1513	Freedom To Speak Up Guardian (FTSUG) - Mid Year Report	Triangulation between FTSUG and Staff Survey results	31/05/2023	Chief People Officer	In Progress	Due within next report to Board
1489	Integrated Performance Report	Systematic review of critical infrastructure and shortage of skills to ensure no points of failure	28/06/2023	Chief Operating Officer	In Progress	Work underway to present to Board in June 2023

**Meeting:** Trust Board Meeting in Public

**22 February 2023**

<b>Agenda item</b>	Chief Executive's Report
<b>Board lead</b>	Neil Macdonald, CEO
<b>Type name of author</b>	Chloe Powell, CEO Business Manager
<b>Attachments</b>	Chief Executive's Report Appendix 1 – CARE value award winners Appendix 2 – Executive Management Committee and Transformation Board Appendix 3 – Place & System Briefing
<b>Purpose</b>	Information
<b>Previously considered</b>	None

### Executive Summary

This report aims to provide an update on key developments over the last month in areas that will be of particular interest to the Board, covering both Trust activity as well as that done in partnership with local organisations in Buckinghamshire (Place), and as part of the Buckinghamshire, Oxfordshire & Berkshire West Integrated Care System (BOB ICS).

Appended to this report is a list of the winners of our monthly CARE value awards (Appendix 1), a summary of Executive Management Committee for the last month to provide oversight of the significant discussions of the senior leadership team (Appendix 2), and a Place & System Briefing (Appendix 3). The February Transformation Board is taking place on Tuesday 21 February and will therefore be included in the report to Trust Board in Public in March.

**Decision** The Board is requested to note the CEO report.

### Relevant Strategic Priority

<b>Outstanding Care</b> <input checked="" type="checkbox"/>	<b>Healthy Communities</b> <input checked="" type="checkbox"/>	<b>Great Place to Work</b> <input checked="" type="checkbox"/>	<b>Net Zero</b> <input checked="" type="checkbox"/>
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### Implications / Impact

<b>Patient Safety</b>	Highlights activities in place to support high quality patient care
<b>Risk: link to Board Assurance Framework (BAF)/Risk Register</b>	Links to all strategic objectives of the BAF and highlights any risks of note to the Board
<b>Financial</b>	Provides an overview of the Trust financial position
<b>Compliance</b>	Updates on any changing or new legislation or regulation of relevance to the Board.
<b>Partnership: consultation / communication</b>	Highlights partnership activities at Place and System
<b>Equality</b>	Highlights activities regarding equalities where relevant, including equality standards and health inequalities
<b>Quality Impact Assessment [QIA] completion required?</b>	Not required for this report

## Chief Executive's Report

### National context

At the end of January, NHS England [published](#) their two-year 'Delivery plan for recovering urgent and emergency care services'. This plan sets out ambitions regarding increasing capacity, growing the workforce, speeding up hospital discharge, expanding new community services, helping people access the right care first time, and tackling unwarranted variation. We have been working through the detail of this plan to factor it into our business planning for the next financial year.

### Outstanding care

Key performance data are reported in the Integrated Performance Report with supporting narrative. Although the relentless operational pressure of the period from December to January appears to have eased somewhat, we do continue to experience very high demand for both our community and acute services.

In recent weeks, the pressures in urgent and emergency care have been the subject of national press; against this, colleagues have been working tirelessly to continue to deliver our other healthcare services including outpatients appointments, planned ('elective') care and maternity and community services.

As we approach the start of the new financial year, significant detailed planning and preparation, particularly by our leadership and corporate support teams, is going into our business planning for 2023/24. As part of this, we will be focusing on a small set of 'breakthrough objectives', so-called because we believe achieving them next year will set us on the path to achieving our longer term multi-year goals and, ultimately, our Trust vision. These have been developed and debated by our senior leadership team and will be launched Trust-wide in March. A more detailed report will follow next month.

At month 10 we remain on trajectory to hit our financial plan at the end of the year.

### Healthy communities

We are fortunate to have a number of outside spaces and gardens in various pockets on our Trust sites and we have previously acknowledged as a Board the invaluable support we receive from our local community in making these into welcoming spaces for patients to enjoy or for colleagues to take a rest during their working day. I would like to extend my sincere thanks to the Chiltern Rangers who have transformed the Stroke Unit garden at Wycombe Hospital, providing a brilliant space for patients to use as part of their recovery and rehabilitation.

### Great place to work

Over the last few weeks we have launched our [public campaign](#) against violence and aggression, including videos from colleagues published through our social media pages. While we fully appreciate and understand the frustration that members of the public and patients may feel if experiencing long waits or delays to their appointments, in light of the substantial increase in incidents of violence and aggression against our colleagues when at work, we are taking the opportunity to remind anyone using our services that there is **no excuse for abuse**, and it will not be tolerated. This applies in our acute hospital sites, community services, or when we are delivering healthcare in people's homes.

We have also been reinforcing our internal policy against unacceptable behaviour so that all colleagues know how to access support and intervention should they find themselves experiencing such behaviour. We have increased our offering for conflict resolution training and are trialling body cameras for colleagues in our Emergency Department reception.

On Friday 17 February it is Random Acts of Kindness Day, a national initiative run by the [Random Acts of Kindness Foundation](#). At BHT, we took the opportunity to encourage colleagues to send digital wellbeing cards and offered coffee vouchers to take up as self-care or gift to their colleagues.

Earlier this month was National Apprenticeship Week. We offer a wealth of apprenticeships through our organisations, both clinical and non-clinical, and for colleagues at all levels of their career. I was pleased to be able to spend some time with colleagues at varying stages of the nursing apprenticeship pathway, and to learn more about the support we offer our colleagues while they complete their courses. Since 2017, >600 colleagues have enrolled on a clinical or non-clinical apprenticeship. It was wonderful to celebrate some of these individuals at a celebration during the week.

Finally, our Health & Wellbeing team are offering support to any colleagues impacted by the devastating earthquakes in Turkey and Syria, and we have published links to local and international organisations if colleagues wish to make donations.

## **Appendices**

Appendix 1 – CARE value awards

Appendix 2 – Executive Management Committee and Transformation Board

Appendix 3 – Place & System Briefing

## Trust CARE values awards

I am delighted to share this summary of the winners of our Trust CARE value awards. Every month from all nominations received from colleagues and members of the public, the Executive Management Committee award four winners, one for each of four categories, which are: Collaborate, Aspire, Respect, and Enable.

December 2022

Category	Name	Role	Nomination	Nominated by
Collaborate	Sue Eddy	Palliative Care Specialist Physiotherapist	<p>Sue Eddy is a palliative care specialist physiotherapist with an extra interest in Motor Neurone Disease (MND). Below are comments from her colleagues that inspired me to commend her for a Care Award.</p> <ul style="list-style-type: none"> <li>Sue in her current role is able to smooth over the transition from ward to home and ensure that the patient is ready or appropriate to be discharged from hospital. She is then in the unique position of being able to follow them up at home. Patients with these conditions often have very complex needs and for successful management of their condition it is crucial to have someone like Sue who can look at these needs holistically, with the breadth of understanding of the condition, which frequently includes mobility, pain management, neuro management, complex respiratory care including NIV, and ultimately advanced care planning and end of life care too. Without Sue's role there simply isn't anyone who is able to offer this depth and breadth of support and treatment to this group of patients and their families. Louise Waters - Advanced Respiratory Physiotherapist</li> <li>The role Sue provides is far larger than one person should ever be able to deliver, providing invaluable expert clinical input, consistency and support to patients, their families and other healthcare professionals. In my personal experience Sue has been an amazing support, has been available for advice and at times has attended acute wards to support when a patient known to her is having difficulties. Sam Burden - Advanced Respiratory Physiotherapist</li> </ul> <p>Sue is amazing, her work has inspired relatives and the community to fundraise for extra working hrs so that more patients with MNS can access this special treatment and care only Sue can provide in BHT and in the community.</p>	Staff
Aspire	Najma Ahmed	Ward Clerk, ICU, Wycombe Hospital	<p>After participating in the Lean Training by the Quality Improvement team, Ward Clerk Najma Ahmed took the initiative and the opportunity that her department was swapping paperwork over to a new computer system to organise all the wards documentation. WC Ahmed contacted upper management, finance and HR department for permission. And then, page by page, she organised every document, some of which was over twenty years.</p> <p>After nine months of work:</p> <ul style="list-style-type: none"> <li>Doctors and Sisters office were cleared</li> <li>Drawers are organised, and essential documents are easy to find</li> </ul>	Staff

			<ul style="list-style-type: none"> <li>• Store room was cleared - this provided space for the staff individual PPE clearing space in their lockers for personal items. WC Ahmed took the opportunity to clean and organise each locker and create a new key system</li> <li>• Folders are organised with the date of destruction to provide continuity.</li> <li>• Training staff had their paperwork organised - e.g., the hand hygiene team only carries two folders in the department instead of three boxes.</li> <li>• Hallways cleared of cabinets.</li> <li>• Two cabinets were freed</li> </ul> <p>WC Ahmed continues her work, assessing all paperwork monthly to prevent over-accumulation. Her fantastic accomplishment in her unit prevented duplication, waste of inventory, and over-processing, facilitating her departments flow and her teams work.</p>	
Respect	Zarina Khan	Community staff nurse/ case manager, Wycombe Adult Community Healthcare Team	Zarina went above and beyond on christmas day. She stayed beyond her hours to ensure that a lady at the end of her life passed away with comfort and dignity. The passing of the patient was unexpectedly rapid and Zarina ensured that all injectable medications were in place and administered to keep the patient comfortable and pain free. Zarina stayed with the family beyond the passing of the patient in order to support the grieving family. Zarina always puts her patients first and is remarkable with palliative patients and I feel she deserves recognition for this.	Staff
Enable	Marcello Leonardi	Workforce Information Team Lead	<p>Marcello agreed to travel over to Stoke Mandeville to assist a colleague, who had little IT experience, to register for Wagestream and create an account (this is the company who allow you to stream a partial advance from your wages).</p> <p>When Marcello arrived, he soon discovered that the employee did not have the access rights to be allowed to download the App to his work phone, so Marcello contacted a few different IT Leads and managed to sort everything that was needed in order to allow the access. Marcello was then able to set up the account and show the functionality of how Wagestream works so they would be able to use the system independently in the future.</p> <p>This enabled our BHT colleague to be able to take responsibility for their finances.</p>	Staff

## Executive Management Committee and Transformation Board

### Executive Management Committee (EMC) 24 January to 14 February 2023

The Executive Management Committee meets three times a month and covers a range of subjects including progress against our strategic aims, performance monitoring, oversight of risk and significant financial decisions. The meeting is chaired by the Chief Executive Officer and attended by Executive Directors and leads from the clinical divisions. The following provides an overview of some of the key areas considered by the committee over the last two months.

#### **Quality and Performance**

Integrated Performance Report  
Winter performance  
Vaccination programme  
Business continuity plans  
Maternity safety report  
Infection, prevention & control (IPC) report  
On holds  
78-week recovery

#### **People**

Trust-wide communications plan  
Mental health nursing  
CARE awards  
Integrated Medicine nursing workforce establishment  
Workforce appreciation

#### **Money and Estates**

Business planning 2023/24  
2023/24 Capital report  
Monthly finance report  
Efficiency plan

#### **Digital and Governance**

Senior Information Risk Owner (SIRO) and Caldicott  
Guardian report  
Funding the digital strategy  
Multi-factor authentication  
Organisation risk report:

- Corporate risk register
- Board Assurance Framework

Compliance with legislation  
Internal Audit annual plan  
Minutes from EMC sub-committees

### Transformation Board

Transformation Board is an Executive-level meeting with clinical and operational leads from across the Trust and is dedicated to strategic projects and oversight of delivery of the operating plan. It meets on a monthly basis covering transformation portfolio updates, strategic business cases, and quality improvement.

The next Transformation Board will take place on Tuesday 21 February and a summary provided in next month's report.

## Place and System Briefing

February 2023

### Buckinghamshire Place-Based Partnership Leaders meeting

14 February 2023

Item	Summary	Impact
National issues	Discussed the NHS England delivery plan for recovering urgent and emergency services	Successful, efficient delivery of the measures detailed in this guidance will require close working with partners in Buckinghamshire.
System issues	Discussed the Bucks Health and Care Academy and GP support for care homes.  Considered for approval an updated Operational Pressures Escalation Levels (OPEL) framework for Buckinghamshire, following approval by the Buckinghamshire Urgent & Emergency Care Board.	The OPEL framework has been updated to increase consistency between the three Places within the BOB ICS. It will be further updated in due course to better reflect some of our community services.
ICS development	Reviewed a proposal for developing the 'Buckinghamshire Executive Partnership' (EP). The proposed EP membership would include Chief Executives from the Council, BHT and Oxford Health NHS Foundation Trust, as well as Executive-level leads for children's services, primary care, public health, and adult social care.	The focus for the EP would be delivery of the existing Place priorities regarding hospital discharge, admission avoidance, mental health, primary care, health inequalities and children's services.
Health and care integration programme	Received an update on progress of this programme and considered decisions regarding how to spend national discharge funding.	The success of this programme remains critical for improving the flow of patients through the acute hospital sites and creating urgent and emergency care capacity. All partners recognise the importance of delivering a change prior to the pressures of next winter.

### Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS) System CEO Group

1 February 2023

The focus of the meeting this month was to consider recommendations made following a peer review of the BOB ICS by NHS Providers, NHS Confederation and Local Government Association.

### Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB)

17 January 2023

The BOB ICB meeting takes place every other month and the agenda and reports for the meeting in January can be found [here](#). This was the first Board meeting that Neil Macdonald attended as Partner Member representing NHS Trusts.

The Board reviewed standing items on quality, performance, finance and risk. This month we also reviewed the draft Integrated Care Partnership Integrated Care Strategy which was open for a period of engagement until 29 January. The Board also considered the development of the Joint Forward Plan, Emergency Planning Resilience and Response statement of compliance, and the NHS England Operational Planning Guidance and the ICB's approach.

**Report from Chair of Quality and Clinical Governance Committee (Q&CG)**

Date of Committee 15 February 2023

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
<b>Meeting Minutes</b>	Minutes from the Q&CG meeting on 18 January 2023	Minutes approved	None	Refer to Audit Committee for noting	n/a
<b>Integrated Performance Report</b>	Monthly reporting on Trust quality metrics and actions/progress with actions to address negative variance	Partially assured – noting improvement in complaints response time and Early Warning Score (EWS) compliance but a rise in category 2 pressure ulcers noted	More information and analysis to come back to the Committee re: pressure ulcers  Further discussion re: achievement of 100% VTE compliance target	n/a	To note the report including discussions held at Q&CG
<b>Infection Prevention and Control (IPC) Quarterly Report</b>	Update on IPC performance and activity for Q3 of 2022-23 including incidents, outbreaks and progress against the IPC Board Assurance Framework (BAF)	Assured – noting work ongoing on controls and assurance records for risks within the BAF and risks as listed below	None	n/a	n/a

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
<b>Patient Experience and Involvement Quarterly Report</b>	Update on patient experience data in Q3 of 2022-23 including Friends & Family Test results, complaints and compliments, the chaplaincy service, national maternity survey results and projects underway to improve patient experience	Partially assured – noting the significant (adverse) change in patient feedback related to experience within the ED  The ‘Living Memory Box’ project led by the Chaplaincy team was commended	Ongoing work to seek feedback from all groups of service users  Further analysis of ED performance data and accompanying targeted actions  Work to link regular reporting to the patient experience strategy	n/a	n/a
<b>Research and Innovation (R&amp;I) Quarterly Report</b>	Overview of R&I activity including new and ongoing research studies and innovation projects, income generation and patient/public engagement	Assured – noting a multi-disciplinary approach to research projects, significant quantity of research underway within the Trust and the appointment of a research ‘champion’	None	n/a	n/a
<b>Action 1286: Medical compliance with Mandatory and Statutory Training (MAST)</b>	Summary of actions and progress against these to support achievement of medical MAST compliance targets	Assured – noting proactive actions taken to improve the position and the benefits of the Trust system	None	n/a	n/a

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
<b>EQIA Assurance Report</b>	Overview of EQIA process and those projects reviewed between August 2022-January 2023	Assured	None	n/a	n/a
<b>Mortality Reduction Group Minutes</b>	Minutes of the meeting on 17 January 2023	Noted	None	n/a	n/a
<b>Quality and Patient Safety Group Minutes</b>	Minutes of the meeting on 26 January 2023	Noted	None	n/a	n/a
<b>Infection Prevention &amp; Control Committee Minutes</b>	Minutes of the meeting on 19 January 2023	Noted	None	n/a	n/a
<b>Maternity Safety Report</b>	Verbal update on key points from the report ahead of full report next month	Assured	Full report to be seen by the Committee in March 2023	n/a	n/a

**Emerging Risks noted:**

- Rise in category 2 pressure ulcers noting further information to come back to the Committee regarding this.
- Absence of EPMA and impact on antimicrobial resistance.
- Potential outbreak of Listeria regionally.
- Performance within ED and impact on patient experience.

**Report from Chair of Charitable Funds Committee (CFC)**

Date of Committee 27 January 2023

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
<p><b>Minutes of the previous meeting(s)</b></p>	<p>Minutes from the meeting on 23 November 2022</p>	<p>Approved</p>	<p>n/a</p>	<p>n/a</p>	<p>n/a</p>
<p><b>Key Worker Accommodation Investment</b></p>	<p>Purchase of demise of lease for key worker accommodation at Wycombe site and proceed with consideration of appropriate operating model</p>	<p>Approved the purchase of the lease demise from L&amp;Q</p> <p>Noted the further gateway review that will occur by BHT for the ongoing operating model of the property</p> <p>Noted the requirement to liaise with Cazenove regarding the liquidation of funds to allow purchase of property in timeframe required.</p> <p>Noted no request for additional Counsel review unless there were material changes from parameters from previous advice received.</p>	<p>Committee raised and discussed relevant concerns to be considered further and addressed at next meeting</p>	<p>n/a</p>	<p>To note</p>

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
<b>External Audit</b>	Findings of the 2021-22 annual report	Assured – noting strength of internal controls	Implementation of budgeting and forecasting and improve project management	n/a	Delegated authority from Board agreed 25 January 2023 for CFC to sign off and submit annual accounts
<b>Annual Report</b>	Annual report and financial accounts for 2021-22	Approved – welcoming modernised presentation	Minor amendments suggested by Committee members	n/a	Board to note for information at February 2023 meeting
<b>Letter of Representation</b>	Written statement provided by BHT to the Auditor to confirm a number of statements relevant to the annual audit	Approved	None	n/a	
<b>AOB</b>	Process for referring bids to the BHT Charity for approval noting current complexities	Approval to consider simplification of processes as appropriate to support bids for charitable funds	Proposal back to Committee including consideration of how to support consistent quality of business cases and current governance requirements	n/a	n/a

**Emerging Risks:**

- None identified.

**Meeting:** Finance and Business Performance Committee

**21 February 2023**

<b>Agenda item</b>	Integrated Performance Report
<b>Board Lead</b>	Raghuv Bhasin, Chief Operating Officer
<b>Type name of Author</b>	Wendy Joyce, Director of Performance
<b>Attachments</b>	Trust IPR January 2023
<b>Purpose</b>	Information
<b>Previously considered</b>	Q&CG Committee 15.02.2023 Transformation Board 21.02.2023 F&BP Committee 21.02.2023

### Executive Summary

This document provides the Trust's Integrated Performance Report (IPR) for review.

Key points to note include:

- Optimising BHT's ability to maintain patient safety in hospital and the wider community.
- Continuation of 78-week elective recovery and 62-day cancer performance.
- Diagnostic capacity challenges.
- Noting the success of international recruitment with 120 new colleagues.

The Quality Metrics of the IPR were discussed at the Quality & Clinical Governance Committee on 15 February 2023. The Committee noted the improvement in complaint response time and Early Warning Score compliance and requested further detail and analysis on the rise in category 2 pressure ulcers.

A verbal update will be provided to Board following discussions at the Transformation Board and the Finance and Business Performance Committee on 21 February 2023.

<b>Decision</b>	The Board is requested to consider performance and risk impact.		
<b>Relevant Strategic Priority</b>			
<b>Outstanding Care</b> ☒	<b>Healthy Communities</b> ☒	<b>Great Place to Work</b> ☒	<b>Net Zero</b> ☒
<b>Implications / Impact</b>			
<b>Patient Safety</b>	Quality and Safety Metrics core part of the IPR		
<b>Risk: link to Board Assurance Framework (BAF)/Risk Register</b>	Principal Risk 1; Failure to provide care that consistently meets or needs performance and quality standards. Principal Risk 4; Failure to provide consistent access to high quality care for CYP Principal Risk 5; Failure to support improvements in local population health and a reduction in health inequalities. Principal Risk 6; Failure to deliver on our people priorities.		
<b>Financial</b>	Financial reporting outlined in the outstanding care section of the report.		
<b>Compliance CQC Standards Good Governance</b>	Well Led - Operational planning is a statutory requirement of NHS Trusts.		

<b>Partnership: consultation / communication</b>	The report is produced in conjunction with divisional and BI colleagues.
<b>Equality</b>	Reducing health inequalities is a core part of our strategy and a core part of the planning requirements for the NHS. Health inequalities metrics included in the health Communities part of the IPR.
<b>Quality Impact Assessment [QIA] completion required?</b>	Not required

# Integrated Performance & Quality Report

January 2023

CQC rating (July 2022) - GOOD

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK



# Integrated Performance & Quality Report

## Introduction & Contents

The Buckinghamshire Healthcare Trust Integrated Performance and Quality Report is aimed at providing a monthly update on the performance of the Trust based on the latest performance information available and reporting on actions being taken to address any performance issues with progress to date.

The contents of the report are defined by the NHS System Oversight Framework for 2021/22, the Trust's three strategic objectives and the Trust Improvement

### Outstanding Care

Provide outstanding cost effective care

#### Operational Standards

- Urgent Emergency Care Recovery
- ED Performance
- Ambulance Handovers
- Emergency Admissions

#### Elective Recovery

- Waiting List
- Activity
- Outpatients
- Cancer
- Diagnostics

#### Quality and Safety

- Incidents
- Infection Control
- Complaints
- Friends & Family Test
- Patient Safety
- Maternity

#### Finance

### Healthy Communities

Taking a lead role in our community

#### Community Activity

- Community Contacts
- Caseload

#### Community Hospitals

- Length of stay
- Discharge Destinations

#### Community Productivity

- Urgent 2 Hour Response
- New Birth Visits Within 14 Days
- Waiting List

### A Great Place to Work

Ensuring our people are listened to, safe and supported

#### People

- Vacancies
- Occupational Health
- Sickness
- Training

### Report changes this month

Metrics that have been added to or removed from the report since last month

#### Added

- Flu cases
- Covid cases

#### Removed

#### Changed

# Integrated Performance & Quality Report

## Executive Summary

January saw sustained operational pressures which although reduced from December placed significant strain on colleagues, patients and our resources. UEC metrics saw improvement across the board despite the numbers of medically optimised for discharge patients increasing. Detailed work is underway with the council to commission additional capacity to support discharge using additional monies provided by the Government.

Our Urgent Community Response services saw their highest ever patient volumes in January maintaining high levels of timely access.

Good progress continues to be made on elective recovery with the Trust remaining on track to have no patients waiting more than 78 weeks at the end of March 2023 and the cancer 62-day backlog further reducing in line with trajectory. Challenges remain with diagnostic capacity - particularly MRI - which have driven poor performance. This is being addressed through additional outsourcing to help reduce the MRI backlog as well as increased performance management of other modalities where necessary.

With regards to Quality and Safety, key areas to draw out include:

Continues improvement in complaints performance on 25 days response target and continued reduction in complaints outstanding at 90 days.

PALS now answering live phone calls and have no email backlog. PALS walk in service is now 5 days a week.

Continued achievement on set target regarding VTE risk assessment, Early Warning Score (EWS) and TEP completion compliance

No serious incidents declared as meeting Never Event criteria in January 2023.

One case of MRSA bacteraemia reported in Jan 2023. Post infection review conducted and action plan including learning from the case disseminated.

The Trust learning forum "Reflect and Review" continues to be delivered monthly

Increased in the number of category 2 pressure ulcer (PU). Patients who are at high risk of developing pressure ulcer due to long waits in ED trolley are being transferred to pressure relieving mattress.

Hourly check of pressure risk areas is conducted in A&E utilising the ED assessment tool.

Positive performance maintained on falls rate per 1,000 occupied bed days against national average

Areas of focus for a Great Place to Work include:

A continued focus on supporting the health and wellbeing of colleagues, through timely interventions for colleagues and teams from our in-house team as well as access to external provision. The continuing high levels of referrals without any increase in absence indicate the success of these programmes.

Our programme of international recruitment continues and we are pleased to welcome over 120 new colleagues into the organisation, with more to join before the end of the new year. We have extended our programme to recruit other professions, including midwives and radiographers.

Temporary staffing usage and spend remains high although there was a reduction in agency spend in December. Key drivers are vacancies and high levels of demand from operational pressures. We are recruiting to key areas and working with partners across the system to ensure consistent and best values rates of pay.

The Integrated Performance Report and metrics therein are undergoing wholesale review as part of business planning for 2023/24 to align the metrics in this report with those agreed as priorities for the Trust for the next financial year. This will include a new model of headline and driver metrics for each key priority - e.g. urgent and emergency care, planned care, safe care, etc. The new IPR will be presented to Board for agreement in April.

# Integrated Performance & Quality Report

## Overall Performance Summary



January 2023	Assurance		
	Pass 	Hit and Miss 	Fail 
<b>Special Cause - Improvement</b>  	★ Open pathway 78 week breaches	★ VTE Assessments Community urgent 2 hour response Health Visitor appointments - 14 days Early Warning Score compliance Average time to replace vacancies	★ Open pathway 52 week breaches Complaints response rate Nursing and Midwifery vacancy rate Trust vacancy rate
<b>Common Cause</b>  	★ Overall size of the waiting list Theatre utilisation Outpatient appointment disruption Hospital Standardised Mortality Ratio (HSMR) Stillbirths total cases	ED attendances Ambulance arrivals Discharges by 5pm Cancelled operations Cancer treatment levels - 31 day treatments Faster diagnostic standard (28 days) Cancer wait times - 2 Week Waits Incidents that are low/no harm Medication incidents Medication incidents as SIs Number of Falls Pressure Ulcers - cat 3, 4 & unstageable SIs confirmed Never events MRSA bacteraemia infections C Difficile infections MSSA bacteraemia infections E.Coli bacteraemia infections Klebsiella spp bacteraemia infections Treatment escalation plan compliance Non critical care inpatient cardiac arrests Complaints received Friends and Family test - response rate Pre term births <37+0 weeks Community average Length Of Stay Community waiting list size Referrals into OH and Wellbeing - stress Sickness - Covid 19 Sickness - mental health Sickness - musculoskeletal Occupant health - management referrals response time FTSUG outreach Corporate Induction	ED 4 Hour performance Seen by senior decision maker within 60 min Ambulance handovers within 15, 30 & 60min Open pathway performance Elective activity Outpatient DNA rate Outpatient letters to GPs within 14 days Cancer screening Diagnostic activity levels Diagnostic compliance Pseudomonas aeruginosa bacteraemia cases Complaints outstanding at 90 days Turnover rate Sickness Data security awareness training Statutory & Mandatory training
<b>Special Cause - Concern</b>  		Pressure Ulcers - cat 2 21 day LOS - Community Employee relations cases closed	12 Hour waits in ED Medically optimised for discharge patients Medically optimised for discharge bed days lost 21 day LOS - Acute Outpatient activity delivered remotely Cancer Performance - 62 day pathway Cancer wait times - 104 days Endoscopic patients waiting > 6 weeks Non-endoscopic breaches Friends & Family test - positive responses

Variance

★ Ideally, each metric should be in one of the starred boxes which indicate the metric is currently achieving its target or is currently improving.



# Integrated Performance & Quality Report

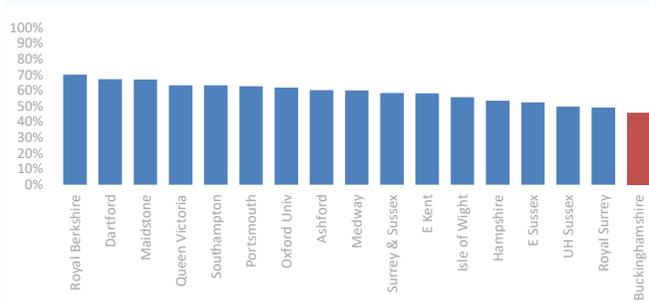
## Benchmarking Summary for South-East Region



Buckinghamshire Healthcare  
NHS Trust

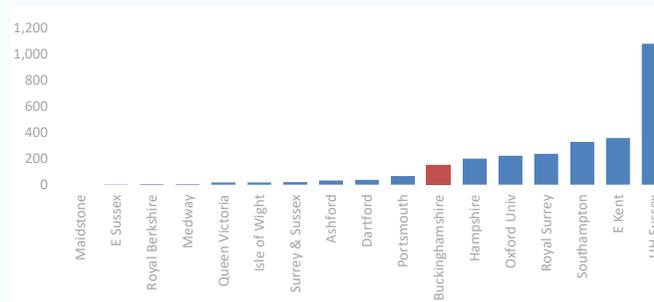
### RTT performance

South East RTT performance benchmarking - Dec-22



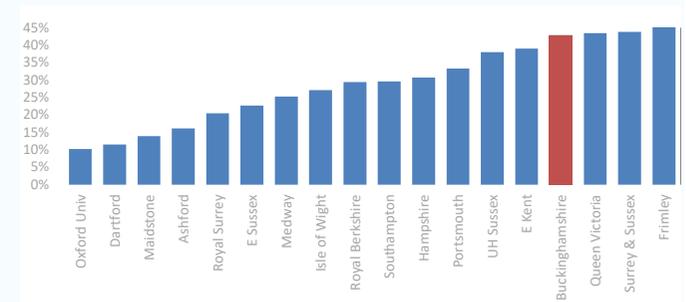
### 78 week waits

South East over 78 week waits benchmarking - Dec-22



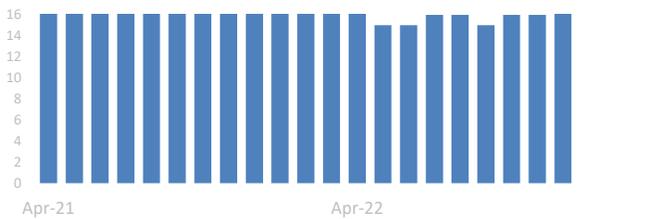
### Diagnostic performance

South East diagnostic performance benchmarking - Dec-22



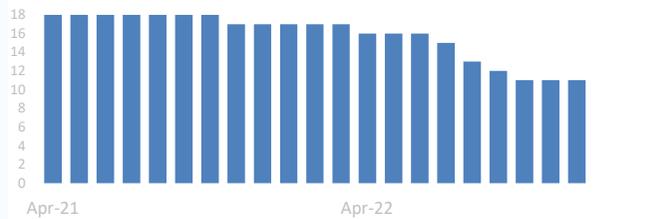
### RTT performance ranking

South East RTT performance benchmarking - historic rankings out of 16



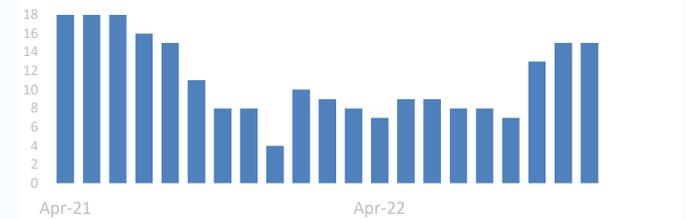
### 78 week waits ranking

South East over 78 week waits benchmarking - historic rankings currently out of 16



### Diagnostic performance ranking

South East diagnostic performance benchmarking - historic rankings out of 18



# Outstanding Care

## Operational Standards - Urgent & Emergency Care

### ED 4 hour performance

The 4-hr performance has seen a slight improvement in the last reporting period. However, the department continues to experience significant crowding for much part of the 24hr period, reducing the capacity to see, treat, admit / discharge patients timely due to challenges with internal flows and the ability to move patients from specialty areas to more appropriate beds externally for ongoing care.

We continue to embed the improvements / processes specified in the four pillars of work proposed for the front door and informed through the UEC Improvement Board.

### 12 hour waits in ED

Rising numbers of Emergency Admissions is contributing to the number of persons remaining in the Emergency Department >12hrs. In this reporting period we have seen a decrease in the number of 12hr stays in ED on last month which was 10%. The contributing factor is limited early flow to specialty wards.

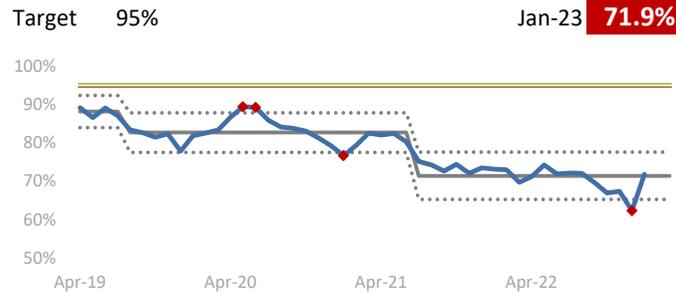
Our ambition is for this to be 2%, which is being supported with our improvement works; improved flows to our assessment areas / SDEC, introduction of the acute medical team attending the ED huddles 3 hourly, introduced specialty in-reach into the Emergency Department, co-located the frailty service to ED and increased communication regarding our virtual ward pathways. Support with discharge processes.

### Seen by a Senior decision maker within 60 mins

We have introduced a Senior Decision Maker in both the Ambulance and Ambulant pathways to support improvement however this is variable due to staffing constraints, but we continue to learn and modify. Looking to increase the number of Senior Decision Makers through job planning between the hours of 8am – midnight.

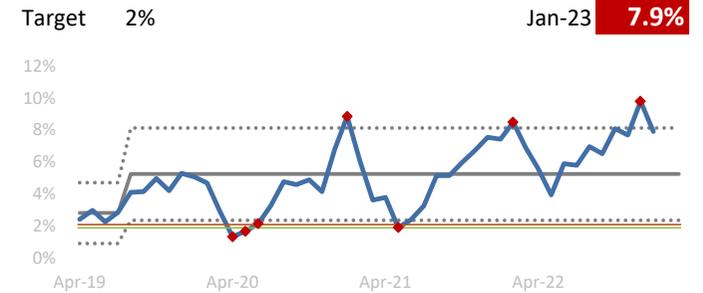
### ED 4 hour performance

The percentage of patients spending 4 hours or less in ED from arrival to departure over all types of in month departures from



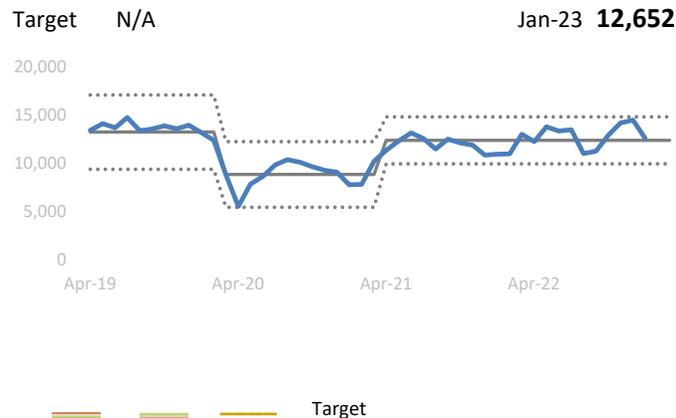
### 12 hour waits in ED

Percentage of patients spending more than 12 hours in Stoke ED from arrival to departure (over all types departures in the month).



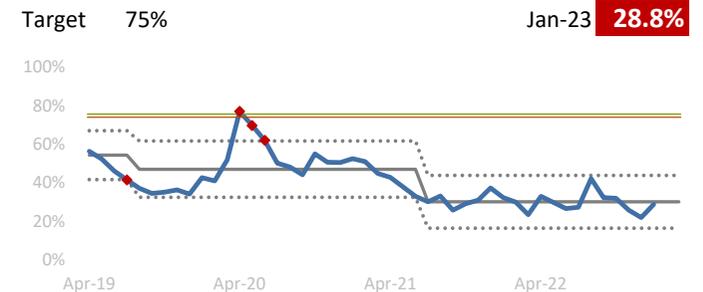
### ED attendances

The number of patients attending ED (all types) during the month.



### Senior decision-maker seen within 60 minutes

The percentage of Stoke Mandeville ED attendances who were seen by a senior decision-maker within 60 minutes of arrival.



# Outstanding Care

## Operational Standards - Urgent & Emergency Care

### Ambulance handovers

In this reporting period ambulance conveyances to Stoke Mandeville Hospital have remained static.

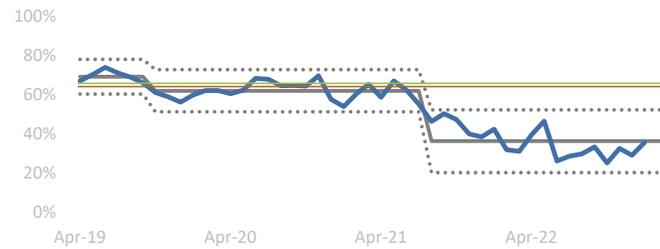
We have seen an improvement in all Ambulance Patient Offload Times.

We continue to review and modify our processes and pathways, and continue to be supported by a Hospital Ambulance Liaison Officer (HALO) supporting timely offloads and advice on pathways.

### Ambulance handovers within 15 mins

The percentage of ambulance handovers during the month taking 15 minutes or less, over all handovers in the month.

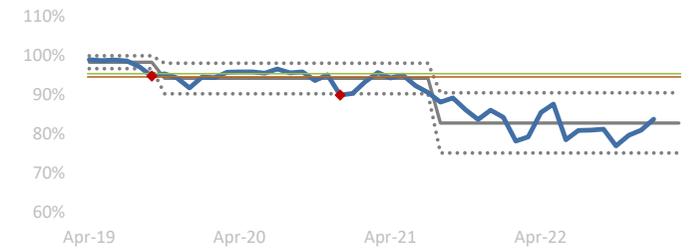
Target 65% Jan-23 **35.7%**



### Ambulance handovers within 30 mins

The percentage of ambulance handovers during the month taking 30 minutes or less, over all handovers in the month.

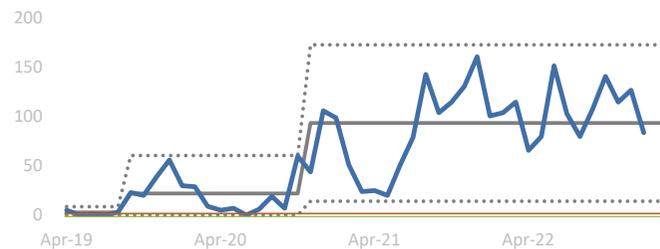
Target 95% Jan-23 **83.8%**



### Ambulance handovers over 60 mins

The number of ambulance handovers in the month taking longer than 60 minutes.

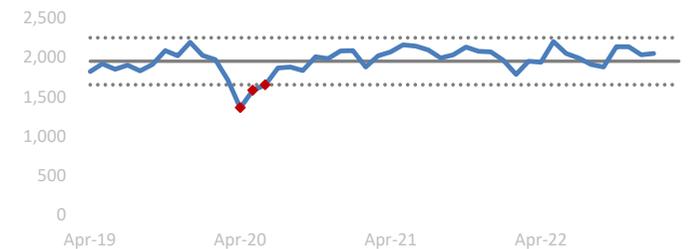
Target 0 Jan-23 **84**



### Ambulance arrivals

The number of ambulance arrivals at Stoke Mandeville ED in the month.

Target N/A Jan-23 **2,056**



— Target

# Outstanding Care

## Operational Standards - Urgent & Emergency Care

### Medically optimised for discharge

We continue to see c.100 patients who are medically optimised for discharge in our acute beds. The delays in discharging patients from hospital are due to lack of capacity in social care and other NHS / Private providers / settings.

We undertake daily MDT reviews of all known complex discharges and twice weekly we undertake a multiagency review of all patients over 14 days LoS.

Ongoing improvement work across our in-patient areas on board rounds and ward round processes, plan to roll out live bed boards which will support efficient ward updates and give live position on next steps for each patient. Regular conversations are taking place at executive level with our system partners.

Acute Hospital provider continues to support with the opening of Olympic Lodge.

Dedicated support looking at our discharge processes, regular review of the top 50 patients remaining in an acute bed.

### 21 day LOS – Acute

We have seen an increase in patients remaining in hospital >21days on the last reporting period. It continues to remain high primarily due to lack of capacity in social care and other NHS / Private provider settings.

We continue to maintain this as a focus with the daily MDT meeting reviews and twice weekly over 14 days LoS reviews. Dedicated support looking at our discharge processes.

### Discharges by 5pm

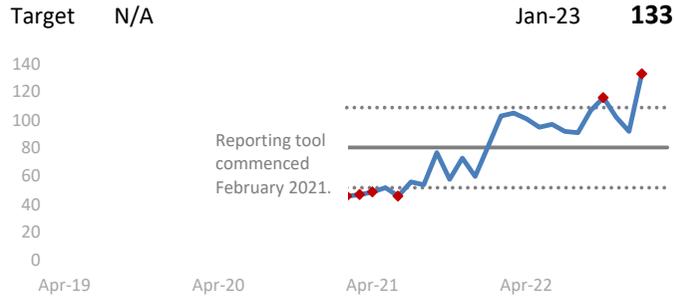
We have seen a slight improvement of discharges by 5pm in this reporting period.

We continue our improvement work across our in-patient areas on board round and ward round processes. To support improvement, we have recruited discharge coordinators for each clinical area.

The introduction of the live bed boards will aid capturing ward processes / delays / and discharges, which are planned to be rolled out.

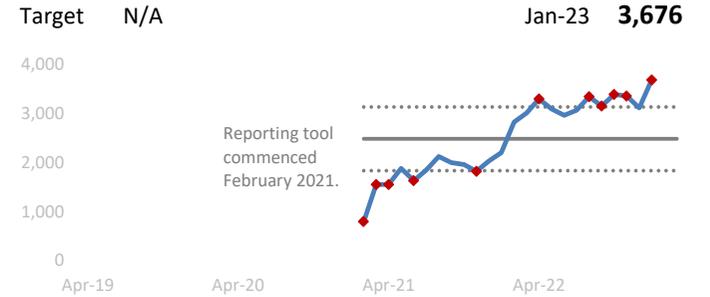
### Medically optimised for discharge

The number of patients in hospital who are medically optimised for discharge. Snapshot taken at month end.



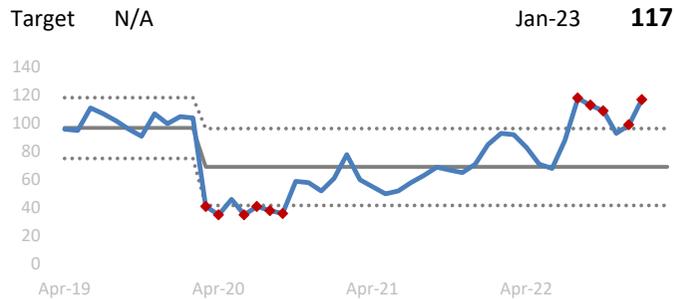
### MOFD Bed days lost

The number of bed days lost during the month for patients who were medically optimised for discharge but not discharged.



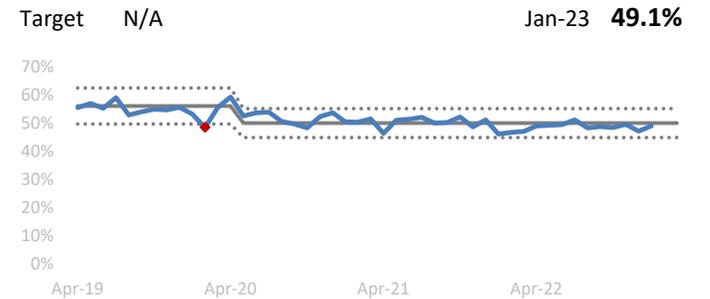
### 21 day LOS - Acute

Count of patients in an acute bed at the end of the month who have a total length of stay of more than 21 days.



### Discharges by 5pm

Proportion of inpatients discharged between 5am - 5pm of all discharges. Excludes maternities, deceased, purely elective wards and patients not staying over midnight.



Legend: Target (solid line), Reporting tool commenced (dotted line)

# Outstanding Care

## Operational Standards - Elective Recovery

### Open pathways

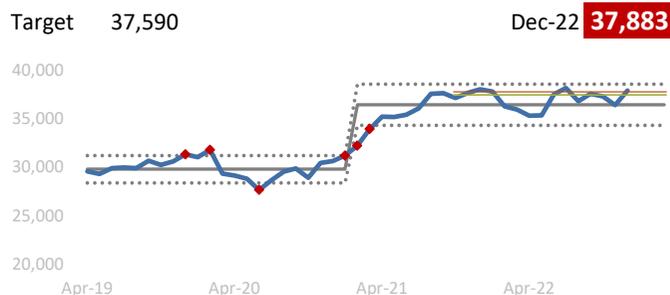
BHT are keen to ensure that all patients are treated equitably and are listed on one central waiting list. Referrals are therefore moved from the referral system to the central waiting list as soon as possible and this is causing a rise in the size of the waiting list. This will stabilise and plans for 223/24 activity will start to reduce the waiting list size.

### Open pathway performance

We are still reporting low performance as many patients continue to wait over 18 weeks for their appointments. These are routine patients and are being monitored while they wait. Patients waiting over 52 weeks continue to reduce and this will, in time, have a positive impact on 18 week performance.

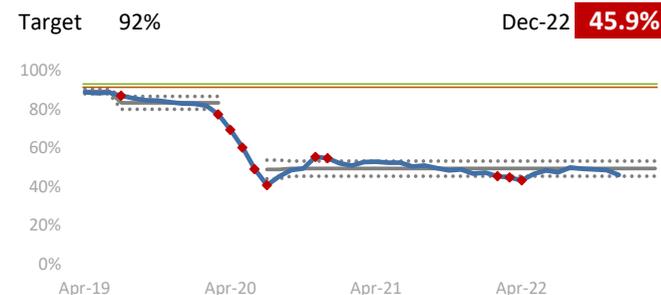
### Overall size of the waiting list

The number of incomplete RTT pathways (patients waiting to start treatment) at the end of the reporting period.



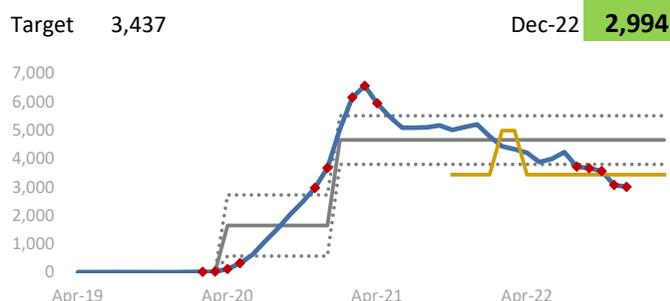
### Open pathway performance

Percentage of patients waiting less than 18 weeks on an incomplete RTT pathway at the end of the month.



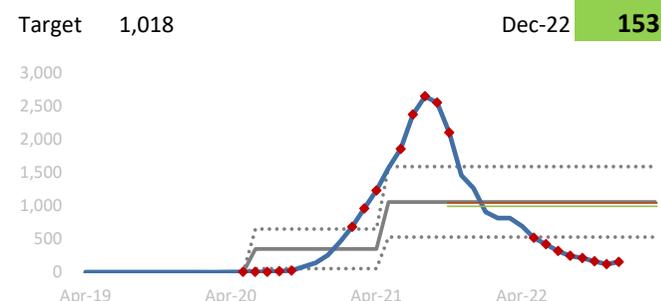
### Open pathway 52 week breaches

Number of patients waiting over 52 weeks on an incomplete RTT pathway at the end of the month.



### Open pathway 78 week breaches

Number of patients waiting over 78 weeks on an incomplete RTT pathway at the end of the month.



Target

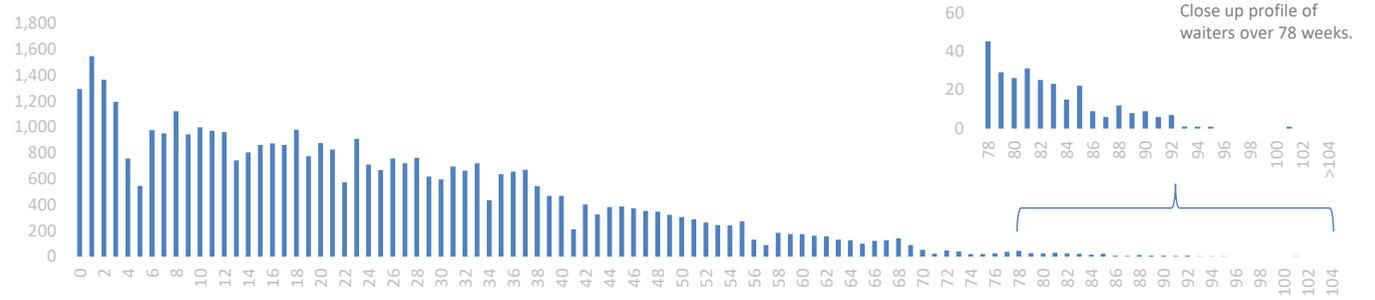
RTT data runs one month in arrears due to RTT submission date being later than IPR production date.

# Outstanding Care

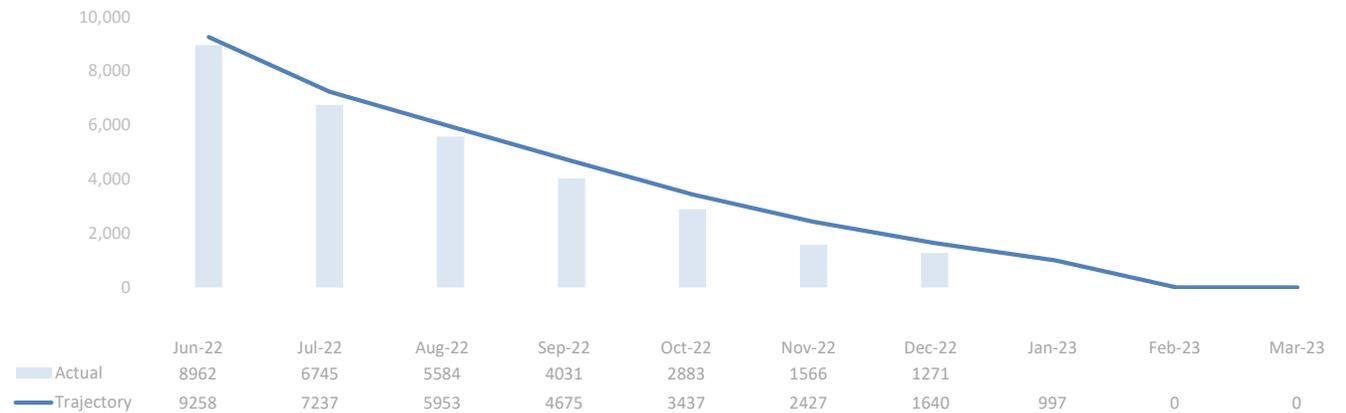
## Operational Standards - Elective Recovery

### Open pathways by weeks wait

The number of incomplete RTT pathways (patients waiting to start treatment) at the end of the month (Jan-23) by weeks waited from clock start date.



### Open pathways - 78 week waits reduction trajectory



# Outstanding Care

## Operational Standards - Elective Recovery

### Theatre utilisation

Theatre utilisation continues to be above the 85 percent target and is closely managed via the '8642' process and booking density review weekly

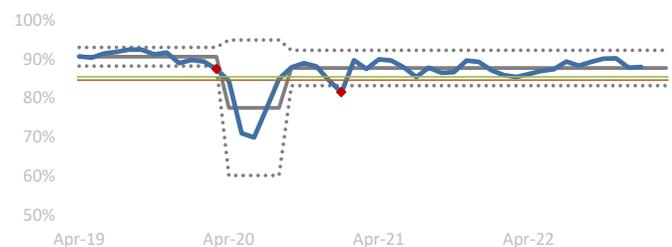
### Cancelled elective operations

Elective services have been plagued by mechanical breakdowns and resulted in theatres unusable in January by 6 and 10 sessions per week. There continues to have real estate challenges due to issues with the Wycombe sites air handling units but this is being worked on urgently.

### Theatre utilisation

Total run time of theatre lists as a percentage of total planned time.

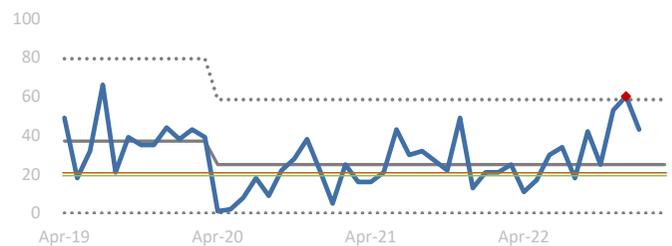
Target 85% Jan-23 **88.0%**



### Cancelled elective operations

Number patients cancelled due to elective, non-clinical, hospital initiated cancellations on the day of procedure.

Target 20 Jan-23 **43**

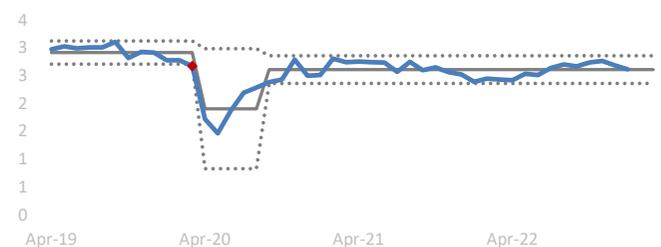


Target

### Theatre cases per 4 hours planned time

Number of theatre cases per four hours of planned theatre time during the month.

Target N/A Jan-23 **2.6**



### Elective Activity

The number of elective inpatient and day case admissions during the month.

Target 5,541 Jan-23 **4,075**



# Outstanding Care

## Operational Standards - Elective Recovery



### DNA

The DNA rate has improved slightly and this is usually associated with better weather. We continue to work on a two way texting option to encourage communication rather than patients not attending on the day.

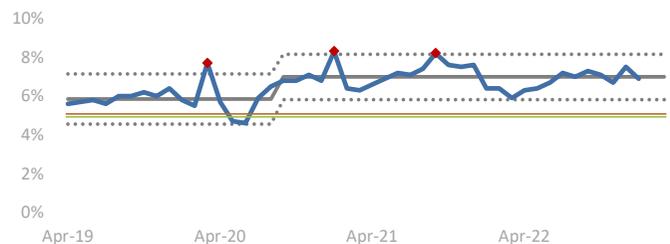
### Outpatient activity delivered remotely

The number of remote consultations has dropped. The type of appointment a patient receives is led by clinical need and longer waiting patients and those with potential cancers do tend to need face to face appointments. This will be managed over the year aiming for gradual improvement.

### Outpatient DNA rate

Percentage of patients who did not attend outpatients over all outpatient attendances and DNAs during the month.

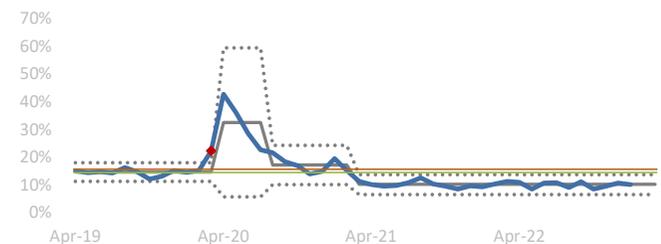
Target 5% Jan-23 **6.9%**



### Outpatient appointment disruption

Percentage of hospital cancellations over all OP attendances, hospital cancellations and DNAs during the month.

Target 15% Jan-23 **10.1%**

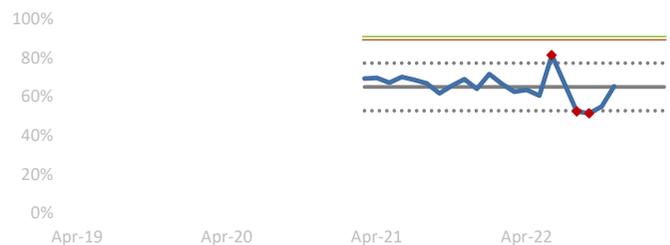


Latest data not available at time of report production

### Outpatient letters to GPs within 14 days

The percentage of GPs that received an outpatient letter within 14 working days of patient's outpatient attendance.

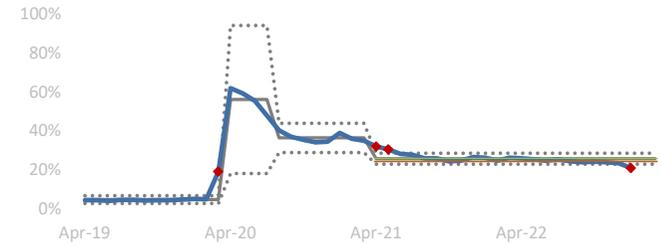
Target 90% Dec-22



### Outpatient activity delivered remotely

Percentage of all outpatient activity delivered remotely via telephone or video consultation.

Target 25% Jan-23 **20.8%**



Target

# Outstanding Care

## Operational Standards - Elective Recovery

### 62 day pathway

Performance of 52.2% has been reported in December (performance reporting month). Issues impacting performance in month were access to timely definitive diagnostics for urology and lung, ongoing delays delivering additional activity in via full skin centre capacity ramp up and elective capacity for patients referred to tertiary centres. These issues also impact the 31 day performance target. The Trust delivered backlog position of 247 exactly on trajectory at January month end. The Trust backlog position has decreased by over 4% to 10.41% in line with expected performance.

Delivery of the cancer improvement plan continues with phase 2 implementation commencing in January 2023. Phase 2 seeks to improvement performance via targeting the FDS standard and early pathway improvement.

### 2ww

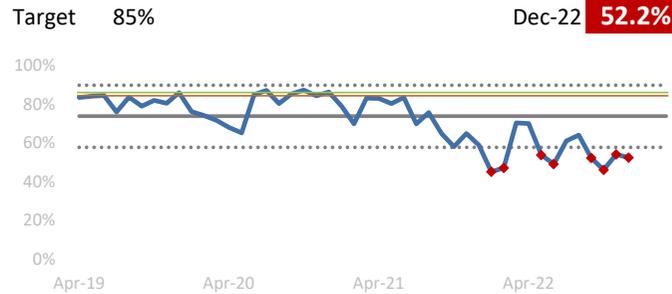
Work continue to ensure that patient have access within 14 days. The Trust achieved 94.4% compliance against a performance standard of 93% in December 2022. Work continues with breast, skin and head and neck pathways to improve performance Work continues with TVCA to implement national best practice timed pathways which, while seeking to delivery 28 Fast Diagnosis Standard, will also help deliver 2WW performance (see above). The Trust has been successful in receiving capital funding to improve the diagnostic capacity for patients on a cancer pathway

### Cancer Wait times - 104 days

Cancer long waits continue to be discussed and reviewed at fortnightly performance meetings and are subject to increased tracking. Over 25% of the current long wait patients have been accepted for treatment at tertiary

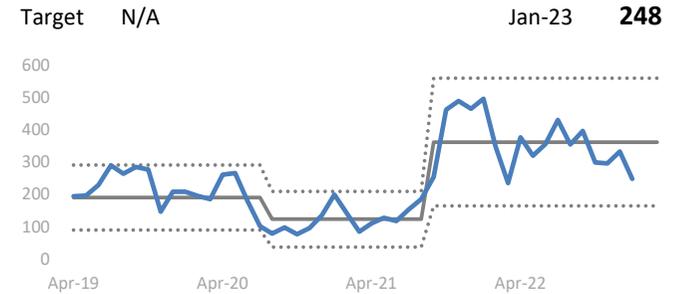
### Cancer Performance - 62 day pathway

The percentage of patients treated in month within 62 days over all patients treated in month. For 62 day pathway patients.



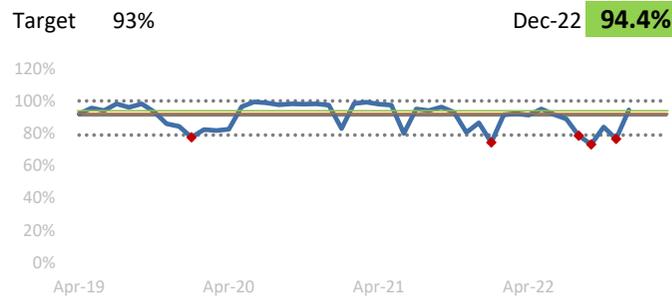
### Cancer Wait Times - 62 day waiters

The number of cancer open pathways waiting > 62 days after an urgent suspected cancer referral at month end.



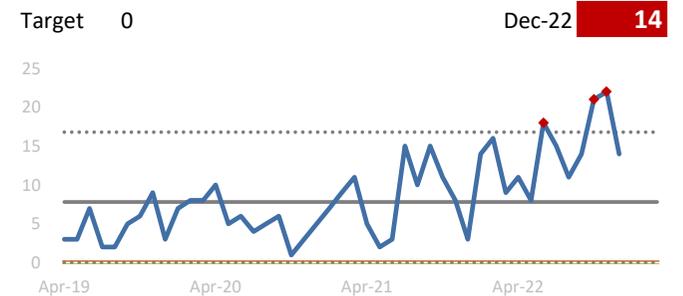
### Cancer Wait Times - 2WW

Percentage of urgent referrals for suspected cancer to first outpatient attendances within 2 weeks.



### Cancer Wait Times - 104 days

The number of cancer patients waiting 104 days or more from referral to first treatment at month end.



Target

Cancer data runs one month in arrears due to processing and reporting timescales of Open Exeter.



# Outstanding Care

## Operational Standards - Elective Recovery

### Cancer backlog - 62 day waiters by tumour site

The number of cancer open pathways waiting > 62 days after an urgent suspected cancer referral at month end split by tumour site. Snapshot data taken weekly on a Monday between 31st October 2022 and 30th January 2023.

Tumour Site	Snapshot 30 Jan	Sparkline
Brain	1	
Breast	3	
Child	2	
Gynae	15	
Haem	3	
Head and Neck	26	
Lower GI	49	
Lung	11	
Skin	65	
Dermatology	50	
Plastics	15	
Upper GI	21	
Urology	48	
Thyroid	4	
NSS	4	

# Outstanding Care

## Operational Standards - Elective Recovery

### 31 day treatments

Delivery of the 31 day target was impacted by the reasons described for other key cancer performance targets.

### Faster diagnostic standard

Performance remaining steady, with barriers to ongoing improvement related to:

Diagnostic capacity issues – MRI for Urology and breast patients

Delay in receiving pathology reports and subsequent communicating diagnostic results to patients

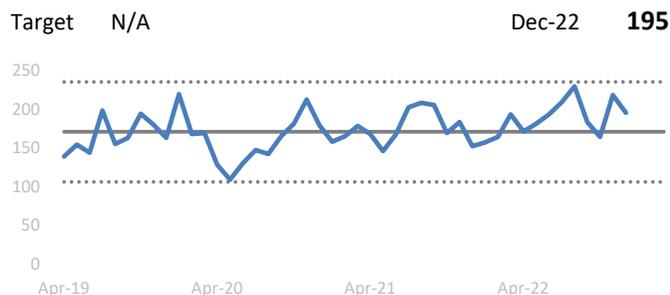
To address these a FD programme has been developed alongside the TVCA focusing on six pathways: Urology, Gynaecology, Skin Lower GI, Upper GI and Breast.

### Cancer screening

Actions to improve the performance for the specific cohort of patients are incorporated within the overall improvement plan and performance improved to deliver 89.3% in month an improvement of over 10%

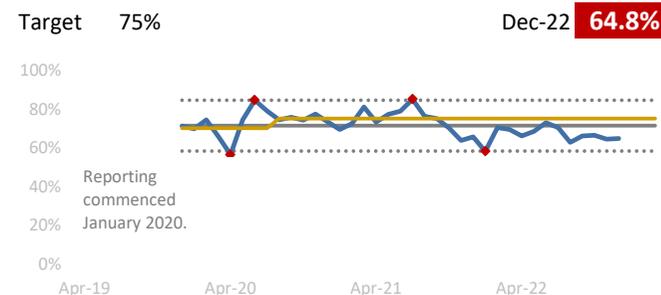
### Cancer treatment levels - 31 day treatments

Number of patients receiving first definitive treatment, following a diagnosis, within the month, for all cancers.



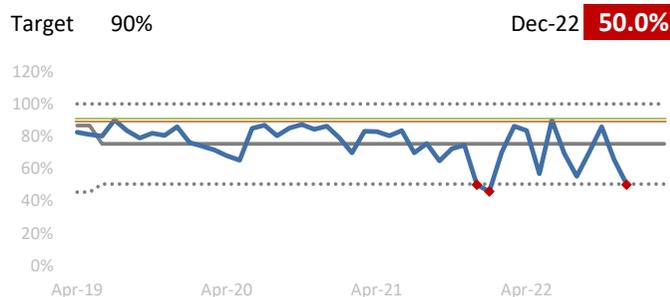
### Faster diagnostic standard (28 days)

Percentage of patients receiving a diagnosis/ruling out for cancer or a decision to treat within 28 days following referral.



### Cancer screening

Percentage of the NHS Cancer Screening Programmes' urgent referrals for suspected cancer starting first treatment <62 days.



Target

Cancer data runs one month in arrears due to processing and reporting timescales of Open Exeter.

# Outstanding Care

## Operational Standards - Elective Recovery

### Diagnostics

We are non-compliant in MRI, Cardiac CT and non obs U/S. We are seeking mutual aid through other external partners for MRI.

Extra lists are planned for U/S which will reduce the backlog and currently exploring other avenues for cardiac CT

Endoscopy aim to process activity in line with national targets where possible.

In addition, the unit will aim to: -

Increase drive to backfill lists

- Go live with HICSS booking and ICE referral system in April 2023
- Reactivate 7 day working from March onwards to increase capacity
- Implement new TNE pathway to speed up access to upper GI workflow and create additional space in main endoscopy. Target April onwards
- Implement long waiter meetings to validate and stop breaching patients and improve overall DMO1 position
- Re draft SOP for surveillance to ensure QFIT tests are complaint and in line with required dates and we start reducing the surveillance backlog with alt pathways and targeted booking.
- Increase clinical vetting to support recovery lists for the surveillance backlog
- Continuation of Gutcare insourcing for weekend lists and recruiting into admin team to improve admin booking process

### Diagnostic activity levels

The number of diagnostic tests or procedures carried out in the period. Based on DMO1 definitions.



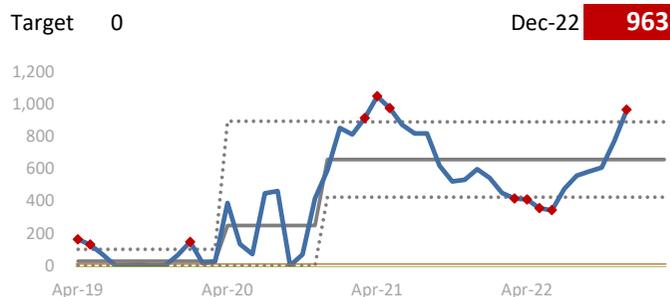
### Diagnostic compliance

The number of patients waiting more than 6 weeks at month end for Imaging or Physiological Measurement tests.



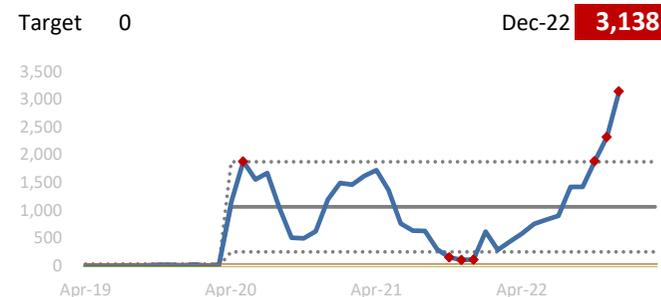
### Endoscopic patients waiting > 6 weeks

The number of patients waiting more than 6 weeks at month end for an Endoscopic procedure.



### Non-endoscopic DMO1 breaches

The number of patients waiting more than 6 weeks at month end for Imaging or Physiological Measurement tests.



Target

Runs one month in arrears due to DMO1 submission date being later than IPR production date.

# Outstanding Care

## Operational Standards - Quality & Safety

### Incidents reported

There is a decrease in number of incidents reported in January with low harm, no harm and near misses reported as 97.9% of all incidents.

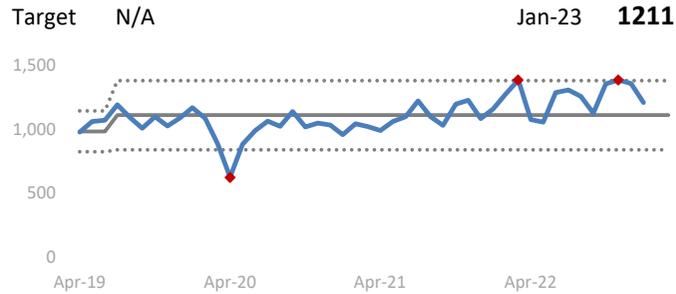
Patient Safety Team continues to monitor level or reporting at division and SDU level through the Quality and Patient Safety Group monthly divisional report.

### Excellence reporting

The variation against January 2023 (84) and November 2022 (211) number is due to a reporting approach introduced by the medical education team whereby report in November 2022 includes evaluation feedback from doctors in training on rotation.

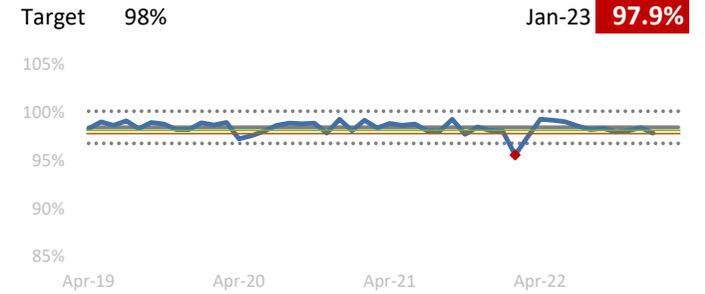
### Incidents reported

Total number of incidents reported on DATIX during the month.



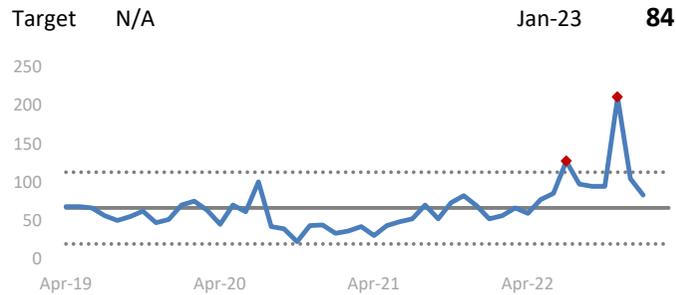
### Incidents that are low/no harm

Percentage of incidents classed as low or no harm in the month - over all incidents reported.



### Excellence reporting

Total number of positive examples of great practice and care observed and reported via electronic Excellence form in month.



Target

# Outstanding Care

## Operational Standards - Quality & Safety

### Medication Incidents

No medication incidents declared as serious incident (SI) in January 2023.

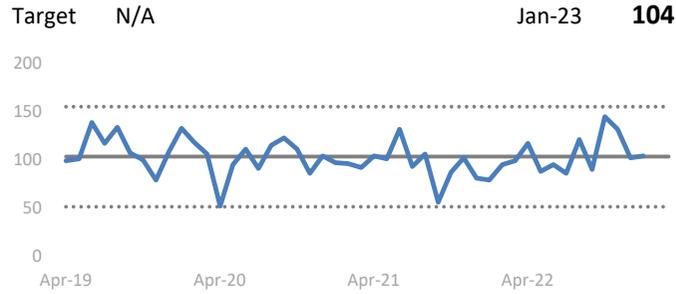
The previous medication SI was discussed at the Safety of Medicines and Medical Devices group and the main learning points will be fed into doctors teaching via Grand Round case presentation, nurses via the Medicine Safety Champions, and pharmacy staff through weekly safety huddle.

### Falls

The number of inpatient falls per 1000 bed days was 4.5 remaining; below the target of 6.6. Falls thematic review completed and presented to the Harm Free Care group. Learning from an SI was about ensuring the patient falls risk assessment is reviewed if a patient has deteriorated. Learning and themes have been highlighted to Divisions. Revised Falls policy is under review for updates and this includes addition of visual assessment.

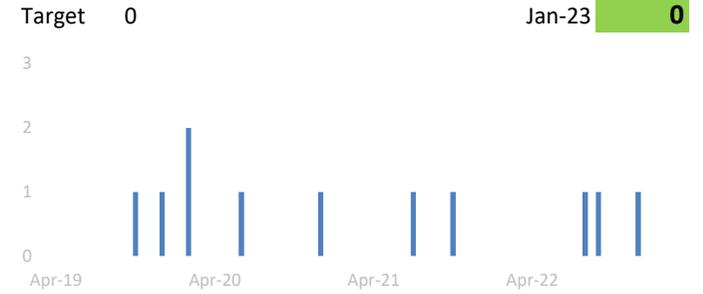
### Medication incidents

Total number of medication incidents reported on DATIX during the month.



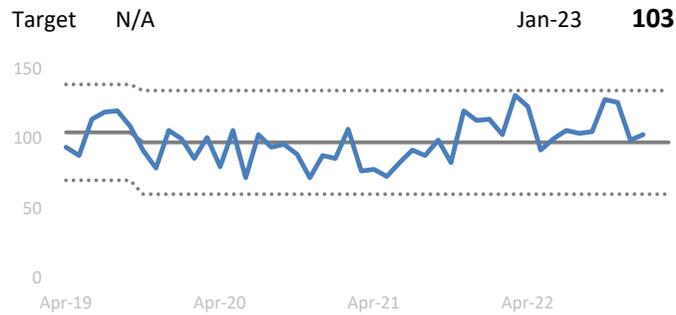
### Medication incidents as SIs

Total number of medication incidents reported on DATIX that have been declared as Serious Incidents during the month.



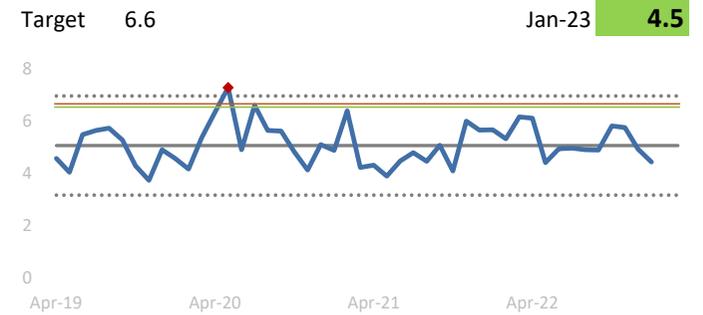
### Number of falls

Total number of inpatient falls reported on DATIX.



### Falls per 1,000 bed days

Rate of Inpatient Falls Incidents reported per 1,000 inpatient bed days.



Target

# Outstanding Care

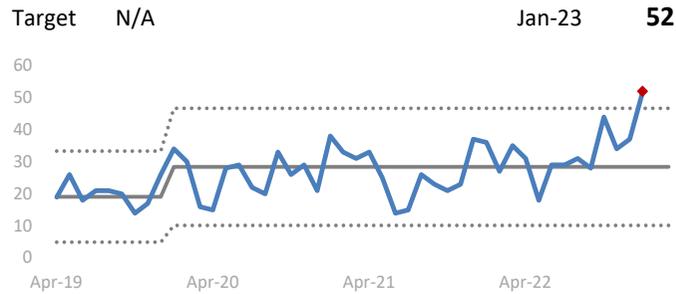
## Operational Standards - Quality & Safety

### Pressure ulcers

There have been a total of 183 incidents reported for pressure ulcers. There has been an increase in number of pressure ulcers reported. Majority of incidents reported on DATIX v14 were present on admission. The new Pressure Ulcer Risk Assessment (PURPOSE T) is being rolled out across the Trust with support from tissue viability team. Patients who are at high risk of developing pressure ulcer due to long waits in ED trolley are being transferred to pressure relieving mattress. An hourly check of pressure risk areas is conducted through the ED assessment tool (SHINE).

### Pressure ulcers - category 2

Number of acquired category 2 pressure ulcers.



### Pressure ulcers - category 4

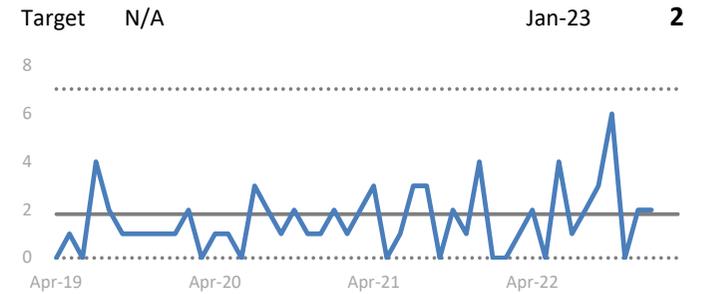
Number of acquired category 4 pressure ulcers.



Target

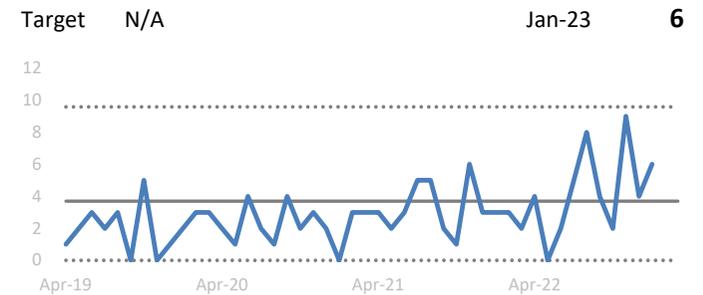
### Pressure ulcers - category 3

Number of acquired category 3 pressure ulcers.



### Pressure ulcers - unstageable

Number of acquired unstageable pressure ulcers.





# Outstanding Care

## Operational Standards - Quality & Safety

### MRSA and MSSA bacteraemia

In January, we had 2 Staphylococcus aureus Bacteraemia (SAB). YTD total 17 cases, 14 MSSA and 3 MRSA. Post infection review of MRSA was completed and learning including action plan disseminated.

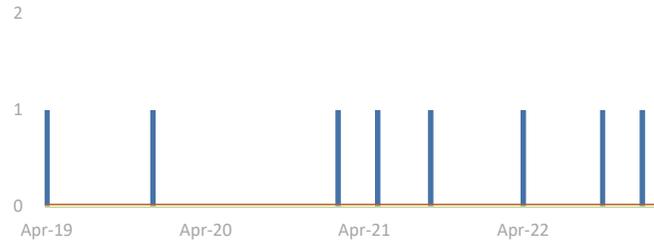
### C Diff

In January 2023, we had 3 Clostridium difficile infection (CDI) cases were reported, YTD 46, which is 85% of the BHT threshold. Every CDI case is subject to a root cause analysis review.

### MRSA bacteraemia

Number of MRSA cases Healthcare-associated cases (Community onset Healthcare Associated + Hospital onset Healthcare-associated) in the month.

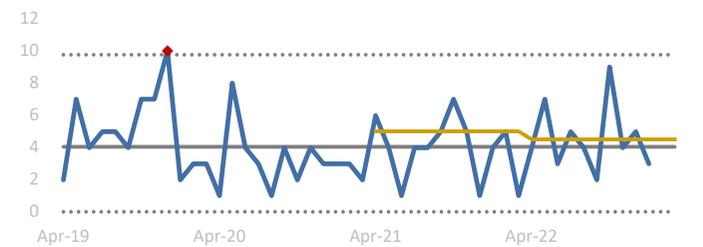
Target 0 Jan-23 **1**



### Clostridioides difficile

Number of C-diff cases Healthcare-associated cases (Community onset Healthcare Associated + Hospital onset Healthcare-associated) in the month.

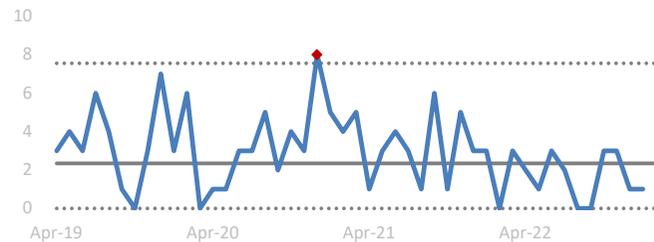
Target 4.5 Jan-23 **3**



### MSSA bacteraemia

Number of MSSA cases Healthcare-associated cases (Community onset Healthcare Associated + Hospital onset Healthcare-associated) in the month.

Target N/A Jan-23 **1**



### E Coli bacteraemia

Number of E-Coli cases Healthcare-associated cases (Community onset Healthcare Associated + Hospital onset Healthcare-associated) in the month.

Target 6.75 Jan-23 **5**



Legend: █ █ █ Target

# Outstanding Care

## Operational Standards - Quality & Safety

In January 2023, 8 Gram-negative bloodstream infection cases were reported; of those 5 E. coli, YTD 69% of the national threshold given to BHT, 2 Pseudomonas aeruginosa cases, YTD 21, which is over the BHT Threshold of 10. There was a case of Klebsiella, YTD 34, 100% of the BHT national threshold.

### Improvement actions

The application of infection prevention and control (IPC) measures is key in the prevention of HCAIs.

Assurance to be provided by each division

All divisions are required to develop Healthcare Associated Infection prevention plans to ensure that systems and processes are in place.

### Key lines of enquires

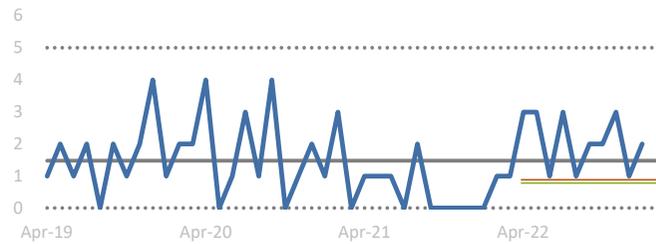
1. Assurance that all environments are maintained, cleaned and appropriate for preventing and controlling infections.
2. Assurance that appropriate antimicrobials are used to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance
3. Assurance that systems are in place that all colleagues are aware of and discharge their responsibilities in the process of preventing and controlling infection

Divisional Board should oversee a Prevention Plan, and expectations should be reported to the Infection Prevention Control Committee (IPCC)

### Pseudomonas aeruginosa bacteraemia

Number of Pseudomonas aeruginosa cases Healthcare-associated cases (Community onset Healthcare Associated + Hospital onset Healthcare-associated) in the month.

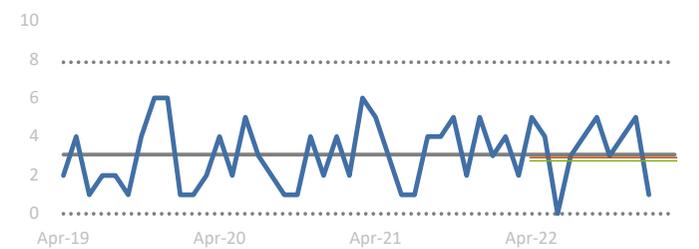
Target 0.8 Jan-23 **2**



### Klebsiella spp bacteraemia

Number of Klebsiella spp cases Healthcare-associated cases (Community onset Healthcare Associated + Hospital onset Healthcare-associated) in the month.

Target 2.8 Jan-23 **1**



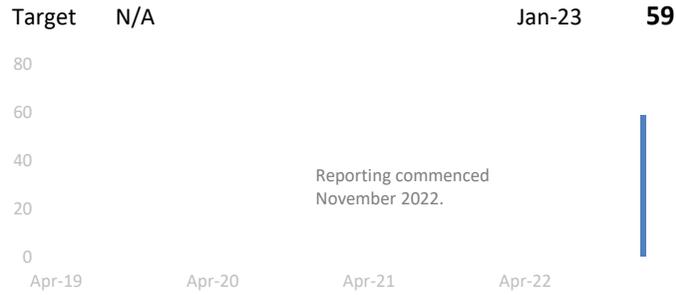
— Target

# Outstanding Care

## Operational Standards - Quality & Safety

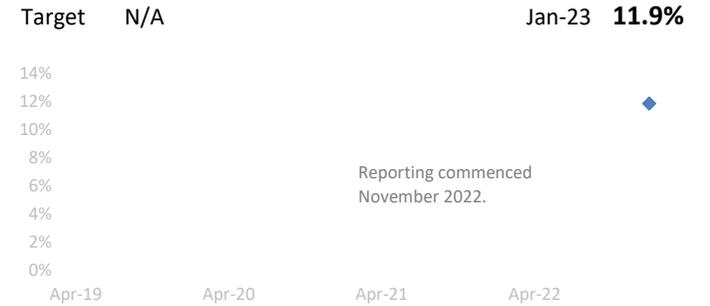
### Influenza cases

Total number of Flu cases.



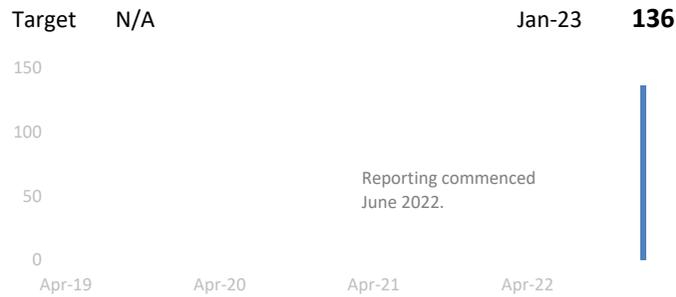
### Influenza cases - hospital acquired

Proportion of influenza cases that were hospital acquired (probable and definite) as a total of influenza cases in month.



### Covid cases

Total number of Covid cases.



### Covid cases - hospital acquired

Proportion of Covid cases that were hospital acquired (probable and definite) as a total of Covid cases in month.



Target

# Outstanding Care

## Operational Standards - Quality & Safety

### VTE assessment

VTE assessment compliance above the set target of 95%.

### Treatment escalation plan

TEP compliance 92% with sustained compliance against the Trust target 90%

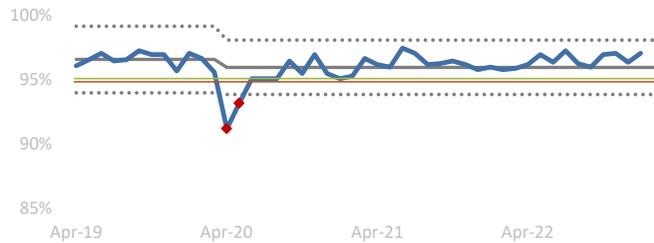
### Early warning score

Improved compliance for the Early Warning Score - percentage compliance with EWS completion – 99.58% against Trust target >99%

### VTE assessment

The percentage of patients aged 16 and over, admitted within the month, assessed for risk of VTE on admission.

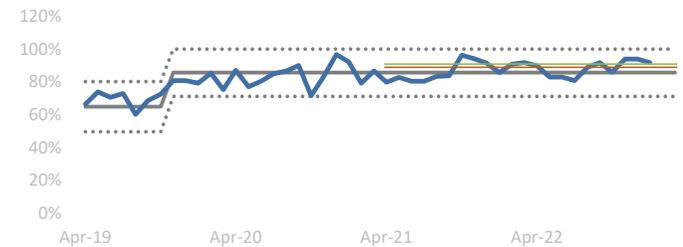
Target 95% Jan-23 **97.1%**



### Treatment escalation plan compliance

Treatment Escalation Plan completion rate based on documentation audit conducted via Tendable app.

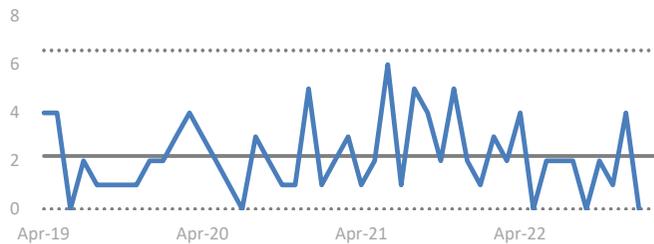
Target 90% Jan-23 **92%**



### Non-critical care inpatient cardiac arrests

Total number of 2222 cardiac arrest calls in month. For inpatients in non-critical care areas.

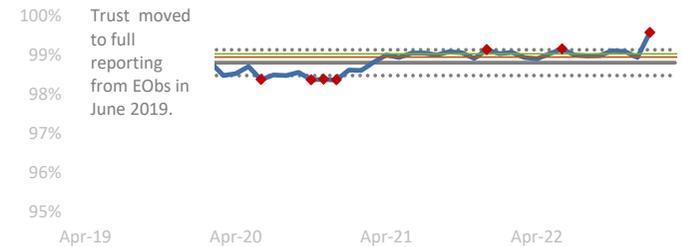
Target N/A Jan-23 **0**



### Early warning score

Percentage compliance with early warning score (EWS) completion.

Target 99% Jan-23 **99.58%**



Legend: Target

# Outstanding Care

## Operational Standards - Quality & Safety

### PALS

- PALS are now answering live calls and have no email backlog.
- Meeting on 16 February to discuss PALS officers going out into the clinical areas and answering patient and family concerns in the clinical areas where possible.
- Walk in service is now 5 days a week.

### Complaints

- New band 5 complaints officer has been recruited. Anticipated start date of 1 May 2023.
- Number of complaints has increased in January
- The majority of January complaints are Integrated Medicine complaints. Plans need to be made as to how IM can be supported to respond to their complaints within set timescales.



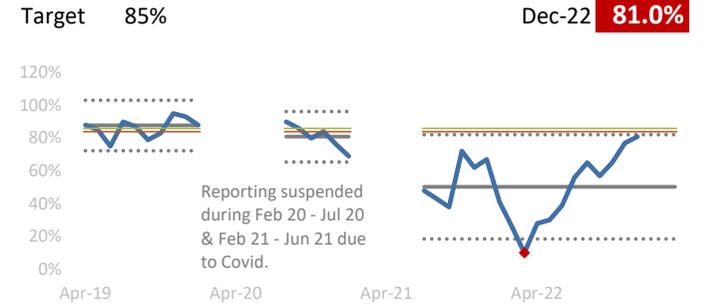
### Complaints received

Number of complaints received during the month.



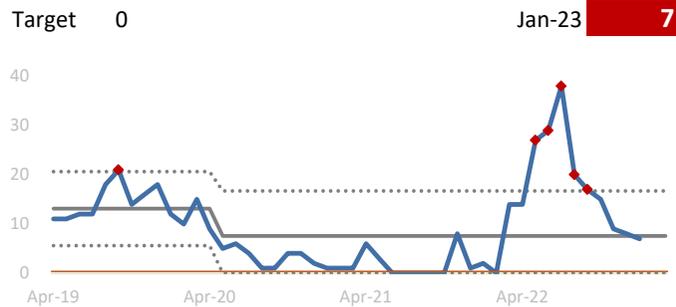
### Complaint response rate

Percentage of complaints responded to within 25 days of receipt.



### Complaints outstanding at 90 days

Number of complaints still open after 90 days.



Target

Response rate metric runs in arrears due to reporting not being possible until 25 days after month end.

# Outstanding Care

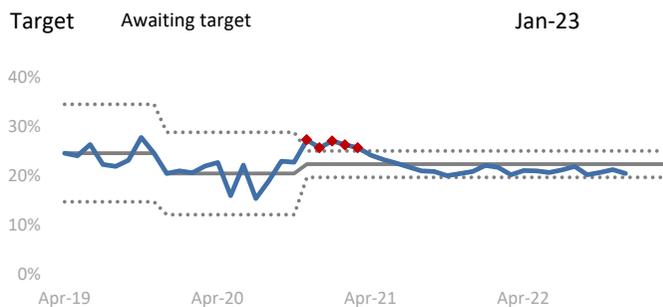
## Operational Standards - Quality & Safety

### Friends and family test

Latest data not available at time of report production

#### Friends and family test - response rate

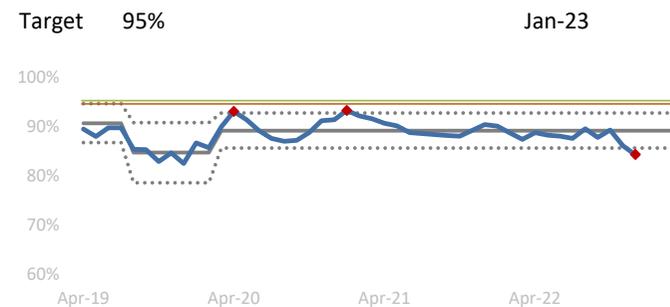
The proportion of eligible patients responding to FFT for inpatients, maternity, A&E, OP and community combined.



Latest data not available at time of report production

#### Friends and family test - positive responses

The proportion of positive responses (of all responses) to FFT for inpatients, maternity, A&E, OP and community combined.



— Target

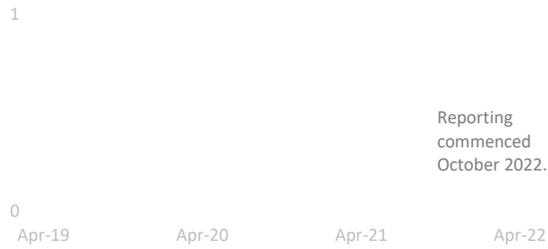
# Outstanding Care

## Operational Standards - Quality & Safety

### Neonatal deaths

Actual number of neonatal deaths.

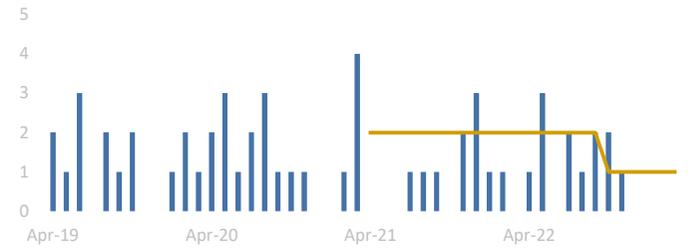
Target 0 Dec-22 **0**



### Stillbirths - total cases

Number of cases of stillbirths at 24 weeks or later.

Target 1 Dec-22 **0**



Target

# Outstanding Care

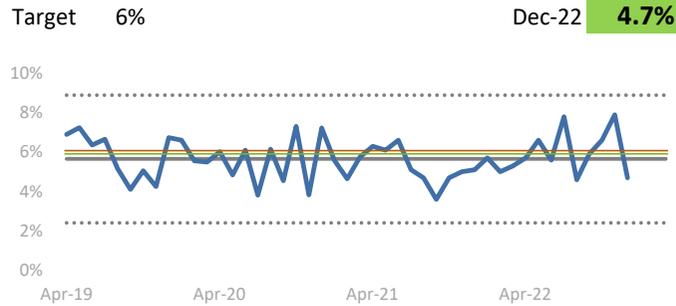
## Operational Standards - Quality & Safety

### Pre term births

There was a steady increase of preterm birth rates in November and December 2022, although the overall percentage remained within common cause variation. Data has been collected from handheld notes for this period in the event that the trend continued, however January 2023 data showed a significant decrease. Data from the December births will be reviewed in order to identify any missed opportunities to identify women at risk of preterm birth, and whether the optimisation bundle was delivered.

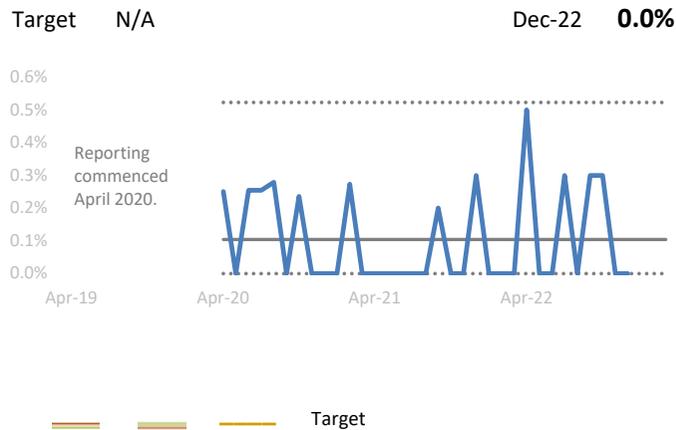
### Pre term births <37+0 weeks

Percentage of pre term births at < 37+0 weeks - over all births during the month.



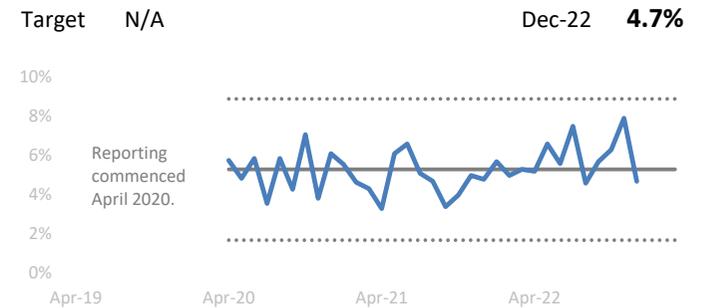
### Pre term births 16 - 23+6 weeks

Percentage of pre term births between 16 and 23+6 weeks - over all births during the month.



### Pre term births 24 - 36+6 weeks

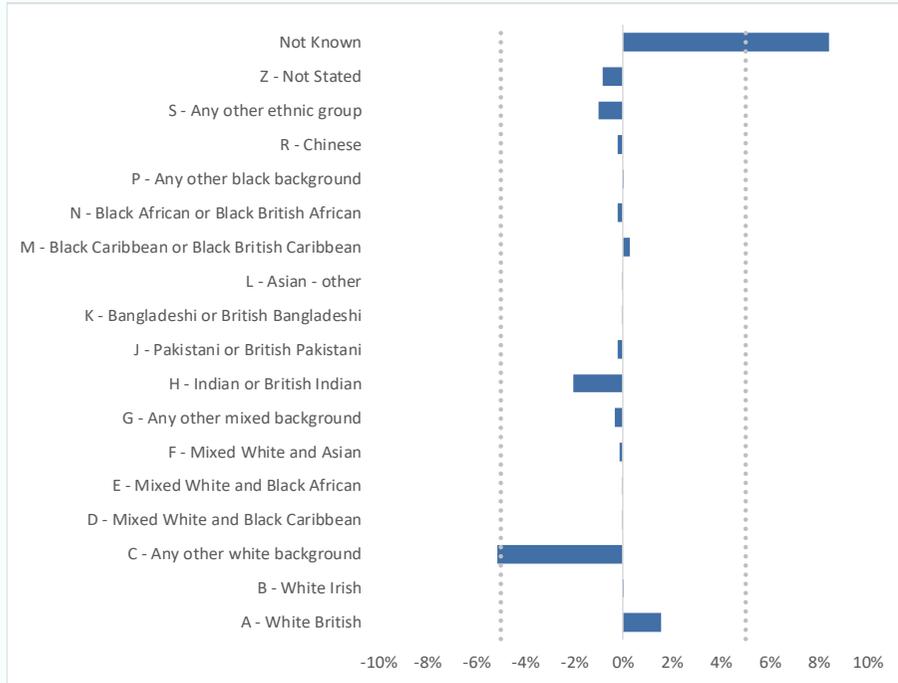
Percentage of pre term births between 24 and 36+6 weeks - over all births during the month.



## Ethnicity and deprivation

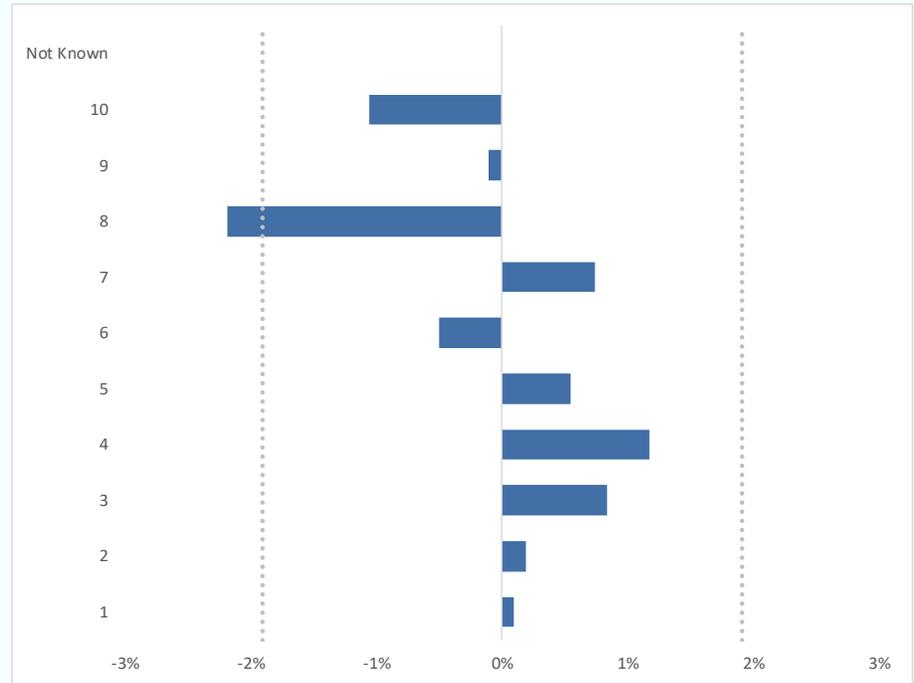
### Ethnicity comparison compared to Buckinghamshire Population by waiting list

The last couple of years has highlighted the clinical benefit of having ethnicity on file for when dealing with patients ongoing health needs. Although some people prefer to not state their ethnicity.



### IMD comparison compared to Buckinghamshire Population by waiting list

The Indices of Multiple Deprivation (IMD) gathers a number of postcodes together in small fixed geographic areas and measures the relative deprivation therein - decile ( 10 make up 100% ) 1 being the most deprived and 10 the least deprived. Buckinghamshire County has zero in decile 1.



Dotted lines are set at + / - 2 standard deviations from the mean (zero)

# Healthy Communities

## Community Activity

### Community Contacts

Community contacts are within the upper limit range. Data is showing a variation month on months, but this is as expected. Reasons range from more complex patients requiring longer visits or reduced capacity in some teams due to a high volume of vacancies.

### Caseload

#### RRIC:

Continue to have increasingly complex patients in the community who require a higher frequency and intensity of visits, thereby the caseload can be lower depending on the number of complex patients on at any one time. Continue with reviews of waiters for community physiotherapy referrals and re-prioritise or discharge as clinically indicated.

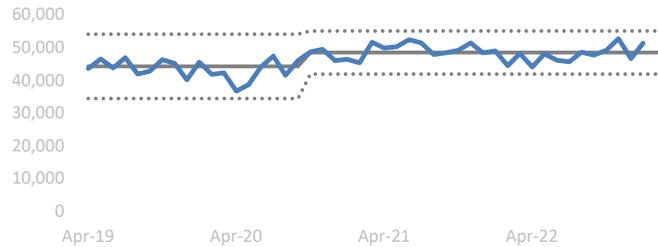
Increasing trend for admission avoidance and community-based referrers (e.g. Primary Care, SCAS and other HCPs) for patients needing intermediate care which includes UCR and community physiotherapy



### Community contacts

Total number of attended community contacts in the month.

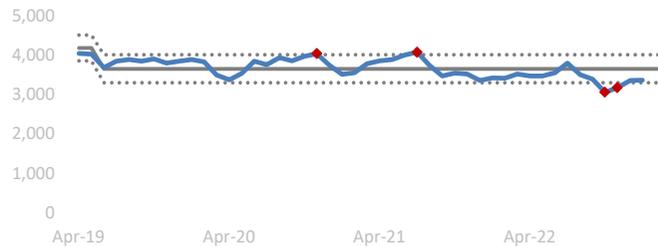
Target N/A Jan-23 **51,320**



### Community District Nursing caseload

The number of patients on the community district nursing caseload at month end.

Target N/A Jan-23 **3,368**



### Community RRIC caseload

The number of patients on the community Rapid Response and Intermediate Care (RRIC) service caseload at month end.

Target N/A Jan-23 **886**



Target

# Healthy Communities

## Community Hospitals

Community hospitals are Buckingham Community Hospital, Waterside Ward and Chartridge Ward (excludes Bucks Neuro Rehab Unit as this is a Tier 2 rehabilitation ward).

The community hospital waiting list has increased to over 10 patients on a given day. There has been an increase in demand for community rehabilitation beds internally but also from other Trusts eg Wexham Park. All patients are clinically triaged by the Matron to ensure that they meet the admission criteria. There has been an associated rise in the complexity of the patients which is impacting on their length of stay. Bed numbers at Amersham have had to be reduced this month (by three) due to infection (Covid and Flu)

**National Community Benchmarking (NHSB) - Percentage occupancy of community hospital beds:** The report shows that BHT has constantly had full community bed occupancy above national levels compared to other similar Trusts. Dec especially reporting 99.8%.

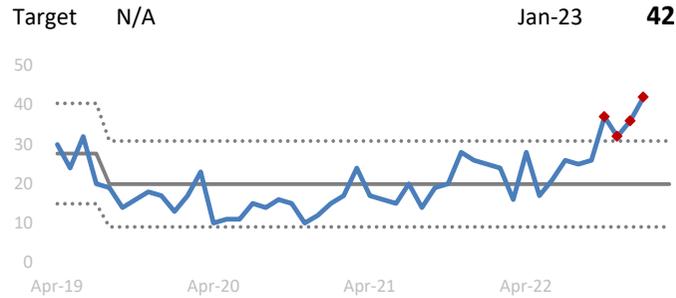
### Avg LOS – community hospitals

The increase in LOS to 42 days is due to partially the increase in complex patients and Covid fatigue which means patients take longer to meet the rehab goals. Social needs of some of the patients such as homelessness, waiting for Packages of Care also impacts on increased inpatient stay. However, the average LOS at 28.5 measures with the national average at 27days. According to NHSB Dec 22

An interim Integrated Discharge Co-ordinator has started, who is working with Bucks Council and BHT to help unblock the longest stayers at Amersham and get them discharged to the right place, to improve flow.

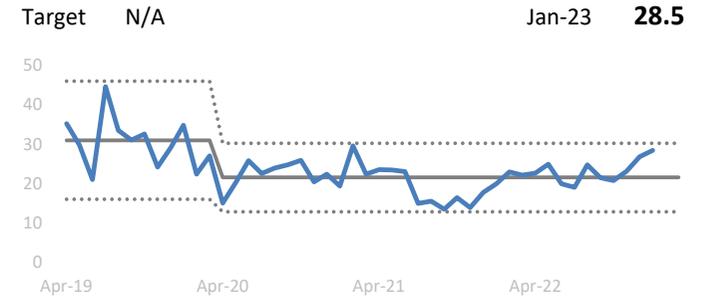
### 21 day LOS - community hospitals

Count of patients in a community bed at the end of the month who have a total length of stay of more than 21 days.



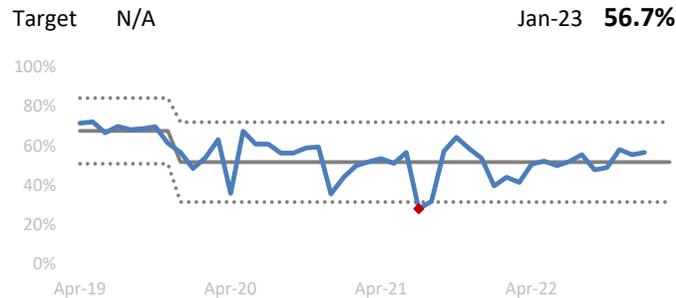
### Average LOS - community hospitals

Mean length of stay in a community bed for patients discharged from a community hospital during the month.



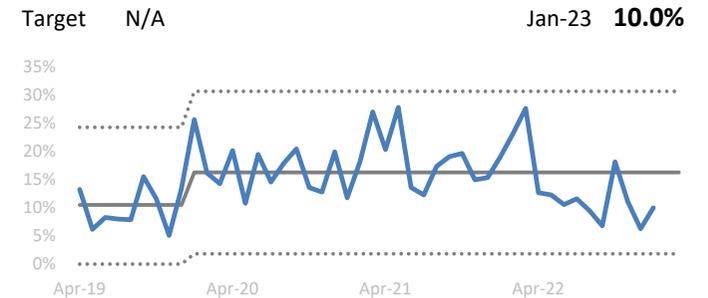
### Discharges home

The percentage of patients discharged home from a community hospital - over all discharges in the month.



### Discharges to residential/care home

The percentage of community hospital discharges to a residential/care home - over all discharges in month.



— Target

# Healthy Communities

## Community Productivity



Buckinghamshire Healthcare  
NHS Trust

### Urgent 2 hour response

Consistently achieving > 80% for 2-hour responses (national target is 70%).

- SCAS commencing their Emergency Operations Centre to push referrals by telephone to RRIC from the ambulance stack. SCAS Specialist Practitioners working within RRIC can also pull potential patients by proposing patients to EOC. However, the project to create an electronic route to push such referrals directly to RRIC has been paused until at least October, pending changes to SCAS's Booking and Referral System.
- Team are shadowing SDEC to improve understanding and referrals for UCR
- Progress with Acute Care Practitioners/medical support from Frailty H@H for UCR
- Building data sets for QI

### Community waiting list

The number of open referrals on RIO has decreased from 16000+ in the last 4 months to 15,082. This report still includes the 7000+ cases not waiting for an appointment but overall, we continue to see a reduction in actual waits across all community services Adult and Children. As part of good practice, the division submit monthly data to NHS Benchmarking:

### NHSB A6 – Average waiting time – DN

Dec 22 reported 2 days waits vs 5.17 and 6.2days national level. This trend has been consistent through the reporting period.

### NHSB A4- Average waiting time – Home based intermediate care

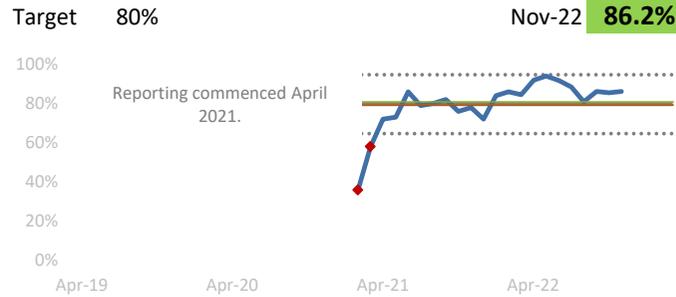
BHT has constantly reported less than a day wait for intermediate care. Dec 22 the wait was a remarkable 0.6days compared to 3.5days for other Trusts. The benchmark target is 4.02.

### Health Visitor appointments

Health Visiting Teams have successfully improved the KPI position for NBV in Q3. Although the target of 90% by Day 14 has not been achieved it has been consistently achieved by Day 17. Assurance has been provided through reporting to the Commissioners that the 14day target has been met for vulnerable families. Recruitment into vacancies along with staffing absences makes sustainable improvement difficult to maintain.

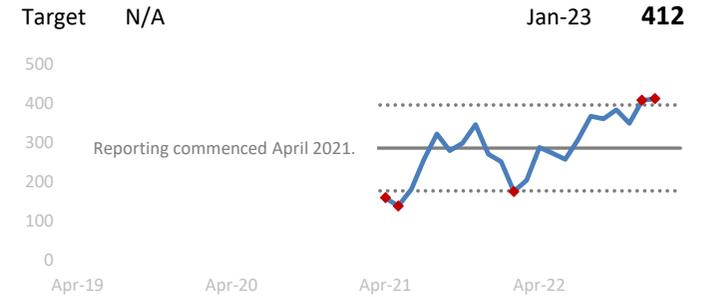
### Urgent 2 hour response

Percentage of urgent referrals (2 hour) from community services or 111 that are seen within 2 hours.



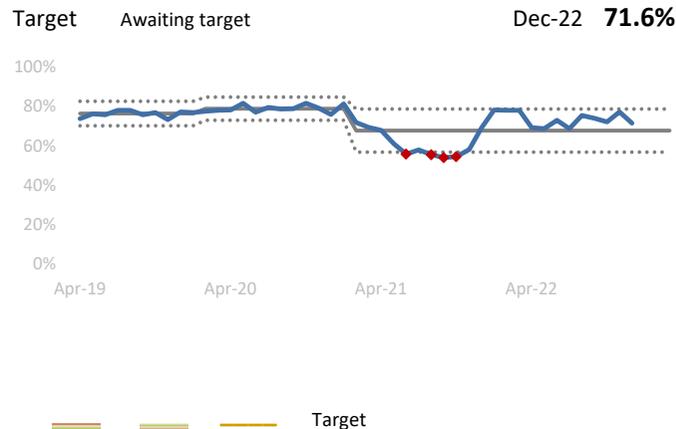
### Urgent community response referrals

Number of urgent referrals (2 hour) from community services or 111 received.



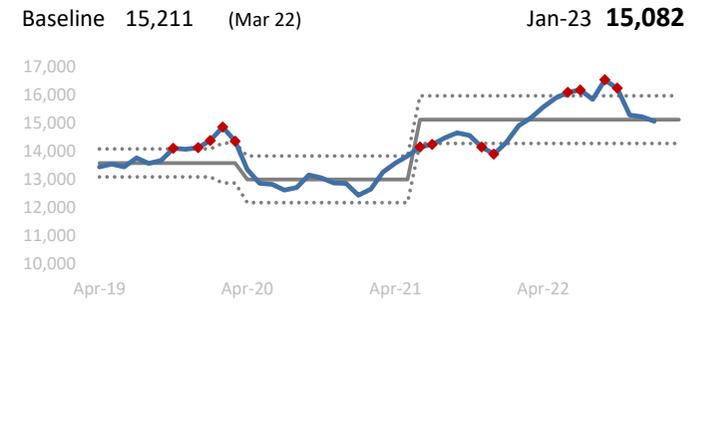
### Health Visitor appointments - 14 days

Percentage of new baby reviews carried out within 14 days of birth - over all births in the month (based on DOB in month).



### Community waiting list size

The number of patients with a referral to a community service waiting for a first community contact at month end.



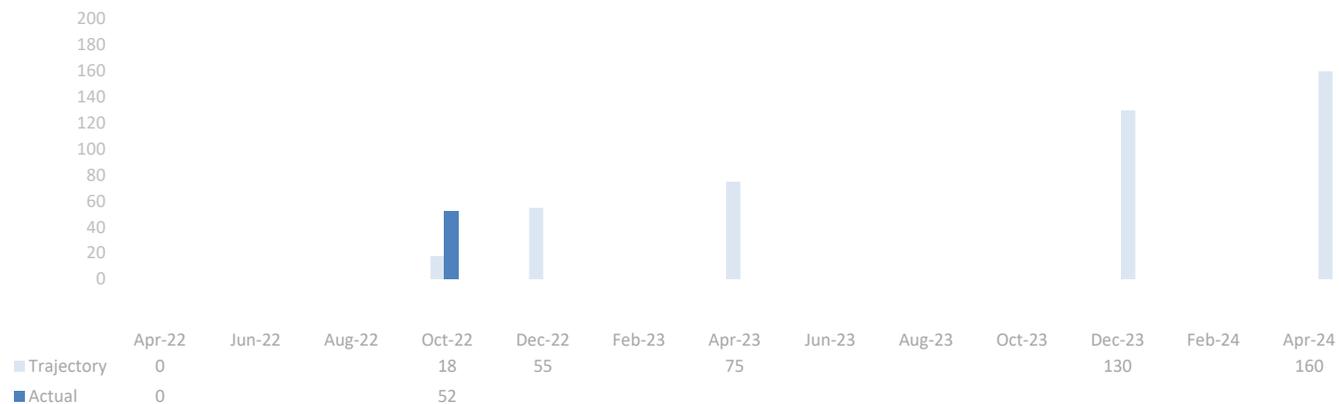
# Healthy Communities

## Virtual Ward

### Hospital at Home

The Hospital@Home programme continues to expand with the End of Life pathway going live this month. Frailty H@H is on track to start in February with phase one focusing on the Care Homes and Admissions Avoidance. Utilisation of our Virtual Wards is now measured by BOB on a weekly basis and reported to NHSE. Bucks utilisation has been variable in January 23 and lower than expected as we get the programme up and running (between 32% – 79%) Delays with recruitment to the team has been a key reason for this.

### Virtual ward beds trajectory



# A Great Place to Work

Ensuring our people are listened to, safe and supported

## Nursing and Midwifery Recruitment

The nursing vacancy rate reduced in month to 7.5%. Year to date, the number of nurses working at the Trust has increased by 65. This increase is the result of ongoing international and UK graduate recruitment. 120 International Nurses have now arrived and a further 65 are scheduled to arrive by end of financial year.

## Turnover

Turnover fell in December by 0.1%, to 13.3%, continuing the downward trend since May. There were 65 leavers in December (22 nursing and midwifery, 15 admin and clerical, 8 healthcare support workers and 6 medical). 9 leavers retired, with 0 returnees. We continue our work to support flexible retirement as part of our participation in the People Promise Exemplar Programme. This includes free pension seminars, available to all colleagues between January and March. The seminars cover the value of the NHS pension scheme, as well as retirement flexibilities (including retire and return).

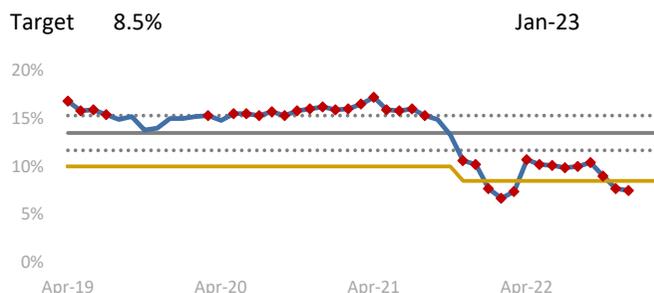
## Recruitment

The Recruitment Team has a programme of work to improve candidate experience and support hiring managers. This work which includes the introduction of 3-forms, is impacting positively on the time to hire. Saturday assessment days for healthcare support workers continue to attract new interest. Work is ongoing to increase our brand awareness locally e.g. more social media presence, external advertising. Our newly created schools' engagement team have started in post. We are piloting our new workforce experience programme and stepping up our outreach into local secondary schools.

Latest data not available at time of report production

## Nursing and midwifery vacancy rate

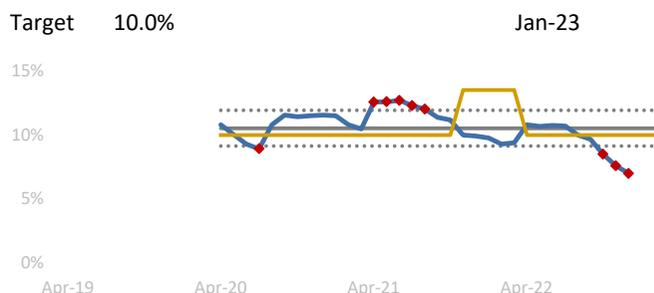
% number of vacant N&M FTE positions in Trust vs number of N&M FTE positions (occupied and vacant) in the Trust.



Latest data not available at time of report production

## Trust overall vacancy rate

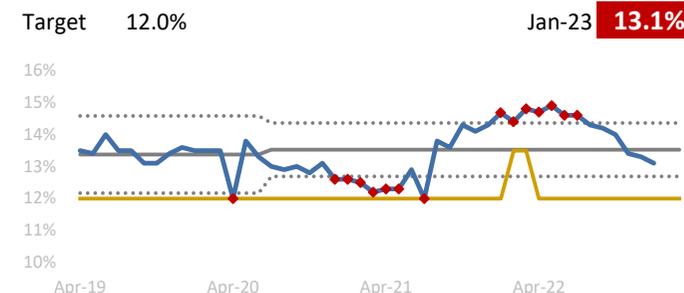
% number of all vacant FTE positions in Trust vs number of all FTE positions (occupied and vacant) in the Trust.



Target

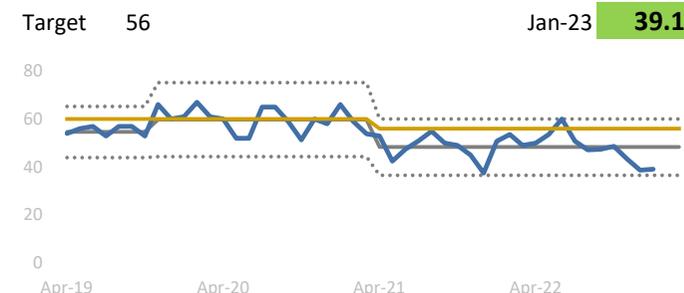
## Turnover rate

% number of FTE staff that have left the employment of the Trust compared to the total FTE staff employed by the Trust.



## Average time to replace vacancies

Total average elapsed days to replace vacancies with staff starting in those roles.



# A Great Place to Work

Ensuring our people are listened to, safe and supported

## Sickness

In addition to monthly reporting, we monitor sickness absence daily, including the different causes of absence, enabling us to respond promptly as required.

In early December there was a spike in sickness absence, due to increased levels of "cough, cold & flu". These high levels have reduced, but this is still the main cause of absence.

Levels of sickness absence due to Mental Health and MSK sickness both reduced during December.

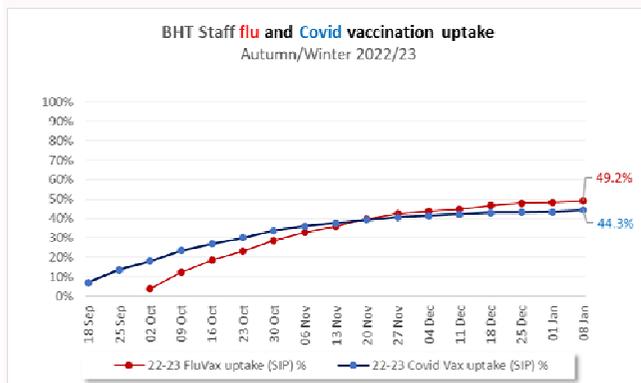
COVID-19 absence has remains low; support for those staff testing positive continues through the Occupational Health (OH) team.

We ask that individuals who report cough/cold symptoms test themselves for COVID-19. OH has a stock of lateral flow kits.

## Vaccinations – COVID-19 booster and seasonal flu

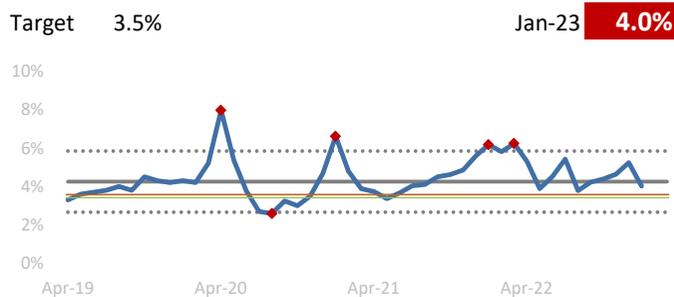
As at the end of December, flu vaccination uptake for colleagues increased to 49.2% and 44.3% for COVID-19 Boosters.

Clinics are running on Stoke, Wycombe and Amersham sites supplemented with Peer vaccinators offering vaccinations in ward areas and other clinical environments.



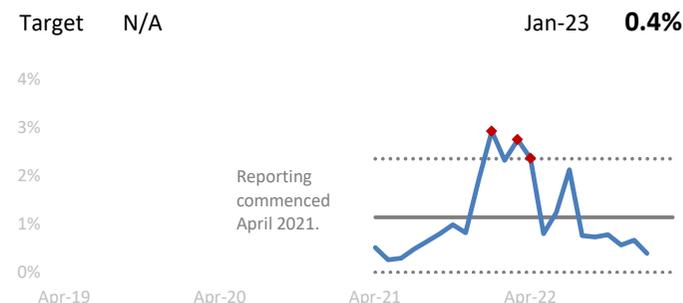
## Sickness

% total working hours lost because of sickness absences compared to the total working hours undertaken by the Trust.



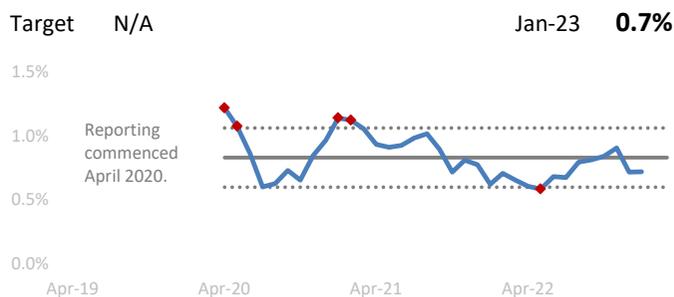
## Sickness - Covid 19

% total working hours lost because of sickness absences due to Covid 19 compared to the trust total working hours.



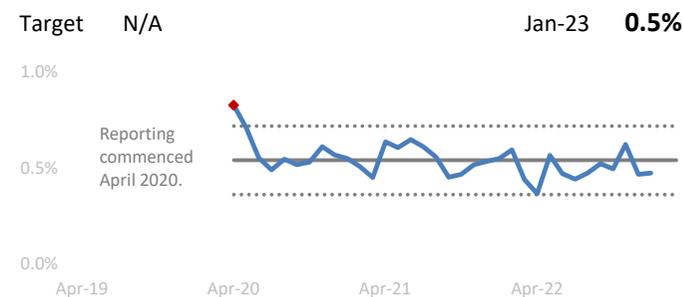
## Sickness - mental health

% total working hours lost because of sickness absences due to mental health illnesses compared to the total working hours.



## Sickness - musculoskeletal

% total working hours lost because of sickness absences due to MSK illnesses compared to the trust total working hours.



Target

# A Great Place to Work

## Ensuring our people are listened to, safe and supported

### Occupational Health Management Referrals

Stress referral levels dipped slightly in December to 110; new counselling referral levels are slightly below average for the year and sickness absence for stress dropped slightly to 0.63%. This is as expected, due to seasonal annual leave.

The additional people resource placed into the wellbeing team from February 2022 in anticipation of these pressures has enabled us to support many more colleagues with counselling and outreach.

### OH and Wellbeing

Heath summits continue as an operational focus for effective collaborative sickness management between managers, HR and Occupational Health and Wellbeing.

Support for Staff Strep A contacts is in place including access to prophylaxis. We ran a bespoke webinar for colleagues hosted by one of the Trust paediatric consultants.

The Wellbeing Team have designed and implemented bespoke wellbeing support packages for a number of teams across the Trust, which have been well received.

We continue to provide our colleagues with support during the current cost of living crisis. In December, we held free Money Matters webinars in collaboration with Citizens Advice Bucks. These recorded sessions are accessible for our colleagues to watch at any time. During the next quarter we will hold further listening events, thus giving our colleagues the opportunity to feedback so that we can listen and respond.

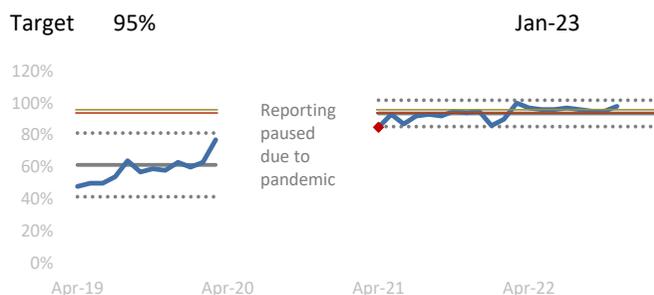
### Employee Relations

Increase in cases closed from 7.26 to **7.7** (per 1000 employees) – 4 cases were closed during December, across the medical and non-medical caseload.

Latest data not available at time of report production

### Occupational Health Management referrals

Occupational Health Management Referrals – first appointment offered within 10 working days of receipt.



Latest data not available at time of report production

### Referrals into OH and Wellbeing - stress

Referrals into Occupational Health and Wellbeing for stress per month.



Latest data not available at time of report production

### Employee Relations Cases Closed

The number of Employee relation cases closed per 1000 staff rolling total of previous 12 months



### FTSUG outreach contacts

Freedom To Speak Up Guardian Outreach contacts within month.



# A Great Place to Work

Ensuring our people are listened to, safe and supported

## Data security awareness training

There has been a reduction in compliance since November. The Information Governance Team continue to chase non-compliant staff and send comms bulletins and newsletter reminders

## Statutory & Mandatory training

Compliance decreased by 0.3% in month. This is a result of the operational pressures the Trust encountered during December.

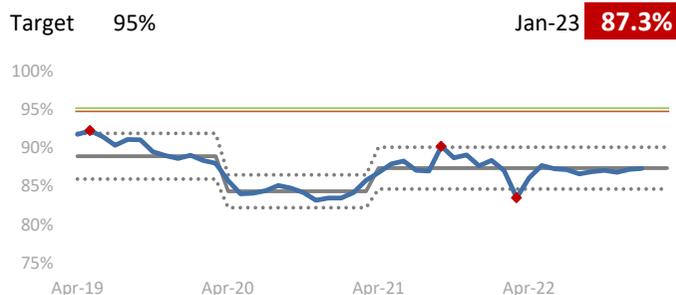
The Statutory & Mandatory training steering group is currently reviewing matrices, frequency and working with subject matter experts to ensure compliance whilst reducing the burden on colleagues. We continue to receive positive feedback about the new system for management and delivery of e-learning.

## Corporate induction

Attendance at Corporate induction remains at 97%. We follow up non-attendance with individuals and their managers. We continue to receive positive feedback about the session. A new induction policy has been launched with managers being able to record local induction on iAspire.

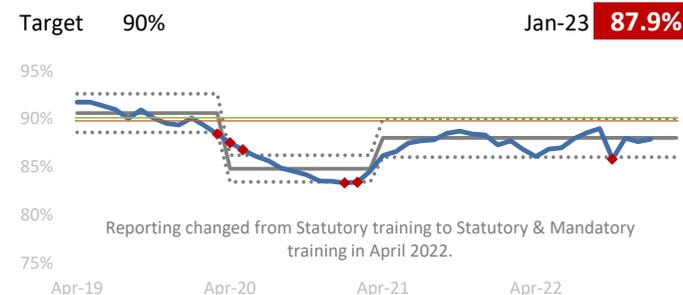
## Data security awareness training

The percentage of eligible staff members being up to date with data security awareness training. Snapshot at month end.



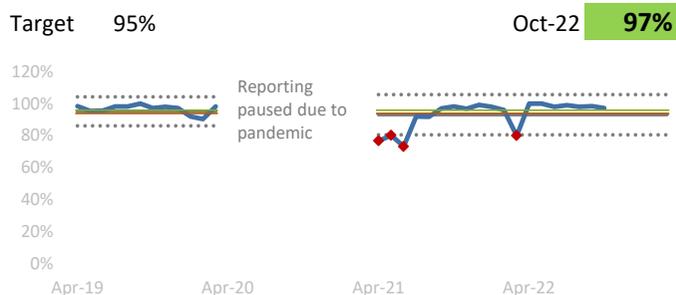
## Statutory & Mandatory training

The percentage of eligible staff members being up to date with statutory & mandatory training. Snapshot at month end.



## Corporate induction

Percentage of staff attending corporate induction within 3 months of joining the trust. Based on joining month.



— Target

Induction metric runs in arrears due to reporting not being possible until 3 months after joining month.

# Integrated Performance & Quality Report

## SPC Charts

Metrics are represented by Statistical Process Control (SPC) charts, with target and latest month's performance highlighted.

These SPC charts are based on over four years' worth of data to show pre, during and post Covid (where back data is available).

SPC charts are used to monitor whether there is any real change in the reported results.

The two limit lines (grey dotted lines) around the central average (grey solid line) show the range of expected variation in reported results based on what has been observed before. New results that fall within that range should not be taken as representing anything different from the norm. i.e. nothing has changed.

However, there are certain patterns of new results which it is unlikely will have occurred randomly if nothing has changed on the ground. For example a run of several points on one side of the average or a significant change in the level of variability between one point and the next.

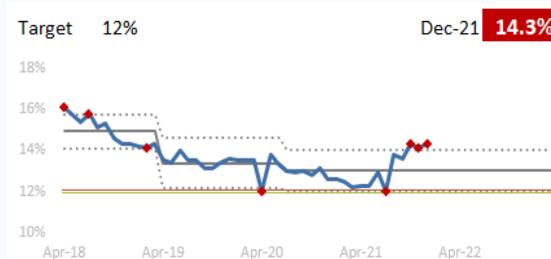
In these charts, where it looks like there has been some kind of change in the variability or average result in the reported data, the limits and the central line have been adjusted to indicate when it appears - statistically - that the change happened. This should be a prompt for users of the chart to look for factors which may have effected the change in the reported data. These may have been changes in the way things were done or external factors e.g. bad weather causing more accidents and therefore an increase in demand/change in case mix.

Likewise, if there is no change in overall average result or variability this suggests that actions taken to improve performance have not had the desired effect.

Either way, users of the charts should take care not to directly attribute causal factors to changes in the charts without further investigation.

Target lines are also plotted on the charts. This allows users of the charts to see whether targets can be expected to be achieved consistently, whether achievement in the current month is due to common cause or special cause variation or whether the target cannot be achieved unless there is a change in the process.

e.g. target line is just under the lower limit line for this indicator showing that it will not be achieved consistently without a change to the process.



Many of the target lines are shown in red and green to indicate which side of the line should be aimed for.

For example, in this case,  points lying above the target line would be rated as red; points below would be rated as green.

Where it has not been possible to display the target line like this due to variations in the target, it has been denoted as follows .

# Integrated Performance & Quality Report

## Key to Variation and Assurance icons

### Variation

Special cause of improving nature due to (H)igher or (L)ower values.

This indicates that special cause variation is occurring in a metric, with the variation being in a favourable direction. (L)ow special cause concern indicates that variation is upward in a metric where performance is ideally above a threshold. e.g. ED or RTT performance. (H)igh special cause concern is where the variance is downward in a metric where performance is ideally below a threshold. e.g. Pressure ulcers or falls.

Common cause - no significant change.

Special cause of concerning nature due to (H)igher or (L)ower values.

This indicates that special cause variation is occurring in a metric, with the variation being in an adverse direction. (L)ow special cause concern indicates that variation is downward in a metric where performance is ideally above a threshold. e.g. ED or RTT performance. (H)igh special cause concern is where the variance is upward in a metric where performance is ideally below a threshold. e.g. Pressure ulcers or falls.

### Assurance

'Pass' - variation indicates consistently (P)assing the target.

'Hit and Miss' - variation indicates inconsistently passing and failing the target.

'Fail' - variation indicates consistently (F)ailing the target.

		Assurance		
		Pass 	Hit and Miss 	Fail 
Variance	Special Cause - Improvement 	Special cause of an improving nature due to (H)igher or (L)ower values.  Variation indicates consistently passing the target.	Special cause of an improving nature due to (H)igher or (L)ower values.  Variation indicates inconsistently hitting or missing the target.	Special cause of an improving nature due to (H)igher or (L)ower values.  Variation indicates consistently failing the target.
	Common Cause 	Common cause - no significant change.  Variation indicates consistently passing the target.	Common cause - no significant change.  Variation indicates inconsistently hitting or missing the target.	Common cause - no significant change.  Variation indicates consistently failing the target.
	Special Cause - Concern 	Special cause of a concerning nature due to (H)igher or (L)ower values.  Variation indicates consistently passing the target.	Special cause of a concerning nature due to (H)igher or (L)ower values.  Variation indicates inconsistently hitting or missing the target.	Special cause of a concerning nature due to (H)igher or (L)ower values.  Variation indicates consistently failing the target.

**Meeting:** Trust Board Meeting in Public

**22 February 2023**

<b>Agenda item</b>	Month 10 2022/23 Finance Report
<b>Board Lead</b>	Chief Finance Officer, Kishamer Sidhu
<b>Type name of Author</b>	Chief Finance Officer, Kishamer Sidhu
<b>Attachments</b>	Month 10 2022/23 Finance Report
<b>Purpose</b>	Assurance
<b>Previously considered</b>	EMC 14.02.2023 F&BP Committee 21.02.2023

### Executive Summary

As at Month 10 year-to-date, the Trust is reporting a £(12.3)m deficit, which is £(0.3)m adverse to Plan, as part of the BOB ICB recovery plan agreed with NHSE/I.

As part of the NHSE/I agreed BOB ICB Financial Recovery Plan, the Trust has been requested to deliver a revised 2022/23 Financial Plan of £(14.3)m deficit, supported by an additional £2.5m of NHSE Specialised Commissioning funding for ERF and Non Elective demand, £1.0m of additional Capital funding agreed in Month 9 and £0.3m further NHSE/I Growth funding issued in Month 10.

The Trust is forecasting to achieve this revised revenue deficit plan, with mitigating actions.

The Trust is forecasting to spend in line with its funded 2022/23 Capital Plan including mitigating actions. The Trust continues to closely monitor cash forecasts to ensure liquidity of the organisation.

This report was considered by the Executive Management Committee on 14 February 2023 when a financial strategy session was also scheduled.

A verbal update will be provided to Board following consideration of the report by the Finance and Business Performance Committee on 21 February 2023.

<b>Decision</b>	The Board is requested to note the report
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### Relevant Strategic Priority

<b>Outstanding Care</b> ☒	<b>Healthy Communities</b> ☒	<b>Great Place to Work</b> ☒	<b>Net Zero</b> ☒
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### Implications / Impact

<b>Patient Safety</b>	Maintaining patient safety whilst living within our financial means
<b>Risk: link to Board Assurance Framework (BAF)/Risk Register</b>	Principal Risk 2; Failure to deliver our annual financial plan CRR Risk 234; Delivery of the 2022/23 Financial Plan CRR Risk 224; Trust capital resourcing insufficient to support objectives
<b>Financial</b>	Achieving our financial targets for 2022/23
<b>Compliance NHS Regulation</b>	Achieving the NHSE/I approved 2022/23 financial plan
<b>Partnership: consultation / communication</b>	Achieving our part of the BOB ICB 2022/23 Financial Plan

<b>Equality</b>	N/A
<b>Quality Impact Assessment [QIA] completion required?</b>	N/A

## 1 Summary financial position

- 1.1 As at Month 10 2022/23 the Trust Reports a £(12.3)m year-to-date deficit, this is £(0.3)m adverse to the revised agreed year-to-date £(12.0)m deficit plan, with the full year 2022/23 revised agreed plan being £(14.3)m deficit, as part of the BOB ICB 2022/23 Financial Recovery Plan agreed with NHSE/I.
- 1.2 Income is £9.0m favourable to plan as at Month 10 year-to-date, due to Education & Training Income being £5.6m favourable to plan Month 9 year-to-date and £3.4m non recurrent Local Authority project income. Contract Income is £(1.0)m adverse to Plan for realigned risks to plan.
- 1.3 Pay expenditure is £(6.5)m adverse to plan Month 10 year-to-date, due to operational pressures resulting from continuing high levels of non-elective patient care demand and working to recover elective activity to 2019/20 levels.
- 1.4 Non Pay expenditure is £(3.5)m adverse to plan Month 10 year-to-date, due to ISTC costs £(5.7)m adverse to Plan year-to-date Month 10, as the Trust works to improve patient wait times. This is partially offset by a Month 10 year-to-date Clinical Supplies £3.0m underspend against plan, resulting from Elective Activity being lower than Plan in 2022/23 year-to-date.

## 2 BOB ICS 2022/23 Financial Recovery

- 2.1 As part of the BOB ICS 2022.23 Financial Recovery Plan agreed with NHSE/I, the Trust has improved its 2022/23 Financial outturn from £(17.6)m deficit to £(14.3)m deficit.
- 2.2 This requested improvement in the Trust position is backed by an additional £2.5m NHSE Specialised Commissioning Income to support the additional Elective Recovery and Non elective demand pressures that the Trust has experienced in financial year 2022/23, £1.0m of Capital funding for Capital Project support costs and a further £0.3m Growth funding received from NHSE Specialised Commissioning in Month 10.
- 2.3 The Trust is currently forecasting that it will achieve this revised 2022/23 deficit, with mitigating actions being taken.

## 3 Capital

- 3.1 The Trust has reported £19.1m Capital expenditure as at Month 10 year-to-date, this is in line plan.
- 3.2 The Trust is forecasting the year end 2022/23 Capital expenditure, with mitigating actions, to be in line with the £26.5m funded 2022/23 Capital plan.

## 4 Balance Sheet

- 4.1 The value of the Trust's balance sheet is £1.6m better than plan as at Month 10 2022/23, due to the cash position being £5.3m better than plan at as Month 10 at £19.9m.
- 4.2 The Trust continues to closely monitor its cash position forecasts to ensure liquidity.

## 5 Action required from the Trust Board

- a) The Board is requested to note the report

**APPENDICES**

Appendix 1: Month 10 2022/23 Finance Report

Finance Report Month 10 - 31st January, 2023

OUTSTANDING CARE  
HEALTHY COMMUNITIES  
AND A GREAT PLACE TO WORK

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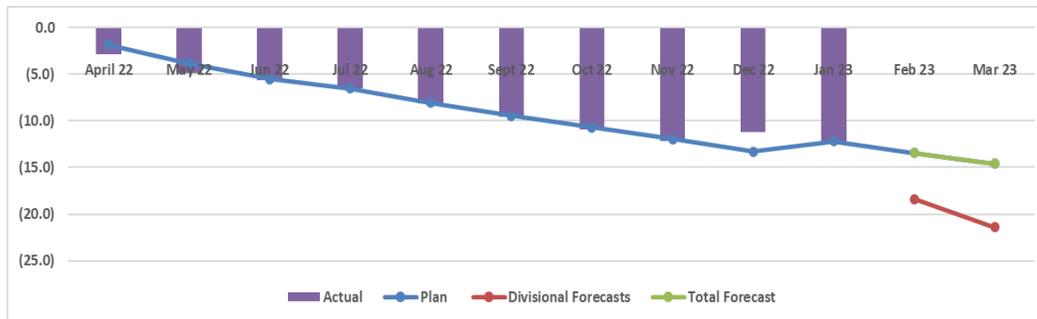
Page 3	Financial performance M10 2022/23
Page 4	Key Highlights: Income M10 2022/23
Page 5	Key Highlights: Expenditure (Pay & Workforce) M10 2022/23
Page 6	Key Highlights: Expenditure (Non Pay)
Page 7	Divisional Position
Page 8	Balance Sheet
Page 9	Balance Sheet
Page 10	Cash Position
Page 11	Capital Position
Page 12	Glossary and Definitions

## Financial performance M10 2022/23

**Table 1 - Income and expenditure summary**

(£m)	In Mth Plan	In Mth Actuals	In Mth Variance	YTD Mth Plan	YTD Actuals	YTD Variance	Annual Plan
Contract Income	45.1	42.2	(2.9)	430.0	429.0	(1.0)	516.1
Other income	3.6	4.3	0.7	31.1	40.1	9.0	38.4
<b>Total income</b>	<b>48.7</b>	<b>46.5</b>	<b>(2.2)</b>	<b>461.1</b>	<b>469.1</b>	<b>8.0</b>	<b>554.5</b>
Pay	(28.4)	(29.6)	(1.2)	(282.4)	(288.9)	(6.5)	(339.4)
Non-pay	(15.3)	(15.1)	0.2	(157.8)	(161.3)	(3.5)	(189.9)
<b>Total operating expenditure</b>	<b>(43.7)</b>	<b>(44.7)</b>	<b>(1.0)</b>	<b>(440.2)</b>	<b>(450.2)</b>	<b>(10.0)</b>	<b>(529.3)</b>
<b>EBITDA</b>	<b>5.0</b>	<b>1.8</b>	<b>(3.2)</b>	<b>20.9</b>	<b>18.9</b>	<b>(2.0)</b>	<b>25.2</b>
Non Operating Expenditure	(3.3)	(3.0)	0.3	(32.9)	(31.2)	1.7	(39.5)
<b>Retained Surplus / (Deficit)</b>	<b>1.7</b>	<b>(1.2)</b>	<b>(2.9)</b>	<b>(12.0)</b>	<b>(12.3)</b>	<b>(0.3)</b>	<b>(14.3)</b>
<b>Adjusted Financial Performance excluding Profit on disposal of Assets</b>	<b>1.7</b>	<b>(1.2)</b>	<b>(2.9)</b>	<b>(12.0)</b>	<b>(12.4)</b>	<b>(0.4)</b>	<b>(14.3)</b>

**Graph 1 - Income & Expenditure YTD position & Forecast**



### Executive Summary

- The Trust reports an £(12.4)m deficit position YTD, £(0.4)m adverse against the revised £(14.3)m deficit plan agreed with BOB ICB as part of the 2022/23 BOB ICB 2022/23 Recovery Plan agreed with NHSE/I. As at M10 the Trust is forecasting to achieve the revised £(14.3)m 2022/23 Deficit Plan with £4.7m of mitigating actions.
- The Trust has recognised VAT reclaims totalling £2.0m in Month 10.
- The 2022/23 Acute Contracts with Frimley and NWL have been reviewed with Commissioners, on a PBr basis these contracts are FOT £(1.6)m below indicative contract value, £(1.3)m of this been recognised in the YTD M10 Trust position, with final agreement to be reached. The Trust has received additional £0.3m Income from Specialist Commissioning income in Month 10 relating to 2022/23 additional Growth Funding.
- The Trust has reviewed its M10 YTD Cost & Volume and CDF Pass through Drugs and recognised £0.6m additional income at M10, in line with the cost of drugs incurred.
- Each division has prepared and reviewed their 2022/23 FOT divisional forecast at Month 10 based on current run rates, increased investments and confirmed efficiency savings. The overall forecast is a deficit of £(19.0)m with £4.7m of mitigations required to achieve the £(14.3)m revised 2022/23 financial plan. Clinical divisional forecasts report a £(16.4)m adverse variance against plan and corporate services a £6.2m favourable variance against plan, before mitigations and provisions.

- Contract income is £(1.0)m adverse to plan YTD, partially offset by an additional £0.3m Specialised Commissioning Funding and £0.6m additional Specialised Commissioning Pass through drugs income.

- Other income totals £40.1m YTD M10, £9.0m favourable to plan. This is primarily driven by Education & Training monies, £5.6m favourable to plan YTD due to income secured above budget and additional non recurrent £3.4m project income secured above budget from the local authority and commissioners.

- The Clinical Divisional Budget Plan for the year totals £(392)m and the clinical divisions report a YTD M10 £(13.1)m adverse variance to this plan and FOT £(16.4)m adverse variance to Plan. This is primarily driven by additional spend within the Integrated Medicine Division (FOT £(14.1)m adverse variance to plan and Surgery & Critical Care Division £(2.4)m FOT variance to Plan). Further detail+L5s of the key drivers of this overspend are detailed on page 7 of this report.

- YTD pay costs total £(288.9)m, £(6.5)m adverse to plan. Key drivers of this adverse position include medical staffing spend and temporary staffing usage to cover operational pressures. Further details and actions being taken are provided on page 5.

- YTD non-pay costs total £(161.3)m, £(3.5)m adverse to plan. Independent Sector costs to recover patient waiting times post Covid-19 pandemic are the predominant reason for the overspend, totalling £(5.7)m. In addition, consultancy costs report a £(3.3)m overspend YTD split £(1.2)m COO and £(1.7)m IT. These overspends are partly offset with clinical supply underspends totalling £3.0m YTD M10 (driven by 2022/23 Elective Recovery Activity being below plan YTD) and Premises & Plant underspend of £1.9m YTD. Further details are provided on page 6.

- Non operating expenditure reports a £1.7m favourable variance YTD relating to Depreciation charges and Donated Assets adjustment benefit.

## Key Highlights: Income M10 2022/23

### NHS Income and Activity

- The contract income position totals £429.0m YTD M10 which is £(1.0)m adverse to plan. The primary reason for the deterioration is rephased associated income. In Month 10 NHSE Specialised Commissioning confirmed an additional £0.3m Growth Funding for 2022/23.
- Elective recovery funding (ERF) received by the Trust as part of our contract baseline values, are subject to repayment (income clawback) where the weighted activity levels in 2022/23 fall below the 104% and 110% targets of 19/20 levels. If the rules set out in national planning guidance were to be strictly applied to activity levels then this would create additional YTD financial risk but guidance from NHSE is that no provisions are made YTD on expected underperformance. The integrated performance report (IPR) has details on current activity levels compared to 2019/20.
- The Statistical Process Control Chart (Graph 2) for Contract Income shows income is close to the mean with a few exceptions. The February 2021 position includes £2.6m additional monies received from NHSE relating to funding support for lost income during the Covid-19 pandemic and the March 2021 position includes further income received to cover income lost during the Covid-19 pandemic totalling £2.8m. The increase in contract income in September 2021 relates to the back-dated medical and agenda for change pay award income and the additional BOB ICS ERF allocation. The March 2022 position includes an additional £2m received from Bucks CCG. The increase in income in month 3 reflects agreed changes to income for the June 2022 Final Plan submission, and M6 reflecting pay award funding for the previous 6 months. The increase in Month 9 relates to the additional Specialist Commissioner income for Elective and Non Elective ERF (totalling £2.1m YTD M10).

**Table 2 - Breakdown of Contract Income**

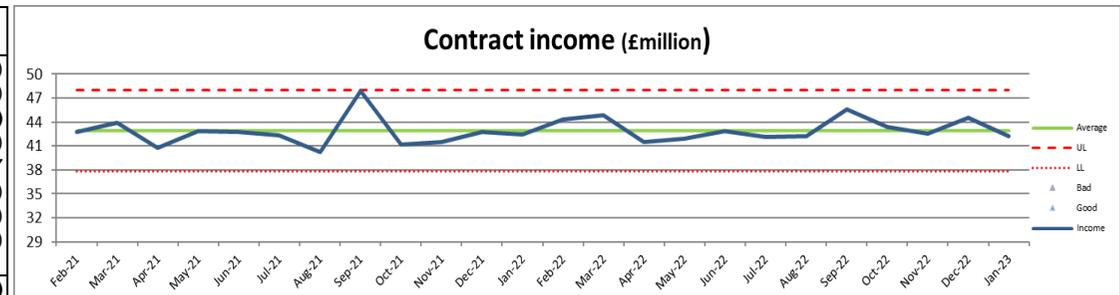
Commissioner (£m)	Annual Budget Total 2022-23	YTD Budget	YTD Actuals	YTD Variance
BOB ICS (Block)	347.5	289.5	289.4	(0.1)
BOB ICS (Additional Inc)	38.5	32.1	32.1	(0.0)
<b>Bob Block Sub Total</b>	<b>386.1</b>	<b>321.6</b>	<b>321.5</b>	<b>(0.1)</b>
Associates	35.1	29.3	27.9	(1.3)
Specialist Commissioners	70.9	59.1	59.7	0.7
Regional Specialist	5.5	4.8	4.8	(0.0)
Other NHS	3.7	3.1	2.8	(0.3)
Bucks Council	14.0	11.6	11.6	(0.0)
Other Income	0.7	0.6	0.7	0.1
<b>Total</b>	<b>516.1</b>	<b>430.0</b>	<b>429.0</b>	<b>(1.0)</b>

### Other Income

**Table 3 - Breakdown of other income**

Category (£m)	Annual Budget	YTD Budget	YTD Actuals	YTD Variance
Research	1.2	0.9	1.6	0.6
Education And Training	11.4	9.5	15.1	5.6
Non-NHS PPS & Overseas Visitors	3.5	2.9	2.7	(0.2)
Injury cost recovery scheme	1.2	1.0	0.7	(0.3)
Donated Asset Income	1.0	0.8	0.6	(0.2)
Other Income	20.1	15.9	19.4	3.5
<b>Total</b>	<b>38.4</b>	<b>31.1</b>	<b>40.1</b>	<b>8.9</b>

**Graph 2 - Contract Income Statistical Process Control (SPC) Charts**



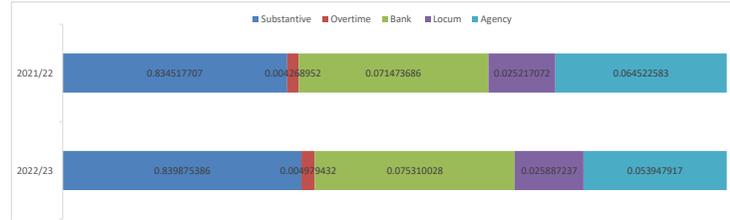
- Other Income (Table 3) is £8.9m favourable to plan YTD .
- Private Patient and Overseas work is £(0.2)m adverse to plan with YTD totalling £2.7m.
- Donated Asset Income is broadly in line with plan YTD. Any variance reported against donated asset income is removed when calculating the bottom line financial position as the full impact of donated asset income and depreciation is removed when calculating the final position.
- Education and Training income is £5.6m favourable to plan YTD, due to a combination of recurrent and non recurrent income received in year not all included in 22/23 budget together with income released in to the position brought forward from last financial year.
- Other income is £3.5m favourable to plan. This is mainly due to non-recurrent and project income from local authorities and other commissioners.

**Key Highlights: Expenditure (Pay & Workforce) M10 2022/23**

**Table 4 - YTD pay position**

Pay category (£m)	YTD Budget	YTD Spend *	YTD Variance	% of Total Pay Bill	Last Year YTD Spend	Last Year % of Total Pay Bill
Substantive	280.73	242.60	38.13	84.0%	225.0	83.5%
Overtime	0.00	1.44	(1.44)	0.5%	1.2	0.4%
Bank	1.07	21.75	(20.69)	7.5%	19.3	7.1%
Locum	0.56	7.48	(6.92)	2.6%	6.8	2.5%
Agency	0.03	15.58	(15.55)	5.4%	17.4	6.5%
<b>Total</b>	<b>282.39</b>	<b>288.85</b>	<b>(6.47)</b>	<b>100.0%</b>	<b>269.6</b>	<b>100.0%</b>

**Graph 2 - YTD pay position**



• Pay expenditure totals £(288.9)m YTD Month 10, £(6.5)m adverse to plan. Key pressure areas in pay include Integrated Medicine Division, £(7.3)m adverse to Plan YTD M10 as a result of continuing A&E patient demand driving additional A&E Front door costs, medical and Nursing escalation costs and acuity and high sickness levels leading to high temporary staffing usage. In additional Surgery & Critical Care Division reports a £(1.65)m adverse variance on pay relating continued actions to improve waiting times for patients.

• The Month 10 YTD pay position includes the 2022/23 pay award within the divisional positions and this cost has been matched with budget.

• The 2021-22 pay position included a year end provision relating to annual leave to be taken in the 2022-23 financial year and wellbeing totalling £(5.8)m. £4.8m of this has been released in to the position YTD Month 10 with the remainder to be released as we move through the financial year as staff take their annual leave. The budget plan also assumes this will be released so does not drive any variance against plan.

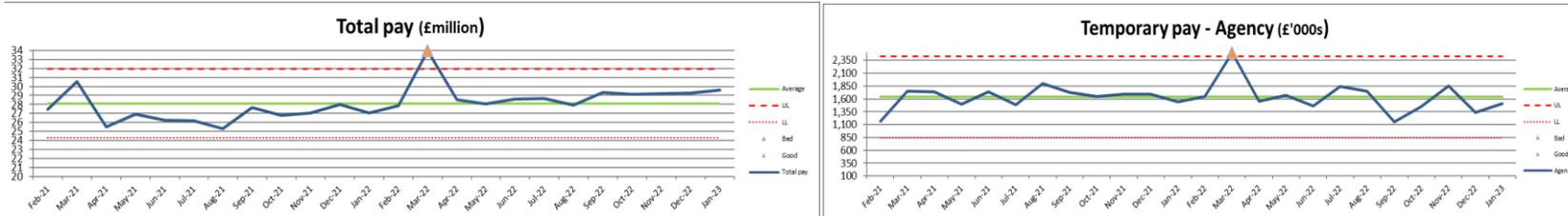
• Temporary staffing expenditure (Bank, Agency & locum) totals £(44.8)m for the year to date M10, £(4.7)m in Month 10. A large proportion of these temporary staff costs are offset by underspends against substantive budgets totalling £38.1m M10 YTD (See table 4 above). Agency expenditure totals £(1.5)m in M10, £(15.6)m YTD Month 10, which is 5.4% of Total Pay costs YTD M10. Key agency usage areas are Integrated Medicine and Elderly Care, driven by Non Elective patient demand and acuity. For financial year 2023/24, NHSE/I have set an upper limit for Agency of 3.7% of Total Pay.

• 2020/21 year end provisions for the working time directive payments and ongoing flowers legal case payments continue to be held in the balance sheet position as at Month 10 and will be released to match spend as and when this comes through.

• The forecast outturn on Pay is a £(9.6)m adverse variance. Key drivers of this are the continuation of the issues noted above in the year to date position and CIP delivery not on plan. Pay budgets have been adjusted for winter funding with the Integrated Elderly Care division to align expenditure budgets including pay with expected income funding.

• The Pay Statistical Process Control Charts are detailed below (Graph 3/4). Key highlights include the increase in total pay costs in February 2021 and 2022, relating to provisions for the Flowers legal case, unsocial hours claims and payment of consultant CEA awards. The increase in total pay costs in March 2021 and 2022 includes payment of the bank winter incentive payments and year end pay related provisions as noted above. The drop in pay costs in April 2022 reflect the one of adjustments made to the position in month 12 and the release of 1/12th of the annual leave accrual. The increase in agency costs from January 2021 onwards relates to management of the wave of the Covid-19 pandemic. The increase in agency costs in March 2022 relates to H2 investment costs. The increase in total pay costs in September 2022 relates to payment of the 2022/23 pay awards to staff including backdated pay awards for April 2022 through to August 2022. The decrease in agency costs in September 2022 relates to the recategorization of YTD agency invoices to theory spend categories and the decrease in costs in December 2022 relates to the recategorization of agency invoices to other spend categories and reduced usage for elective activity over the Christmas holiday period.

**Graphs 3/4 - Pay Statistical Process Control (SPC) Charts**



**Table 4B - Staffing Actuals & Forecast - Temporary staffing breakdown**

£000's	Actual										Forecast			
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Total YTD	Feb-23	Mar-23	Total Forecast
Agency	1,579	1,684	1,460	1,844	1,738	1,126	1,456	1,853	1,337	1,507	15,583	1,521	1,495	18,598
Bank	1,868	1,947	1,913	1,939	2,134	1,897	3,065	2,185	2,292	2,513	21,754	2,341	2,324	26,419
Locum	740	772.99	816.71	571.80	873.76	756.38	780.13	670.20	812.19	683.18	7,478	717	717	8,912
<b>Total Temporary Staffing</b>	<b>4,187</b>	<b>4,404</b>	<b>4,189</b>	<b>4,356</b>	<b>4,746</b>	<b>3,779</b>	<b>5,301</b>	<b>4,709</b>	<b>4,440</b>	<b>4,703</b>	<b>44,814</b>	<b>4,579</b>	<b>4,536</b>	<b>53,929</b>
Substantive Spend (Includes Overtime)	24,480	23,832	24,522	24,337	23,218	25,552	23,826	24,522	24,843	24,908	244,039	25,231	25,276	294,547
<b>Total Pay Spend</b>	<b>28,667</b>	<b>28,236</b>	<b>28,711</b>	<b>28,693</b>	<b>27,963</b>	<b>29,331</b>	<b>29,127</b>	<b>29,231</b>	<b>29,283</b>	<b>29,611</b>	<b>288,853</b>	<b>29,811</b>	<b>29,812</b>	<b>348,476</b>
Plan	27,565	27,823	27,755	27,461	27,601	31,263	28,313	27,874	28,304	28,430	282,390	28,452	28,416	339,257
Variance to Plan	- 1,102	- 413	- 957	- 1,232	- 362	- 1,332	- 814	- 1,357	- 979	- 1,181	- 6,464	- 1,359	- 1,396	- 9,219

## Key Highlights: Expenditure (Non Pay)

**Table 5 - YTD non-pay position**

Non-Pay category (£m)	Annual Budget	YTD Budget	YTD Actuals	YTD Variance
Drugs	50.2	41.9	42.7	(0.9)
Clinical supplies	40.6	33.7	30.7	3.0
Other non-pay	99.1	82.2	87.9	(5.7)
<b>Total Expenditure</b>	<b>189.9</b>	<b>157.8</b>	<b>161.3</b>	<b>(3.6)</b>

• Non-pay expenditure totals £(161.3)m YTD M10, £(3.6)m adverse to plan.

• Key drivers of the YTD Month 10 Non Pay position include:

• Independent sector usage is £(5.7)m adverse to plan YTD Month 10, with spend in Integrated Medicine and Surgery & Critical Care. This overspend is partly offset with underspends in clinical supplies totalling £3.0m YTD. These clinical supplies underspends mainly sit within Surgery & Critical Care Division and relate to lower activity levels earlier in the year leading to underspends on Theatre consumables.

• Other non pay pressure areas include consultancy costs totalling £(3.3)m.

**Table 6 - YTD drugs position**

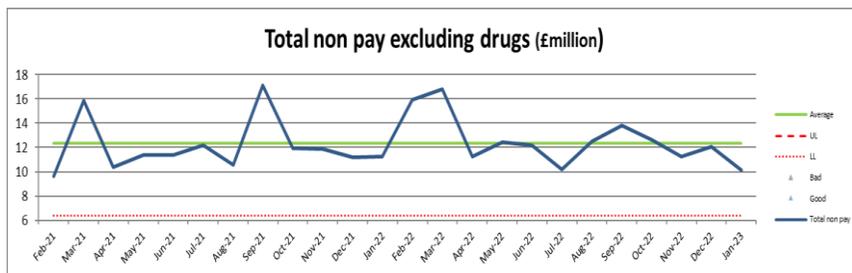
Drug Categories (£m)	Annual Budget	YTD Budget	YTD Actuals	YTD Variance
PBR Drugs	11.3	9.5	11.3	(1.9)
PBR excluded Drugs	37.0	30.9	29.6	1.2
Other Drug Items	1.9	1.5	1.7	(0.2)
<b>Total expenditure</b>	<b>50.2</b>	<b>41.9</b>	<b>42.7</b>	<b>(0.9)</b>

• The YTD position includes VAT reclaim of £2.0m and ROE PFI credits totalling £2.8m which is in line with plan. The agreement is expected to be formally signed by all parties in the near future.

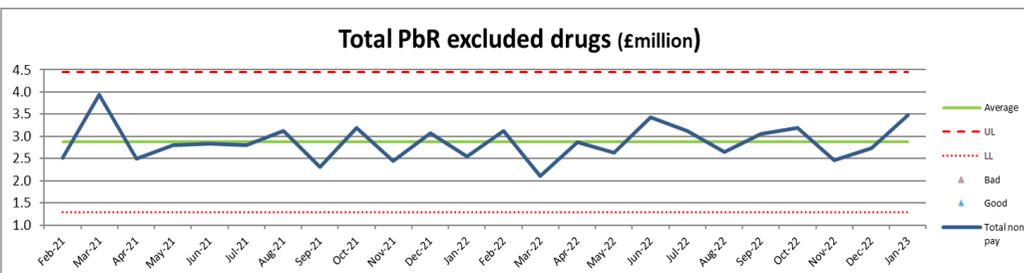
• Drugs expenditure totals £(42.7)m YTD, which is £(0.9)m adverse to plan YTD M10 and is predominantly in Integrated Medicine (£(0.88)m adverse to Plan YTD M10), driven by non elective patient care demand and relates to PBR drugs

• Statistical Process Control charts (SPC) for non pay and PBR Excluded drugs expenditure are detailed below (Graph 4). Key highlights show:  
 - March 2021 costs were above the mean average as activity levels begin to increase after the short Feb. The August 2021 position included a £1.0m VAT reclaim and the September 2021 cost increase related to ERF non pay expenditure. The increase in non pay expenditure in February & March 2022 related to expenditure incurred for IT cyber and windows 10 licences and site works including roof repairs and demolition works, along with the reassessment of capital / revenue expenditure hitting the non pay expenditure position. The decrease in July 2022 relates to ROE PFI credits received. The increase in Sept 22 relates to a number of areas with relatively small increases inc IS use, training & consultancy.  
 - March 2021 and March 2022 costs included the impact of non recurrent year end balance sheet adjustments.

**Graph 5 - Non Pay Statistical Process Control (SPC) Charts**



**Graph 6 - Non Pay Statistical Process Control (SPC) Charts**



Divisional Position

Breakdown of financial position by division

Table 7 - Divisional Income and expenditure

Division / (£m)	YTD Budget	YTD Actuals	YTD Variance against Plan	Annual Plan	Forecast Outturn	Variance Plan to Forecast	Position Signed Off by Divisions*	Current Month Run Rate									
								M01	M02	M03	M04	M05	M06	M07	M08	M09	M10
Integrated Medicine	(78.6)	(90.3)	(11.6)	(94.2)	(108.3)	(14.1)	Yes	(8.8)	(8.6)	(8.8)	(9.2)	(8.9)	(9.7)	(9.5)	(9.2)	(8.5)	(9.1)
Integrated Elderly Care	(40.6)	(40.2)	0.3	(48.5)	(48.2)	0.3	Yes	(3.7)	(3.5)	(3.7)	(3.8)	(3.8)	(4.6)	(4.0)	(4.9)	(4.0)	(4.2)
Surgery And Critical Care	(93.9)	(95.9)	(2.0)	(112.6)	(115.0)	(2.4)	Yes	(8.9)	(9.5)	(9.4)	(9.3)	(9.4)	(10.6)	(10.3)	(9.7)	(9.7)	(9.1)
Women and Children	(40.9)	(40.8)	0.1	(49.2)	(49.3)	(0.1)	Yes	(3.9)	(3.8)	(4.1)	(4.2)	(3.5)	(4.6)	(4.2)	(4.2)	(4.2)	(4.2)
Specialist Services	(73.1)	(73.0)	0.1	(87.7)	(88.0)	(0.2)	Yes	(7.4)	(7.0)	(6.9)	(7.5)	(7.0)	(8.0)	(7.1)	(7.0)	(7.2)	(7.8)
<b>Total Clinical Divisions</b>	<b>(327.1)</b>	<b>(340.2)</b>	<b>(13.1)</b>	<b>(392.3)</b>	<b>(408.7)</b>	<b>(16.4)</b>		<b>(32.8)</b>	<b>(32.4)</b>	<b>(32.9)</b>	<b>(33.9)</b>	<b>(32.7)</b>	<b>(37.6)</b>	<b>(35.1)</b>	<b>(35.0)</b>	<b>(33.4)</b>	<b>(34.4)</b>
Chief Executive	(3.3)	(2.7)	0.6	(3.9)	(3.9)	0.0	Yes	(0.3)	(0.2)	(0.2)	(0.2)	(0.2)	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)
Chief Operating Officer	(3.0)	(4.7)	(1.7)	(3.6)	(5.2)	(1.7)	Yes	(0.5)	(0.5)	(0.4)	(0.3)	(0.9)	(0.8)	(0.3)	(0.4)	(0.3)	(0.3)
Commercial Director Mgmt	(0.0)	0.4	0.4	(0.0)	0.3	0.3	Yes	0.0	0.0	0.0	0.0	(0.1)	0.1	0.0	0.1	0.1	0.0
Finance Dept.	(5.9)	(3.4)	2.5	(7.0)	(4.5)	2.5	Yes	(0.6)	(0.6)	(0.5)	(0.6)	(0.4)	(0.8)	(0.6)	(0.3)	(0.6)	1.6
Information Technology	(13.7)	(12.3)	1.4	(16.4)	(15.4)	1.0	Yes	(1.3)	(1.2)	(1.3)	(1.3)	(1.3)	(1.4)	(1.2)	(1.2)	(1.2)	(1.0)
Property Services	(47.4)	(47.6)	(0.1)	(56.9)	(57.8)	(0.9)	Yes	(5.2)	(5.4)	(5.1)	(2.5)	(5.6)	(5.1)	(4.9)	(3.8)	(5.3)	(4.7)
Human Resources	(0.6)	2.8	3.4	(0.7)	2.3	3.0	Yes	0.1	0.6	(0.0)	0.1	0.2	(0.1)	0.7	0.4	0.8	0.3
Medical Director	(0.4)	(0.2)	0.2	(0.5)	(0.1)	0.4	Yes	(0.0)	0.0	0.0	(0.0)	(0.0)	(0.0)	(0.1)	0.0	(0.1)	(0.0)
Nursing Director	(14.8)	(14.8)	(0.0)	(17.8)	(17.7)	0.1	Yes	(1.5)	(1.5)	(1.5)	(1.4)	(1.5)	(1.5)	(1.5)	(1.5)	(1.5)	(1.5)
PDC And Depreciation	(24.1)	(23.4)	0.7	(29.0)	(27.4)	1.5	Yes	(2.5)	(1.7)	(2.2)	(2.3)	(2.4)	(2.4)	(2.4)	(2.8)	(2.5)	(2.3)
H2 Investments	0.0	0.0	0.0	0.0	0.0	0.0	Yes	(0.2)	0.2	0.0	0.0	0.0	(0.0)	0.0	0.0	0.0	(0.0)
<b>Total Corporate</b>	<b>(113.3)</b>	<b>(105.9)</b>	<b>7.4</b>	<b>(135.8)</b>	<b>(129.6)</b>	<b>6.2</b>		<b>(11.8)</b>	<b>(10.5)</b>	<b>(11.2)</b>	<b>(8.4)</b>	<b>(12.2)</b>	<b>(12.4)</b>	<b>(10.5)</b>	<b>(9.7)</b>	<b>(10.8)</b>	<b>(8.3)</b>
Contract Income	430.0	429.0	(1.0)	516.1	514.5	(1.6)		41.4	41.9	42.9	42.2	42.3	45.6	43.4	42.6	44.5	42.2
Corporate Services / Provisions	(1.7)	3.9	5.6	(2.3)	4.8	7.0		0.1	(0.7)	0.3	(0.9)	0.9	2.8	0.8	0.7	0.6	(0.8)
Donated Asset Reporting Adj	0.0	0.7	0.7	0.0	0.1	0.1		0.1	(0.4)	0.1	0.1	0.0	0.1	0.1	0.1	0.1	0.1
Mitigations Required	0.0	0.0	0.0	0.0	4.7	4.7											
<b>Retained Surplus / (Deficit)</b>	<b>(12.0)</b>	<b>(12.3)</b>	<b>(0.4)</b>	<b>(14.3)</b>	<b>(14.3)</b>	<b>0.0</b>		<b>(2.9)</b>	<b>(2.0)</b>	<b>(0.7)</b>	<b>(0.9)</b>	<b>(1.7)</b>	<b>(1.5)</b>	<b>(1.3)</b>	<b>(1.3)</b>	<b>1.0</b>	<b>(1.1)</b>
<b>Adjusted Financial Performance excluding Profit on disposal of Assets</b>	<b>(12.0)</b>	<b>(12.3)</b>	<b>(0.4)</b>	<b>(14.3)</b>	<b>(14.3)</b>	<b>0.0</b>											

Key reasons for YTD Month 10 Divisional variances are as follows:

**Integrated Medicine (£11.6m overspend YTD)**

Pressure areas include recovery insourcing costs for Dermatology £(2.0)m adverse, A&E Front door Pressures, £(2.5)m adverse, Drugs spend above last year's levels, £(1.1)m adverse, Escalation pressures £(1.5)m adverse, Nursing Acuity pressures £(1.0)m, SMH UTC pathway additional costs, £(2.2)m adverse, and CIP under delivery £(2.9)m.

**Integrated Elderly Care (£0.3m underspend YTD)**

Areas of overspend include Home First Project, £(0.8)m adverse and additional medical staffing costs driven by activity pressures and locum and agency usage, £(0.4)m adverse year to date. These overspends are offset by vacancies in Therapies and the Locality Teams and projects.

**Surgery & Critical Care (£2.0m overspend YTD)**

Independent sector spend of £(2.4)m is the key issue driving the YTD adverse position, supporting additional activity. In addition, Waiting List Initiative (WLI) spend is £(0.5)m overspend YTD and other Medical staffing overspends total £(0.8)m due to locum and agency usage supporting vacancies and leave. These pressure areas are offset by favourable variances across Nursing (£0.8m) due to vacancies across Theatres & ICU at the beginning of the year, Clinical Supplies underspends due to lower than planned activity (£1.6m).

**Women & Children (£0.1m underspend YTD)**

Pay underspends in Nursing total £0.2m due to vacancies in CYP & Midwifery. All nursing vacancies are actively being recruited to. Medical Staff costs are £(0.4)m adverse to plan mainly in Paediatrics and O&G due to locum cover for rota gaps, maternity leave, long term sickness and restricted duties cover for on calls, along with increased non elective activity in Paediatrics.

**Specialist Services (£0.1m underspend YTD)**

Underspend is being driven by favourable drugs variance of £0.6m, total income favourability of £1.8m, part of which is due to CDC and cardiology income. This is offset by £(1.4)m adversity on Clinical Supplies and Services, driven by Mobile MRI scanner, Outsourcing expenditure, Sendaway tests and reagents.

**Property Services (£0.1m overspend YTD)**

Over spend position to date relating to further costs associated with maintenance. YTD is distorted due to the phasing of the CIP. Reduction in forecast in the month due to transfer of prior year CHG lease to the balance sheet.

**Information Technology (£1.4m underspend YTD)**

Significant underspend on pay, offset by consultancy & additional non pay expenditure, Significant vacancies within BI & performance.

**Chief Operating Officer (£1.7m overspend YTD)**

Pay costs of senior bank and agency staffing and consultancy costs from Q1 & Q2 drive the YTD overspend. In Month 10, pay pressures within bed management continue.

**Corporate Services & Provisions (£5.6m underspend YTD)**

Corporate services are where central provisions are held for items including the impact of bad debt and balance sheet adjustments. In addition, corporate services holds the remaining unallocated annual CIP target. Central provisions included in the budgeted plan are also reported here including contingency and sickness reserves.

## Balance Sheet

### Statement of financial position

**Table 9 - Balance Sheet summary**

Statement of financial position / (£m)	Planned Position	YTD Position	Variance to Plan	Change from Prior Month
Non-current assets	346.2	348.3	(2.1)	(0.7)
Cash and cash equivalents	14.6	19.9	(5.3)	(0.1)
Trade and other current assets	37.5	28.7	8.8	(4.7)
<b>Total Assets</b>	<b>398.3</b>	<b>396.8</b>	<b>1.4</b>	<b>(5.5)</b>
Current Borrowing	(0.9)	(1.0)	0.1	0.8
Other Current liabilities	(69.3)	(65.8)	(3.5)	3.5
Non Current Borrowing	(43.9)	(44.2)	0.3	0.0
Other Non-current liabilities	(1.5)	(1.5)	(0.0)	0.0
<b>Total Liabilities</b>	<b>(115.5)</b>	<b>(112.4)</b>	<b>(3.1)</b>	<b>4.3</b>
<b>TOTAL NET ASSETS</b>	<b>282.8</b>	<b>284.4</b>	<b>(1.6)</b>	<b>(1.3)</b>
PDC and Revaluation reserve	410.0	410.0	(0.0)	0.0
Income and Expenditure Reserve	(127.2)	(125.6)	(1.6)	(1.3)
<b>TOTAL EQUITY</b>	<b>282.8</b>	<b>284.4</b>	<b>(1.6)</b>	<b>(1.3)</b>

- Non Current assets are higher by £2.1m due to higher capital additions than planned. These have been funded through donations and additional PDC allocations.
- The closing cash balance is higher by £5.3m compared to plan. This is driven by an increase in YTD income which has been deferred pending spend (£2.2m) and a better than planned position on Trade and other assets.
- Other current liabilities are lower than the previous month due to a reduction in capital creditors of £2.3m relating to IT contracts
- Remaining changes in the statement of financial position are consistent with the reported £13.1m (£11.8m in month 9) deficit prior to technical adjustments.

### Accounts Receivable

**Table 10 - Accounts Receivable**

#### Month 10

(£m)	Current	31-60 days	61-180 days	6 mths - 1 year	1 year - 2 years	More than 2 years	Total
NHS	0.9	1.7	1.7	1.7	0.1	0.2	6.3
Non-NHS	3.4	0.6	0.6	0.5	0.3	0.8	6.2
<b>Total</b>	<b>4.3</b>	<b>2.3</b>	<b>2.3</b>	<b>2.2</b>	<b>0.4</b>	<b>1.0</b>	<b>12.5</b>
% of total	34%	18%	18%	18%	3%	8%	100%

- Debtors have increased by £2.6m from £9.9m in month 9 to £12.5m in month 10.
- The majority of this increase in debtors is due to increased invoice activity during January particularly with Buckinghamshire Council £1.1m and Oxford University Hospitals NHS FT £350k respectively.
- Overdue has increased by £1.5m from £6.6m in month 9 to £8.1m in month 10.
- Top 5 overdue debts at month 10 are:
  - 1 - Oxford University Hospitals NHS FT £2.0m
  - 2 - NHS England £0.8m.
  - 3 - Buckinghamshire CCG £0.7m
  - 4 - Oxford Health Nhs Foundation Trust £0.6m
  - 5 - Buckinghamshire Council £0.5m

#### Month 9

(£m)	Current	31-60 days	61-180 days	6 mths - 1 year	1 year - 2 years	More than 2 years	Total
NHS	1.7	0.3	2.2	1.1	0.0	0.7	6.0
Non-NHS	1.6	0.3	0.5	0.4	0.3	0.8	3.9
<b>Total</b>	<b>3.3</b>	<b>0.6</b>	<b>2.7</b>	<b>1.5</b>	<b>0.3</b>	<b>1.5</b>	<b>9.9</b>
% of total	33%	6%	27%	15%	3%	15%	100%

The table has been revised to extend the the age bandings. This is to provide more visibility of the age of debt over 180 days.

\* values have been taken from detailed reports to enable a clear audit trail to underlying subsidiary reports and therefore some arithmetic rounding errors will occur when the information is presented in millions.

## Balance Sheet

### Accounts Payable

Table 11 - Accounts Payable

#### Creditors

(£m)	Current	30-60 days	60-90 days	90-120 days	>120 days	Total
NHS	0.0	0.0	0.0	0.0	0.0	0.0
Non-NHS	1.9	0.0	0.0	-0.3	0.2	1.7

The creditors table reflects creditors which have been fully processed on the ledger and are awaiting payment. These are being paid as quickly as possible to maintain cash flow to our suppliers.

#### Invoice Register

	Total Value (£m)		Total Count		0-30 days		31-60 days		61-180 days		6 months to 1 year		1 year to 2 years		More than 2 years	
NHS	£	Qty	£	Qty	£	Qty	£	Qty	£	Qty	£	Qty	£	Qty	£	Qty
Month 8	3.1	770	0.7	75	0.5	67	0.5	136	0.6	173	0.4	213	0.3	106		
Month 9	5.4	748	3.3	98	0.3	47	0.6	133	0.5	145	0.3	218	0.3	107		
Month 10	2.7	683	0.6	48	0.2	41	0.6	129	0.5	145	0.4	212	0.3	108		
Month 11	2.9	553	0.9	63	0.4	35	0.6	102	0.6	113	0.2	160	0.2	80		
Month 12	2.1	315	0.6	64	0.2	26	0.5	49	0.5	64	0.2	74	0.2	38		
Month 1	4.0	335	2.6	70	0.5	48	0.3	56	0.2	63	0.3	62	0.2	36		
Month 2	4.5	387	2.6	91	0.6	44	0.7	88	0.2	61	0.3	65	0.2	38		
Month 3	3.4	328	1.2	68	0.7	39	0.9	88	0.1	35	0.3	64	0.2	34		
Month 4	2.9	368	1.2	80	0.4	49	0.6	94	0.2	41	0.3	66	0.2	38		
Month 5	7.1	419	4.7	82	0.9	72	0.9	109	0.2	46	0.2	67	0.2	43		
Month 6	4.0	425	1.4	67	0.4	39	1.5	139	0.3	67	0.2	69	0.2	44		
Month 7	2.4	442	0.3	84	0.0	45	1.4	124	0.3	77	0.2	63	0.2	49		
Month 8	3.2	433	1.1	56	0.4	67	0.8	111	0.5	84	0.2	62	0.2	53		
Month 9	2.7	488	0.4	62	0.5	51	0.8	128	0.6	96	0.2	93	0.1	58		
Month 10	2.9	482	1.1	84	0.0	73	0.6	131	0.9	108	0.2	49	0.1	37		

Non NHS	Total Value (£m)		Total Count		0-30 days		31-60 days		61-180 days		6 months to 1 year		1 year to 2 years		More than 2 years	
	£	Qty	£	Qty	£	Qty	£	Qty	£	Qty	£	Qty	£	Qty	£	Qty
Month 8	5.3	3,109	1.8	757	1.0	356	1.0	648	0.8	531	0.5	551	0.1	266		
Month 9	7.4	3,561	3.1	907	1.5	489	1.4	743	0.7	556	0.5	581	0.1	285		
Month 10	5.7	3,250	1.4	556	1.5	446	1.4	821	0.7	567	0.5	558	0.2	302		
Month 11	6.5	2,714	3.4	720	0.7	247	1.1	643	0.5	401	0.6	401	0.2	302		
Month 12	10.2	2,493	6.6	673	1.8	364	0.7	480	0.3	317	0.6	328	0.2	331		
Month 1	6.8	2,386	3.7	642	1.2	361	1.1	512	0.4	316	0.3	295	0.2	260		
Month 2	6.5	2,407	2.2	520	1.8	391	1.7	580	0.4	334	0.3	297	0.1	285		
Month 3	6.4	2,598	1.7	546	1.7	388	2.1	699	0.5	365	0.3	307	0.2	293		
Month 4	5.5	2,607	1.4	550	1.0	348	2.1	744	0.6	374	0.3	328	0.2	263		
Month 5	8.4	3,128	3.5	839	1.5	504	2.2	815	0.7	413	0.3	342	0.2	215		
Month 6	6.4	2,599	2.3	451	1.2	430	1.7	815	0.6	375	0.3	330	0.2	198		
Month 7	10.0	2,762	5.2	650	1.6	332	1.8	807	0.9	418	0.3	349	0.2	206		
Month 8	12.1	2,884	4.7	599	4.3	457	1.7	794	1.0	450	0.4	353	0.2	231		
Month 9	7.5	3,035	2.3	671	1.6	455	2.2	844	0.8	470	0.4	354	0.2	241		
Month 10	8.3	3,341	3.3	868	1.5	428	2.0	973	0.8	539	0.5	354	0.1	179		
<b>Total M10</b>	<b>11.2</b>	<b>3,823</b>	<b>4.4</b>	<b>952</b>	<b>1.5</b>	<b>501</b>	<b>2.6</b>	<b>1,104</b>	<b>1.7</b>	<b>647</b>	<b>0.7</b>	<b>403</b>	<b>0.2</b>	<b>216</b>		

**Non NHS register** - the last 5 days of month 10 saw a net increase to the register of 223 invoices worth £1.39m . Pressures on the wider organisation continue to slow down the P2P compliance. The AP are working with groups on multiple work streams to clear the non-moving older invoices and to arrange purchase orders for a number of high value/high count invoice suppliers. (two suppliers have 123 outstanding invoices worth 1.034m).

**NHS register** - One organisation Oxford University NHS Trust is still owed £1.44m being around half the value owed to NHS organisations . The AP team continues working with the departments and we are starting to see some traction in arranging purchase orders /receipts for these and also use the agreement of balances exercise to identify/and get authority to pay the majority of NHS invoices by year end.

**Overall** - Looking at the data concerning the automatic matching system used by AP to process invoices - AP are still seeing a slower than expected compliance of the P2P process around receipting, but the trend continues to stabilise during the month and we would expect to start to see a downward trend both in value and count in month 11.

### Better Payment Practice Code

Table 12 - Better Payment Practice Code

	Count Total	Count Pass	% Pass	Total (£m)	Pass (£m)	% Pass
NHS	2,137	1,651	77%	55.1	50.7	92%
Non-NHS	54,791	49,724	91%	265.4	236.2	89%
<b>Total</b>	<b>56,928</b>	<b>51,375</b>	<b>90%</b>	<b>320.5</b>	<b>286.9</b>	<b>90%</b>

Adherence to the BPPC requires 95% of suppliers to be paid within 30 days of invoice date. Our reporting process is now more aligned to BOB ICS partners ensuring consistency of approach. NHS invoices remain an area of challenge.

## Cash Position

### Cash

**Table 13 - Cash summary position**

£'000	Actual Apr-22	Actual May-22	Actual Jun-22	Actual Jul-22	Actual Aug-22	Actual Sep-22	Actual Oct-22	Actual Nov-22	Actual Dec-22	Actual Jan-23	Forecast Feb-23	Forecast Mar-23	22/23
<b>INCOME</b>													
Clinical Income	40,875	42,070	43,021	43,106	42,645	43,249	42,387	45,617	43,923	44,795	42,771	42,771	<b>517,229</b>
Clinical Income top up / Covid / Growth			1,802	0	0	1,829	0	0	0	0	0	0	<b>3,631</b>
Education and Training	229	3,175	0	0	3,259	0	0	5,858	0	0	0	2,100	<b>14,621</b>
Other Income	2,355	1,916	1,018	1,045	873	1,583	757	2,531	307	363	600	600	<b>13,948</b>
HMRC vat reclaim	2,144	3,693	0	1,198	2,029	160	1,678	2,974	0	2,418	1,600	1,600	<b>19,494</b>
Payroll Support						2,850	1,014	492	0	1,566	555	555	<b>7,032</b>
PDC capital	0	0	0	0	0	0	0	0	0	0	0	1,591	<b>1,591</b>
Revenue PDC												9,000	<b>9,000</b>
Other Receipts	630	2,759	781	444	1,331	847	460	756	616	545	650	650	<b>10,468</b>
<b>TOTAL RECEIPTS</b>	<b>46,232</b>	<b>53,612</b>	<b>46,622</b>	<b>45,793</b>	<b>50,137</b>	<b>50,518</b>	<b>46,296</b>	<b>58,228</b>	<b>44,846</b>	<b>49,687</b>	<b>46,176</b>	<b>58,867</b>	<b>597,014</b>
<b>PAYMENTS</b>													
Pay Costs - Substantive	(25,133)	(24,338)	(24,209)	(24,112)	(24,233)	(26,664)	(27,741)	(25,635)	(25,245)	(25,430)	(25,306)	(25,306)	<b>(303,352)</b>
Pay Costs - Temporary Staffing	(4,916)	(3,575)	(4,354)	(3,287)	(3,809)	(1,567)	(5,409)	(7,222)	(1,568)	(6,174)	(4,850)	(4,850)	<b>(51,582)</b>
Creditors	(17,421)	(15,791)	(14,221)	(15,501)	(9,656)	(14,934)	(13,252)	(12,390)	(13,114)	(12,308)	(16,500)	(16,556)	<b>(171,643)</b>
Creditors - Capital Spend	(9,274)	(2,785)	(1,901)	(2,229)	(577)	(2,321)	(1,061)	(1,322)	(7,237)	(1,593)	(3,000)	(6,000)	<b>(39,300)</b>
NHSLA	(1,324)	(1,324)	(1,324)	(1,324)	(1,324)	(1,324)	(1,324)	(1,324)	(1,324)	(1,315)	0	0	<b>(13,230)</b>
PDC Dividends	0	0	0	0	0	(2,566)	0	0	0	0	0	(3,726)	<b>(6,292)</b>
PFI CHARGE	(5,097)	(4,426)	(4,451)	(4,473)	(4,728)	(4,230)	(4,461)	(4,466)	(4,573)	(2,955)	(4,450)	(4,450)	<b>(52,761)</b>
<b>TOTAL PAYMENTS</b>	<b>(63,164)</b>	<b>(52,239)</b>	<b>(50,460)</b>	<b>(50,926)</b>	<b>(44,327)</b>	<b>(53,606)</b>	<b>(53,247)</b>	<b>(52,360)</b>	<b>(53,062)</b>	<b>(49,775)</b>	<b>(54,106)</b>	<b>(60,888)</b>	<b>(638,160)</b>
<b>NET CASH FLOW IN PERIOD</b>	<b>(16,932)</b>	1,373	<b>(3,838)</b>	<b>(5,133)</b>	5,810	<b>(3,088)</b>	<b>(6,951)</b>	5,868	<b>(8,216)</b>	<b>(88)</b>	<b>(7,930)</b>	<b>(2,021)</b>	<b>(41,146)</b>
<b>OPENING CASH BALANCE</b>	51,046	34,114	35,487	31,649	26,516	32,325	29,237	22,286	28,154	19,939	19,851	11,921	<b>51,046</b>
<b>CLOSING CASH BALANCE</b>	<b>34,114</b>	<b>35,487</b>	<b>31,649</b>	<b>26,516</b>	<b>32,325</b>	<b>29,237</b>	<b>22,286</b>	<b>28,154</b>	<b>19,939</b>	<b>19,851</b>	<b>11,921</b>	<b>9,900</b>	<b>9,900</b>

- Clinical Income receipts forecast has been aligned to the Income and expenditure assumptions as per the operating plan.
- Total Receipts in month 10 increased from £44.8m to £49.6m. The significant increase is due to the VAT reclaim and receipt of payroll support in M10.
- VAT reclaim for month 8 was received in M10 which is slightly higher than forecast due to incorporating the Q1/Q2 COS reviews performed by KPMG.
- PDC Capital receipts include £1.6m for projects with signed Memorandums of Understanding.
- Pay costs have been forecast based on trend with no allowance for planned efficiencies not yet delivering.
- Temporary staffing pay costs were lower in month 9 due the timing of invoices being processed over christmas and has caught up in January 2023.
- The PDC dividend payment in month 6 was reduced by the year end closing receivable of £1.3m. Dividends in year will be collected on the basis of the operating plan calculations.
- Based on current forecast projections and the information available at present, the Trust will need cash support from March 2022-23 to avoid falling below the daily minimum cash balance of £1.9m. A cash support application has been submitted to the Department of Health requesting cash to support the forecast deficit of £14.6m and capital cash of £5.3m.

Capital Position

Table 14: Capital Overview - M10 2022-23 YTD

Capital Expenditure (£M)	YTD Actual (£m)	Prior Month YTD Actual (£m)	Movement In Spend
Medical Equipment	2.8	2.3	0.5
Property Services	13.8	13.4	0.3
Information Technology	1.8	1.7	0.1
General	0.7	0.6	0.1
<b>Total Capital Expenditure</b>	<b>19.1</b>	<b>18.1</b>	<b>1.1</b>

Table 15: Capital Overview - M10 2022-23 Full Year

Capital (£m)	Full Year Forecast
<b>Funding Streams</b>	
Funded By Trust	20.0
Funded By PDC	2.6
PFI	1.6
ERF	0.0
Funded by Donations / Grants	2.3
<b>Total Capital Funding</b>	<b>26.5</b>
<b>Expenditure</b>	
Medical Equipment	3.4
Property Services	18.7
Information Technology	5.9
General	1.9
<b>Total Capital Expenditure</b>	<b>29.9</b>
<b>Total</b>	<b>(3.3)</b>
<b>Options to Resolve</b>	
Additional Funding	1.47
VAT Reclaim	1.92
Retentions Release	0.12
<b>Adjusted Total</b>	<b>0.2</b>

Table 16: Capital Detail

Capital Expenditure Plan	£000's									
	BOB/ICS	Lifecycle	PDC Plan	ERF	Donated	NHSx	TIF	Salix	Grant Pathlake	2022/23 Total
Medical Equipment	1,091		661		1,693					3,445
Property Services	10,622		851					498		11,971
Information Technology	8,287		801						117	9,205
General		1,640	278							1,918
<b>Total</b>	<b>20,000</b>	<b>1,640</b>	<b>2,591</b>	<b>0</b>	<b>1,693</b>	<b>0</b>	<b>0</b>	<b>498</b>	<b>117</b>	<b>26,539</b>

£000's			
YTD Expend	Forecast M11-M12	Full Year Forecast	Full Year Variance
2,832	593	3,425	20
13,791	4,908	18,699	(6,728)
1,809	4,080	5,890	3,315
687	1,168	1,855	63
<b>19,119</b>	<b>10,749</b>	<b>29,869</b>	<b>(3,330)</b>

**YTD position:** The capital programme is reporting a spend of £19.1m (compared to £18.1 prior month).

**Forecast Outturn:** The programme is currently reporting a potential overspend risk of £3.3m by the end of the year if the overspend is not mitigated. At the time of reporting, potential mitigations of £3.51m have been identified to offset the overspend.

Total CRL Funding of £26.5m includes BOB/ICS £20m, PFI Lifecycle £1.6m, Donated £1.7m, Salix Grant 0.5m and Pathlake Grant £0.6m.

## Glossary and Definitions

A&E	Accident and Emergency
BHT	Buckinghamshire Healthcare NHS Trust
BOB	Buckinghamshire, Oxfordshire, Berkshire West
BPPC	Better Payment Practice Code
CCG	Clinical Commissioning Group
CEA	Clinical Excellence Awards
CRL	Capital Resource Limit
DH	Department of Health
EIS	Elective Incentive Scheme
ERF	Elective Recovery Fund
HEE	Health Education England
HMRC	Her Majesty's Revenue and Customs
HSLI	Health System Led Investment
ICS	Integrated Care System
NHS	National Health Service
NHSE	NHS England
NHSE/I	NHS England & Improvement
NHSI	NHS Improvement
NHSLA	NHS Litigation Authority
OUH	Oxford University Hospital
PBR	Payment by results
PBR excluded	Items not covered under the PBR tariff
PDC	Public Dividend Capital
PFI	Private Finance Initiative
PP	Private Patients
ROE	Retention of Earnings (relating to staff under Trust PFI agreements)
WTE	Whole Time Equivalent
YTD	Year to Date

**Meeting:** Trust Board Meeting in Public

**22 February 2023**

<b>Agenda item</b>	Private Board Summary Report 25 January 2023
<b>Board Lead</b>	Trust Board Business Manager
<b>Type name of Author</b>	Senior Trust Board Administrator
<b>Attachments</b>	None
<b>Purpose</b>	Information
<b>Previously considered</b>	N/A

### Executive Summary

The purpose of this report is to provide a summary of matters discussed at the Board in private on 25 January 2023.

The matters considered at this session of the Board were as follows:

- Operational Planning
- Organisational Development Programme and Objectives
- Standards of Behaviour & Conduct Report
- East Kent Report
- Data Security and Protection Toolkit
- Urgent Treatment Centre Contract
- L&Q Accommodation
- ENT insourcing 18-week support
- Bucks Health and Social Care Academy Governance Arrangements
- Stoke Mandeville Retention of Employment Deed of Variation

<b>Decision</b>	The Board is requested to note the contents of the report.
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### Relevant Strategic Priority

<b>Outstanding Care</b> ☒	<b>Healthy Communities</b> ☒	<b>Great Place to Work</b> ☒	<b>Net Zero</b> ☒
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### Implications / Impact

<b>Patient Safety</b>	Aspects of patient safety were considered at relevant points in the meeting
<b>Risk: link to Board Assurance Framework (BAF)/Risk Register</b>	Any relevant risk was highlighted within the reports and during the discussion
<b>Financial</b>	Where finance had an impact, it was highlighted and discussed as appropriate
<b>Compliance</b>	Compliance with legislation and CQC standards were highlighted when required or relevant
<b>Partnership: consultation / communication</b>	N/A
<b>Equality</b>	Any equality issues were highlighted and discussed as required.
<b>Quality Impact Assessment [QIA] completion required?</b>	N/A

**Meeting:** Trust Board Meeting in Public

**22 February 2023**

<b>Agenda item</b>	BHT Charitable Fund Annual Report & Accounts 2021-22
<b>Board Lead</b>	Kishamer Sidhu, Interim Chief Finance Officer
<b>Type name of Author</b>	Arati Das, Interim Deputy Chief Finance Officer
<b>Attachments</b>	Annual Report & Accounts (Attachment 1) Letter of Representation (Attachment 2)
<b>Purpose</b>	Information
<b>Previously considered</b>	Charitable Funds Committee – 27.01.2023

### Executive Summary

The Board is asked to note the audited BHT Charitable Funds Annual Report and Accounts 2021-22 as approved by the Charitable Funds Committee on 27 January 2023. The Accounts were audited by Haines Watts Chartered Accountants who issued a clean audit opinion.

<b>Decision</b>	 The Board is requested to note the approved Charitable Funds Annual Report & Accounts 2021-22
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### Relevant Strategic Priority

<b>Outstanding Care</b> <input checked="" type="checkbox"/>	<b>Healthy Communities</b> <input type="checkbox"/>	<b>Great Place to Work</b> <input type="checkbox"/>	<b>Net Zero</b> <input type="checkbox"/>
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### Implications / Impact

<b>Patient Safety</b>	n/a
<b>Risk: link to Board Assurance Framework (BAF)/Risk Register</b>	n/a
<b>Financial</b>	Charity Law
<b>Compliance</b> <small>Select an item. Select CQC standard from list.</small>	Charity Law
<b>Partnership: consultation / communication</b>	Collaborative working with Haines Watts to complete the audit
<b>Equality</b>	n/a
<b>Quality Impact Assessment [QIA] completion required?</b>	Not required



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# 1. Welcome

On behalf of the Corporate Trustee of Buckinghamshire Healthcare NHS Trust Charity, we present the Charitable Fund's (Trustee) Annual Report, together with the Audited Financial Statements, for the year ended 31 March 2022.

This report aims to provide you with an insight into our Charity and showcase just some of the many projects and activities we have supported throughout this financial year. This report tells the story of how the money raised through the Charitable Fund in 2021/22 has enabled us to make a difference to our patients and colleagues.

It provides information about how the Charity has performed this year, key activities and developments and our plans for 2022/23. The Charity produces its annual report as a dual-purpose document to meet the requirements of the SORP FRS 102 but also to be used as part of the fundraising report. This means that the trustee's annual report can be distributed with the accounts or as a free-standing document. Therefore, the Charity includes summary financial statements in its annual report.

We exist to provide resources and facilities in order to enhance the services that are provided by Buckinghamshire Healthcare NHS Trust (BHT) to patients, service users and their families as well as to support the staff in delivering these services.

BHT provides quality, care and excellence in its treatment and engagement with patients, donors, their families and other people we come in contact with.

In this second year of the Covid-19 pandemic, the projects developed to mitigate its impact have been completed or are being executed. We have restarted with our usual activities supporting regular projects in order to provide the resources and facilities to meet the needs of our patients, their families and staff.

Given the strong balance sheet and level of funds of £9,275,000 (2020/2021: £9,330,000), the Charity remains in a strong financial position to continue its on-going support to the Trust's activities.

Although our income levels have decreased, as expected, because of the pandemic and post pandemic events, we had another successful year supporting different projects and activities in the Trust. We raised £627,000 (2020/2021: £1,080,000) and we spent £1,063,000 (2020/2021: £1,022,000) in grants to support the care and treatment of patients and service users, the welfare and development of our staff and research activities. The public continue to be our main supporters, this is mainly gifts and legacies from grateful patients and their families.

## The key highlights of our year

- £780,000 spent on patients' welfare and amenities.
- £110,000 spent on staff welfare and amenities.
- £165,000 spent on research to develop therapies and treatments to help our patients in the future.
- £7,000 spent on Staff training and development.
- We have started with the implementation of the business and fundraising strategy in this financial year, with the objective to double the income to £2 million annually and increase our unrestricted funding by 70% by 2026. The fundraising strategy was agreed to be implemented in three phases. This strategy includes the launch of our very first major appeal with the vision to support the purchase of equipment for the new Children's Unit at the Stoke Mandeville Hospital. For more details refer to the fundraising activities in section 8 on page 33.
- We were appointed as the lead charity for Stage 2 – Community Partnership Grants from NHS Charities Together (NHSCT) to work with other NHS charities, as well as other charities and voluntary organisations and health and social care organisations, in the Buckinghamshire, Oxfordshire and Berkshire West (BOB) region.
- The Charity received further grants from NHSCT - Stage 3 - Recovery and Resilience Grants in order to support the staff and patient welfare. The Charity was awarded £138,662. The initial 50% of the funding received related to these grant applications (£69,331) has been recognised and deferred until the Charity receives the recharges from the Trust related to these projects in 2022/2023.
- The Charity met its reserves levels of £645,000 (2020/2021: £715,000) which is some 16.86% of the balance shown in the Unrestricted Charitable Funds. We will continue to monitor our future funding strategies, detailed expenditure and commitment plans to ensure that our reserves continue to be met.
- As Covid-19 moves from pandemic to an endemic disease, we will continue to focus on helping our Trust in enhancing the services that are provided to the population of Buckinghamshire in order to live fulfilling and healthy lives.

Presenting this report also provides an opportune time for the Trustee to extend an important thank you to all our benefactors, fundraisers, supporters, volunteers and staff for their continued generosity and for their commitment and time in raising these funds to support the activities of the Charitable Fund. The level of support the Charity receives is exceptional and for this we are extremely grateful.

Your donations make this work possible and your future donations are the key to our continued success.

We hope that you will be inspired by our plans to help patients live fulfilling and healthy lives and want to be a part of our story. If you would like to donate, details on how to do this are in this report and on our website. Please support us, every pound counts.

## 2. About the Charity

### 2.1. Buckinghamshire Healthcare NHS Trust Charitable Fund

The Trustee presents its Annual Report and Accounts for the year ended 31 March 2022. This Trustee's report and its Financial Statements have been prepared in accordance with the Charities Act 2011 as amended by the Charities Act 2016, the Charity (Accounts and Reports) Regulations 2008, the Statement of Recommended Practice on Accounting and Reporting for Charities (SORP FRS 102), the Charity Commission's general guidance, the Charity's Trust Deed and applicable United Kingdom accounting standards.

They include all the separately established funds of Buckinghamshire Healthcare NHS Trust Charitable Fund which became the registered name of the Charity on 12 October 2012. The Charity was formerly known as South Buckinghamshire Hospitals NHS Trust Charitable Fund. The Annual Report and Accounts are prepared with the intention of informing the reader about the Charity and its financial activities. They are consistent with the Annual Accounts that are prepared from the records maintained.

The Governing Document of the Charitable Fund was registered with the Charity Commission on 5 March 2007. This document encompasses the main objectives of the Charity for the provision of patient care, staff welfare, research and general charitable hospital purposes at Buckinghamshire Healthcare NHS Trust, with the Board of Directors acting as the Trustee.

The Trustee is given the authority to efficiently and effectively manage the Charitable Fund.

The Charity will continue to review its governance arrangements to ensure that they are appropriate and fit for purpose.

The Charity appointed Haines Watts as its statutory auditors for the 2021-22 financial year.

### 2.2. Reference and administrative details

The Buckinghamshire Healthcare NHS Trust Charitable Fund is a registered Charity with the Charity Commission.

**Registered Charity Number:** 1053113

**Charity Correspondence Address:**

Neil Macdonald, Chief Executive, Buckinghamshire Healthcare NHS Trust  
Whielden Street, Amersham, Buckinghamshire, HP7 0JD

**Telephone:** 01494 734 777

**Website:** <https://www.buckshealthcare.nhs.uk/get-involved-2/charity/>

### 2.3. The Corporate Trustee is the Board of Buckinghamshire Healthcare NHS Trust

**Figure 1: The Board members on the date of the Financial Statements approval, and during this financial year**

Name	Trust position title	See note
Mr David Highton	Trust Chair	1
Ms Hattie Llewelyn- Davies	Trust Chair	1
Dr Dipti Amin	Non-Executive Director	
Mr Rajiv Jaitly	Non-Executive Director	
Mr Graeme Johnston	Non-Executive Director	3
Mr John Lisle	Non-Executive Director	3
Mr Tom Roche	Non-Executive Director	
Mrs Nicola Gilham	Non-Executive Director	
Prof. David Sines	Associate Non-Executive Director	2
Dr Adrian Hayter	Associate Non-Executive Director	2
Mr Mo Girach	Associate Non-Executive Director	
Ms Sandra Silva	Board Affiliate	9
Dr Mark Johnson	Board Affiliate	4
Mrs Hannah Hornby	Board Affiliate	9
Mr Neil Macdonald	Chief Executive	
Ms Karen Bonner	Chief Nurse	
Dr Tina Kenny	Medical Director	5

<b>Mr Andrew McLaren</b>	Chief Medical Officer	5
<b>Mr Dan Gibbs</b>	Chief Operating Officer	6
<b>Mr Raghuv Bhasin</b>	Chief Operating Officer	6
<b>Mr Barry Jenkins</b>	Chief Financial Officer	10
<b>Mr Kishamer Sidhu</b>	Interim Chief Financial Officer	10
<b>Mrs Bridget O'Kelly</b>	Chief People Officer	
<b>Mr David Williams</b>	Director of Strategy	7
<b>Mr Ian Roddis</b>	Chief Digital Information Officer (Interim)	8
<b>Mr Duncan Dewhurst</b>	Chief Digital Information Officer	8
<b>Ms Ali Williams</b>	Chief Commercial Officer	

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

1. Hattie Llewelyn-Davies left the Trust on 31 December 2021 and David Highton joined in her place as Trust Chair.
2. Dr Adrian Hayter, Associate Non-Executive Director, joined on 1 April 2021 in place of Prof. David Sines (left 31 March 2021).
3. John Lisle, Non-Executive Director, joined on 1 April 2021 to replace Graeme Johnston (left 31 March 2021).
4. Dr Mark Johnson joined on 1 August 2021 as an additional Board Affiliate.
5. Mr Andrew McLaren was appointed as Interim Chief Medical Officer on 1 April 2021 to replace Dr Tina Kenny as Medical Director, who left her role at the Trust. This appointment was made substantive on 15 October 2021.
6. Dan Gibbs, Chief Operating Officer, left his role at the Trust on 19 September 2021 and was replaced by Gavin Macdonald on an interim basis between 15 October 2021 and 31 March 2022. On 14 March 2022, Raghuv Bhasin joined the Trust as Chief Operating Officer.
7. David Williams, Director of Strategy, left his role at the Trust on 7 March 2022.
8. Ian Roddis joined on 8 March 2022 as Interim Chief Digital Information Officer; a new Executive Director position on the Trust Board. Duncan Dewhurst took up the permanent position on the 11 July 2022.

9. Ms Sandra Silva, Board Affiliate, left her role on 31 August 2022 and was replaced by Mrs Hannah Hornby on 1 September 2022
10. Mr Barry Jenkins left his position on the 25 November 2022 to be replaced by Mr Kishamer Sidhu on 17 November 2022

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## 2.4. Professional advisors

### Government Banking Services

Royal Bank of Scotland, 36 St Andrew Square, Edinburgh, EH2 2YB

### Investment Manager

Cazenove Capital Management Ltd, 1 London Wall Place, London, EC2Y 5AU

### Auditors

HW East Midlands Audit LLP, First Floor, Woburn Court, Bedford, MK42 7PN

### Solicitors

Capsticks, 1, St George's Road, Wimbledon, SW19 4DR

## 2.5. Updates to the 2021/22 Annual Report and Accounts to reflect the impact of the COVID-19 pandemic

The Annual Trustee's Report and Accounts continues to tell the story how the pandemic has affected the Charity's focus and to reflect the impact of the pandemic on the Charity's operations, activities, financial position, income, risk management and the unrestricted reserves during the year.

The Charity was awarded further grants of £138,662 from NHS Charities Together (NHSCT) related to the Stage 3 Recovery Grant. These grants are provided to support recovery plans within the NHS Trusts and wider community. The initial 50% payment (£69,331) was received in this financial year.

As expected, this year the income received related to Charitable Funds Activities is less than last year as the levels of gifts and gifts in kind that resulted from the Covid-19 first lockdown in spring 2020 did not continue. We remain extremely grateful for all the support that the general public have given us.

Third parties fundraising activities resumed in 2021/22 but the pandemic restrictions continued to affect the development of these activities. In 2022/23, due to the implementation of our new business and fundraising strategies, we are expecting the levels of income to improve. However, we will continue to review our plans especially in the light of the increasing cost of living at the end of the current financial year.

The value of investments has steadily risen as the market has recovered and is back at pre-pandemic levels by 31 March 2022. The impact of Covid-19 on the financial markets is less of a concern.

The Charity's significant spending was on patients' welfare and amenities and the spending on staff welfare, although substantial, has returned to pre-pandemic levels.

The effects of the pandemic did not affect the ability of the Charity to meet its levels of reserve.

The risks identified during the completion of the risk assessment were not assessed to be higher than in previous years. Apart from having a strong balance sheet and good levels of reserves to maintain the operations, the Charity also has the appropriate systems, procedures and policies in place to ensure that these risks are mitigated and managed.

The level of in-kind donations has returned to pre-pandemic immaterial levels.

## 3. Roles and responsibilities

### 3.1. Structure, governance and management of the Charitable Fund

The Charitable Fund was set up with a Declaration of Trust dated 29 January 1996 and was entered onto the Central Register of Charities on 21 February 1996. On 1<sup>st</sup> April 2011, by Statutory Instrument 2011 No. 253, the Charity officially accepted responsibility for activities formerly the responsibility of the Buckinghamshire Primary Care Trust Charitable Fund (number 1118390). The change of the Charity's name to Buckinghamshire Healthcare NHS Trust Charitable Fund in October 2012, reflects the extension of responsibilities of both the NHS Trust and the Charity.

The Charity is known as 'an umbrella Charity', which means that it is made up of a number of Charity subsidiaries and smaller charitable funds. Each of the subsidiary charities and smaller funds has its own objectives and fund holders but is subject to the overall governance of the main umbrella fund.

Details of the registered link charities within the group, their individual governing documents and objectives can be found on the Charity Commission website

<https://www.gov.uk/government/organisations/charity-commission>

The main sources of income are donations, legacies 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 objectives of the Charity and the wishes of the donors. The policy on income and expenditure is detailed in the financial procedure for the charitable fund.

The accounting records and day-to-day administration are handled by the charitable fund office within the Financial Services Department located at the Charity's principal address shown on page 3.

The Charity has a single Corporate Trustee; The Buckinghamshire Healthcare NHS Trust Board. The Trust Board, as Corporate Trustee, is ultimately accountable for charitable funds donated to the Charity.

The Corporate Trustee and individual Trustees of Buckinghamshire Healthcare NHS Trust Charitable Fund are responsible for controlling the management and administration of the Charity and have a collective responsibility for the Charity. Trustees perform their duties taking into account statutory rules, Charity Commission guidance and the Charity Governance Code.

The Trustees have been appointed under section 11 of the NHS and Community Care Act 1990. The members of the NHS Trust Board who served during the financial year as Trustees and on the date of the Financial Statements approval are listed on pages 4 and 5 of this Annual Report.

The recruitment and induction of Executive Directors to the Board is undertaken in accordance with the policies of Buckinghamshire Healthcare NHS Trust, which is also responsible for remuneration.

Non-Executive Directors are appointed, and their level of remuneration set, by the NHS. During the financial year 2021/22 no director was paid any remuneration or expenses from the Charity in relation to the activities undertaken as the Charity's Trustee.

The NHS Trust Board as Corporate Trustee has devolved responsibility for on-going management of funds to the Charitable Fund Committee. The Committee administers the funds on behalf of the Corporate Trustee and provides advice and recommendations to the Board.

The Committee must approve, on behalf of the Corporate Trustee, all income and expenditure over £50,000 with an upper limit of £100,000. The Corporate Trustee approves sums exceeding this limit. The membership of the Committee consists of two Non-Executive Directors (one of whom acts as the Chair), four Independent Members and the Chief Financial Officer. However, one of the Non-Executive Directors positions has been vacant and the recruitment process is being coordinated by the Board.

Figure 2: Charitable Fund Committee (CFC) Members on the date of the Financial Statements approval, and during this financial year

Name	Trust position title	See note
<b>Mrs Nicola Gilham</b>	CFC Chair / Non-Executive Director	
<b>Mr Barry Jenkins</b>	Chief Financial Officer	
<b>Mr Les Broude</b>	Honorary Independent Member for donors	
<b>Mr Mike Mackenzie</b>	Honorary Independent Member for patients	2
<b>Ms Maria Earley</b>	Honorary Independent Member for the interest of the staff	
<b>Dr Nana Theodorou</b>	Honorary Independent Member for the interest of the medical/clinical activities	1
<b>Mr Brian Roberts</b>	Honorary Independent Member for patients	2

**The Charitable Fund Committee changes that took place during this financial year (2021/22) and on the date of the Financial Statements approval:**

1. Dr Nana Theodorou, Honorary Independent Member for the interest of the medical/clinical activities resigned in May 2022. The Chair, and the other Charitable Fund Committee members, expressed their appreciation for her commitment, work and support on the Committee
2. It was with sadness that we report that Mr Mike Mackenzie passed away in September 2022. Mike served on the Charitable Funds Committee and contributed significantly over the years in his role advocating for patients on the Committee. Mr Brian Roberts has taken over the role of Honorary Independent Member for patients from 1 January 2023.

The Charitable Fund Committee may delegate authority to commit expenditure but cannot delegate accountability.

This Committee is responsible for ensuring that charitable funds are administered in accordance with donors' wishes and legislation. This involves the preparation of policies and procedures for the control of charitable income, investments and expenditure, and ensuring compliance with these policies. Trust staff provide the management and administration of the Charity's activities and an appropriate management charge is made. The Charitable Fund Committee has responsibility for reviewing planned and actual expenditure on an on-going basis. The Trustee also confirms that it has paid due regard to the Charity Commission's guidance on public benefit and the objectives of the Charity, as explained on page 15, in deciding which activities the Charity should undertake.

The Chief Financial Officer is responsible for the day to day management and control of the administration of the charitable funds and reports to the Charitable Fund Committee. The Chief Financial Officer has particular responsibility for ensuring that the spending is in accordance with the objectives and priorities agreed by The Charitable Fund Committee and the Board; that the criteria for spending charitable monies are fully met; that full accounting records are maintained and that devolved decision making or delegated arrangements are in accordance within the policies and procedures set out by the Board as the Corporate Trustee.

Within the Charity there are a number of designated funds relating to particular areas. The Charity manages spending through the divisional and individual fund holders who are allocated part of the total budget to spend in accordance with agreed authorisation limits. Fund holders for each of the designated funds manage these funds on a day-to-day basis within the Trust's Standing Orders and Standing Financial Instructions and powers of delegated authority set by the Corporate Trustee (The Board of Buckinghamshire Healthcare NHS Trust). The Trustee oversees the work of the fund holders and has the power to revoke a fund holder's remit and/or direct the use of funds, subject to any specific donor restriction.

The Charity ensures that its governance arrangements are appropriate and effective by:

- Putting in place Board measures to ensure that decisions are made solely in the best interest of the Charity. The Corporate Trustee allocates separate time for charitable activities and there is a dedicated sub-committee for the Charity, chaired by a non-executive director.
- The Charity's activities are governed by a specific policy, which is regularly reviewed and communicated widely.
- The Committee and fund managers are advised by dedicated staff who take advice from industry bodies as appropriate.
- Annual external audit reviews to certify compliance with regulatory reporting and governance.
- An internal audit review takes place every three to five years. The internal controls and operations of the Charity are scrutinised and assurances reported. The last internal audit opinion from 28 February 2020 stated that the Board can take substantial assurance that the controls upon which the organisation relies to manage this area are suitably designed, consistently applied and operating effectively.

On 31 March 2022, the Charity constituted 196 active funds (2021: 196) of these 4 of the funds in the year or at year-end were endowments, 115 unrestricted and 77 restricted.

Additional details on the material funds are provided in note 12 on pages 74-76.

### 3.2. Trustee induction and training

Directors' and Non-Executive Directors' training and performance reviews are undertaken with reference to their role within the Trust and also by attending various NHS Charities events.

As part of their induction programme, new Executive Directors, Non-Executive Directors and Independent Members of Buckinghamshire Healthcare NHS Trust are made aware of their responsibilities as Board Members of Buckinghamshire Healthcare NHS Trust and as the Corporate Trustee of Buckinghamshire Healthcare NHS Trust Charitable Fund. On-going updates and information will be addressed via Board development days and receipt of the annual reports and accounts in relation to the Charity.

The Charity has no specific requirement or procedure in place for the induction or training of Directors on Charitable Fund issues. However, the Board is informed regarding the activity of the Charitable Fund Committee regularly at Board meetings and the Charitable Fund Committee is updated regarding any regulation, guidance, policy or procedure during meetings as appropriate.

As part of Governance a "Board Induction Pack" with general information and guidance suggested by the Charity Commission was developed and is presented to the Board members when they start their engagement with the Trust and the necessary updates are provided during the annual induction day..

### 3.3. Charitable Fund Risk Management Policy

The Trust Board as Corporate Trustee is responsible for the Charity's risk management and the effectiveness of internal control systems; the policy was reviewed during the year. The Trust Board and Charitable Fund Committee reviews major risks and the Trust's Audit Committee works to ensure that reasonable measures are taken to manage these risks.

The Charity risk assessment was completed in March 2022 using the Charity Commission 'Charities and Risk Management' guide and approved by the Committee in May 2022. The assessed risks were included in the Charity's risk register. No risks were assessed to be high.

The Charitable Fund's strategy for managing its risk is to:

- Adopt an integrated approach to risk management through its policies, internal control and procedures.
- Manage risk as part of normal line management responsibilities.
- Ensure that the Committee reviews the significant risks identified periodically.
- Utilise internal and external audit and other assessments to provide assurance that the risks are being managed appropriately.

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The Charitable Fund Committee review reports from internal and external audit undertaken across key operations of the Charity and its risks.

The internal audit review takes place every three to five years. Should new risks be identified provision exists for internal audit review.

The Audit Committee and Charitable Fund Committee meet with the external auditors on a regular basis to discuss findings and risks that the Charity could face. This information and recommended actions are presented to the Trust Board. These processes provide the Trust Board with the assurance that internal controls and risks are monitored by management.

### **3.4. Financial risk management**

The Charity's activities expose the organisation to credit risk, market risk and liquidity risk.

The Charity's financial activities are governed by policies approved by the Charitable Fund Committee and the Trust Board and these activities are directly supervised by the Chief Financial Officer, Senior Finance Managers and the Procurement team.

The principal financial assets are bank balances, investments, and receivables. Liquidity risk is mainly attributable to bank balances and these are well controlled.

A number of our investments are subject to market activities. In order to mitigate the risk of fluctuating asset values the Charity adopts a well-defined investment policy which establishes a well-diversified investment portfolio. The Charity uses a professional investment manager, Cazenove Capital Management Ltd, to manage the portfolio. Gains and losses, both realised and unrealised, are allocated to the individual funds. This allows the fund holders to use the funds to maximum advantage, while preventing them from being over-committed due to a fall in market conditions. The investment policy defines the approach to unethical investments and, periodically, the Charity reviews the extent of such stocks within the portfolio and the impact of the policy on valuation.

The funds, and individual accounts, are carefully monitored and expenditure is only permitted when it is seen that an account has sufficient funds to support expenditure in accordance with its objectives.

The financial risk management for the Charity, including the risk of fraud, is included within the overall risk management processes embedded within Buckinghamshire Healthcare NHS Trust.

The Charity states in its policies detailed expenditure rules regarding how funds can and should be used. These are subject to regular review.

The public's support of the NHS has been demonstrated through increased donations during the COVID-19 pandemic, particularly the national emergency appeal managed by NHS Charities Together. However, social distancing measures in place in 2020 and 2021 have affected third parties fundraising activities and therefore reduced our income. The Charity is managing this risk by moving to online and contactless donations but this continues to be a risk as the public's goodwill towards the NHS may start to wane.

Additionally, the NHS is struggling post pandemic, meaning that waiting times for treatment are getting longer. There is a risk that the goodwill shown for the NHS at the start of the pandemic is starting to decrease which could make fundraising more challenging.

The Trustee has considered the risks that the Charity faces and confirms that the organisation apart from having a strong balance sheet and reserves to maintain the operations, it also has the appropriate systems, procedures and policies in place to ensure that these risks are mitigated and managed.

### **3.5. Relationships with related parties and external bodies**

During the financial year none of the Trustees or members of the key management staff or parties related to them has undertaken any material transactions with the Buckinghamshire Healthcare NHS Trust Charitable Fund.

Board Members (and other senior staff) take decisions both on Charity and exchequer matters but endeavour to keep the interests of each discrete and do not seek to benefit personally from such decisions.

All grants made are to Buckinghamshire Healthcare NHS Trust to support the activities relating to Buckinghamshire Healthcare NHS Trust in line with the objectives of the Charity.

The Charity has made payments to the Buckinghamshire Healthcare NHS Trust amounting to £1,063,000 (2020/21: £1,022,000).

### 3.6. The role and contribution of volunteers

Buckinghamshire Healthcare NHS Trust is fortunate to receive support from a number of both individual and group volunteers.

The Charity supports some of the volunteers' activities in order to emphasise all the benefits to the patients and staff that volunteers bring to our organisation. The Charity has approved grants to support the volunteers' travelling expenses, meal and beverage vouchers and volunteer events.

Like all charities, the Charity is reliant on a team of volunteers for its smooth running. Our volunteers perform two roles:

- 1. Fund Managers** – There are about 169 Buckinghamshire Healthcare NHS Trust staff who support the Charitable Fund Committee when deciding how the Charity's funds should be spent. They are staff members with a reasonable level of responsibility and have delegated authority to make spending decisions within the ward/department where the charitable fund is allocated.
- 2. Fundraisers** – The fundraising activities which are small, are normally organised directly by independent parties in order to support the activities of a particular department or ward or the general activities of the Trust for the benefit of the patients.

In accordance with the SORP, due to the absence of any reliable measurement basis, the contribution of these volunteers is not recognised in the accounts.

The number of volunteers operating their own fundraising activities for our benefit was disrupted in 2020/21 due to the lockdown and social distancing measures, however during this financial year, it seems that the volunteers' activities are resuming to pre-pandemic levels.

Due to the implementation of our fundraising strategy and in order to protect volunteers who are going to be fundraising in our name, we are providing suitable guidance on our website to ensure that their activities are compliant with the Fundraising Regulator and the Code of Fundraising Practice. Protecting and motivating our fundraising volunteers are going to be key priorities for the Charitable Fund.

## 4. Objectives, public benefit, mission, aims and strategy

### 4.1. Objectives

The objectives of the Charity fall within the category of ‘the advancement of health or saving lives’ as defined within the Charities Act 2011 as amended by the Charities Act 2016.

The objective of Buckinghamshire Healthcare NHS Trust’s main Charity fund is listed in its governing documents as ‘The Trustee shall hold the trust fund upon trust to apply the income and, at its discretion, so far as may be permissible, the capital, for any charitable purpose or purposes relating to the National Health Service’.

### 4.2. Public benefit

The Charity’s public benefit is to support patients and their families that are/were treated by Buckinghamshire Healthcare NHS Trust and additionally to support Buckinghamshire Healthcare NHS Trust’s staff and its research projects in order to improve health care.

The Trustee had due regard to the Charity Commission’s public benefit guidance when exercising any powers or duties to which the guidance is relevant and when reviewing Buckinghamshire Healthcare NHS Trust Charitable Fund’s objectives and aims. The Charitable Fund’s objectives have a direct relationship to this public benefit. Therefore, the Trustee is satisfied that these aims do not have an unfavourable effect outside of the Charity’s activities and comply with the public benefit parameters established by the Charity Commission.

The needs of patients are evaluated through the assessment of Trust staff, ward and departmental managers.

### 4.3. Vision and mission

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

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

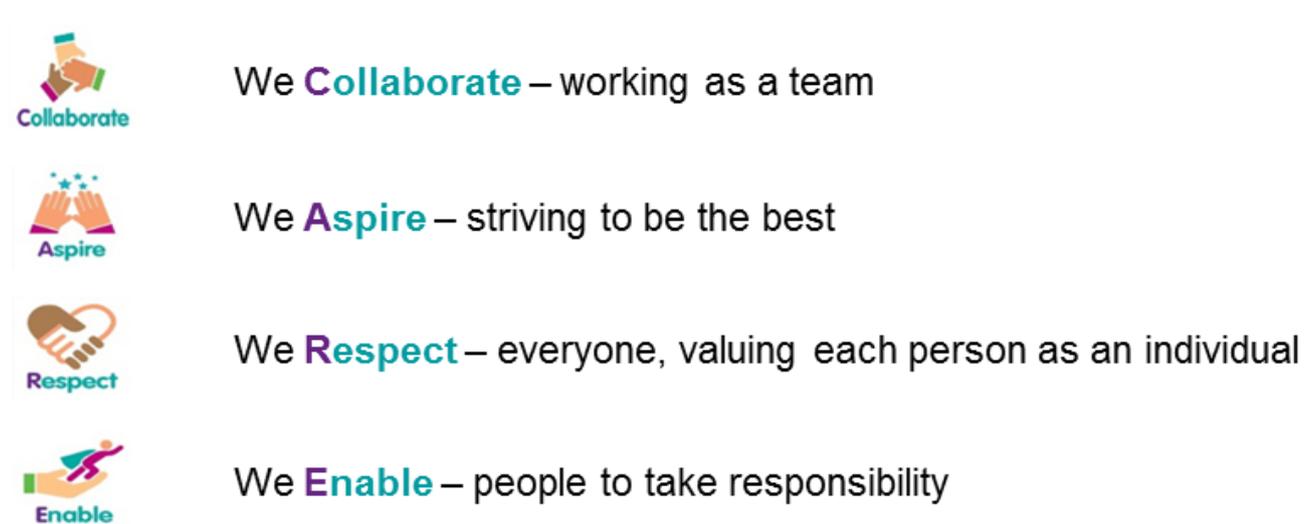
To deliver the vision, the Trust has three strategic priorities:

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

The Trust's *mission* is what we do every day at work to deliver personal and compassionate care every time.

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

### Figure 3: The Trust's CARE values – Collaborate, Aspire, Respect, and Enable



The Charity supports the Trust in achieving its mission, vision and strategic aims to the extent that the Charity formally adopts them, as appropriate and allowed, within its own objectives. The Charity supports projects and purchases which focus on these priorities.

#### 4.4. Aims

The Charity's aims seek to maximise its contribution to Buckinghamshire Healthcare NHS Trust by funding additional equipment, sponsoring research or innovative projects and to make the hospitals more comfortable and welcoming. It also supports the staff of the Trust by providing financial support to staff amenities and health and wellbeing projects.

## 4.5. Strategy

The Charity's overall strategy is to continue to provide enhancements to the Trust's strategic priorities for the medium to long term. To be able to achieve this aim it retains sufficient resources to provide financial support on a sustainable basis and works closely with Trust staff so that patient priorities are understood.

It offers support in three broad areas. It provides medical equipment that will have a direct impact on patient care and that would otherwise not be available. It also invests in the facilities that make a difference to the delivery of patient care within the Trust's premises. It will continue to support development of staff and processes to improve productivity and to assist the Trust to provide a well-trained and highly motivated workforce.

The Charity supports the success of this strategy by selecting the right projects to prioritise these objectives.

Apart from low value expenditure below a set threshold, expenditure is subject to a formal bid process which establishes the benefits clearly and the elements for successful delivery. Projects are reviewed at the Charitable Fund Committee to ensure benefits have been delivered.

## 5. Activities, achievements and performance

A variety of projects benefiting the Trust's patients, visitors and staff have been funded by the Charity. Some of the main projects of the year under review include:

### 5.1. Patient welfare and amenities

A total of **£780,000** (2020/21: £426,000) has been invested in Patient Welfare and Amenities.

Making grants and sponsoring projects related to enhancing patient wellbeing and care is the most direct way the Charity can fulfil its charitable objectives and the Charitable Fund Committee members have prioritised expenditure in this area. This category of charitable expenditure covers the purchase of medical equipment, the cost of projects which improve patient care and monitoring and improving the hospital facilities and furnishings.

Funds were invested in new medical equipment during the year for the benefit of patients. Some of the equipment provided includes:

- **LiteGait Odyssey Weight Support System for the National Spinal Injuries Centre's (NSIC) gym.** This piece of equipment provides postural control and weight-bearing assistance for fall-free therapeutic activities. It permits the clinician to be hands-free when working with clients of all functional levels and diagnoses, to focus on better quality and increased quantity of practice. The design of the LiteGait lets body weight support to be directed only where needed while facilitating normal weight-bearing where appropriate. The overhead straps provide postural control and support for symmetric upright positioning even for those who cannot support themselves.
- **Four new ventilators for the St Andrew Ward in the NSIC.** The ventilators Astral 150 model are lighter and can provide an additional 2 hours battery life. This means that patients would be able to leave the ward for longer periods and participate in more rehabilitation activities off the ward (i.e. activities in the community therefore enhancing their rehabilitation experience). In addition these newer models have multiple programmable settings, flexible circuit options (single active valve, single passive port, double limb), bespoke circuit eliminating risk of wrong circuit placement, network connection available for Wi-Fi access and very good information feedback allowing ease of set-up and setting changes.
- **Butterfly IQ+ devices.** These devices, which replaced the old ultrasound infrastructure used by Acute Medicine/Emergency Department, can potentially improve patient care within the Trust with more accurate diagnosis. This has proved even more essential with the COVID-19 pandemic. By distinguishing COVID from other respiratory illnesses triaging can be better co-ordinated. Butterfly can not only be used for lung physiology but help provide better diagnose with cardiology, abdominal and vascular illnesses to name a few ailments.
- **Two Toto Bed Lateral Turning Systems for the National Spinal Injuries Centre.** These are motorised units placed under a patient's mattress. They gently move and rotate a patient without the intervention of staff. This is an alternative to physically handling patients, especially at night, which may disturb their sleep.

The Charity also invested in different projects established to enhance the care provided to the patients of Buckinghamshire Healthcare NHS Trust and improve performance. Some of the highlights include:

- **Radiology Reporting Room Construction and Workstations.** The creation of a three-booth reporting room with workstations for the Radiology Department at SMH, allows the flexibility to house all onsite Radiologists. The workstations will allow Radiologists to report effectively, support the new report turnaround times (TAT) for cancer and help new Consultants to have effective use of their time. These workstations also support the use of cross site Radiologists moving between hospitals and allow flexibility for the Radiologists to report from which ever site they are needed.

- **New MRI Scanner installation costs at SMH and funding towards the building works required for this equipment.** This works ensures that the new scanner is properly accommodated. The new scanner will provide improvements in service provision for the Stroke, Cardiac, Breast and Prostate Cancer screening services. The better imaging provided from the scanner will ensure better and more accurate detection and diagnosis for the patients.
- **Therapy sessions for patients of the Stroke Unit at Wycombe Hospital.** These sessions involve music, poetry and dance provided by trained healthcare professionals. They will help with patients in their rehabilitation by allowing them to express themselves more effectively. More importantly, the sessions will support and encourage patients to improve their health in the earlier stages of stroke recovery.
- **Support running costs for 2021 of the Stoke Mandeville Hospital Radio (SMHR).** This enabled SMHR to continue operating during the pandemic. The SMHR exists to provide an entertainment and information service for the benefit of the patients, staff and visitors to Stoke Mandeville Hospital. The radio is entirely run by a small group of volunteers and has no paid staff.
- **Support the Property Services to carry out some improvements to the hospitals' environments.** These improvements will accommodate the needs of patients who for example are hearing impaired or suffering from dementia. The improvements include the purchase of portable hearing loops, dementia friendly clocks and additional park benches for the Trust's open areas.
- **Implementation of LED Sky Ceiling Tiles for the Intensive Care Unit (ICU) Ward at Stoke Mandeville Hospital.** These tiles simulate and give all staff and patients a sense of being in the outdoors. Outdoor scenes stimulate the brain whilst reducing anxiety and stress in the workplace. Implementing a more natural, naturalistic environment in ICU can restore a more normal pattern of light exposure to patients in ICU to help restore their sleep imbalances. This will influence things such as mood, circadian rhythm and mental wellness positively for both the staff and patients.

## 5.2. Staff welfare and amenities

A total of **£110,000** (2020/21: £277,000) has been spent on Staff Welfare and Amenities.

The Trustee fully supports the view that a healthy and motivated workforce is a more effective workforce and there is a real benefit to patient care. Therefore, the Charity has continued to support "the Health and Wellbeing project" which is achieving benefits to staff morale and health through the provision of mindfulness sessions.

Our primary objective was to support the Trust to keep our patients and our colleagues safe, ensuring that Trust could continue to provide care to those that needed it most. Whilst this

remains one of the Trust's top priorities, as COVID is still prevalent in the community, the Trust has been dealing with the fall-out from the pandemic.

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

The Charity invested in different projects that were established to support our staff during this time. Some of the highlights include:

- **Staff Wellbeing Outside Spaces for Relaxation.** Usable and sustainable outside spaces were and continue being developed in order to benefit the mental health of our staff. These spaces are good for lifting moods, lowering anxiety and stress.
- **Funding for staff well-being sessions.**
- **Overhaul of the staff intranet website.** This redevelopment aims to give our colleagues the tools they need to do their job effectively and safely, remove barriers to knowledge and information by enabling full accessibility for all members of our workforce regardless of disability, background, culture, language, shift pattern, working hours or location. This project will help to improve patient safety and experience, support workforce development and help secure the future of our workforce, facilitate the compliance with accessibility standards and requirements as well as address inequalities.
- **Support the activities of the “Freedom to Speak Up Guardians”.** They ensure that the Trust staff have a voice when they raise any concerns that they may have within the Trust. The Freedom to Speak Up Guardian role is essential to us understanding the concerns of all staff. Through them we hear and understand the narrative and qualitative impact of working for BHT, particularly with the extra demands of COVID-19. It is important that we understand concerns relating to staff feeling safe during their work so we are able to provide them with appropriate support.
- **Funding towards the costs of employing of a Fixed Term Workforce Analyst.** This position has the responsibility of assessing the impact that COVID-19 has had on the Trust's staff in terms of both physical and psychological health, with a particular emphasis in the Black and Asian Minority Ethnic (BAME) colleagues. This post is expected to interpret the data uncovered and help the Trust to make suitable recommendations to various functions with the Trust (for example Occupational Health, Infection Prevention and Control Team, Senior Managers etc).

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- **Lighting Up the Towers Project.** This funding was provided to purchase building lighting to light up Stoke Mandeville and Wycombe Hospitals with the Pride flag colours to celebrate LGBTQ history month and Pride week to demonstrate the Trust's support for inclusivity. In addition, the colours of the lights can be changed to light up these hospital's buildings in different colours for other events, for example blue to celebrate the birthday of the NHS, green to celebrate our CQC status, pink for breast cancer awareness or organ donation, and any other event that the Trust would like to support in the future.
  - **Purchase of assorted items for various staff rooms within the Trust.**

Additionally, the Charity has invested, and supported activities aimed at improving individual and team morale, through trust-wide and departmental staff awards for excellent patient care (CARE Awards).

### 5.3. Training and education

A total of **£7,000** (2020/21: £5,000) has been spent on staff training and development.

The Charity plays a significant role in the development of staff within the Buckinghamshire Healthcare NHS Trust. Support is provided to a variety of activities including conferences, workshops and individual training. Support has both enhanced and broadened personal development and has improved skills directly related to patient care. Some of these training activities included:

- **MSc in Stroke and Cardiology** with the University of Hertfordshire, UK.
- **35th European Neurology Congress** in Amsterdam, The Netherlands.
- **2022 Euro PCR Meeting** (Sharing knowledge, experience and practice in cardiovascular interventional medicine) in Paris, France.
- **International Nurses Day 2022 Conference** in Liverpool, UK.

#### 5.4. Research

A total of **£165,000** (2020/21: £312,000) has been invested in research during 2021/22.

The active research studies were aimed to improve patients' quality of life. Some of the research studies supported by the Charity during the year under review include:

- **Equipment to kit out the new Research and Innovation (R&I) Hub that opened at Stoke Mandeville Hospital (SMH).** The Hub is a purpose-built facility dedicated to research and innovation in the health and care sector. It will bring together some of the brightest and best minds from academia and local industry across Buckinghamshire and beyond to work and collaborate with each other, as well as with the Trust.
- **Continue to support the Managerial Research Post to work collaboratively within the National Spinal Injuries Centre and the Research & Innovation Department.** This position is supported in order to enable the Research & Innovation Department to build an infrastructure to find better ways for increasing the number of trials related to spinal cord injuries and for patients to access new interventions for treatment and rehabilitation.

Research grant holders are required to provide an annual report explaining the course and outcome of their work. This is reviewed by the Trust's Research & Innovation Department and a summary report is submitted to the Charitable Fund Committee. These performance reports require that the number of publications and the number of presentations to national and international meetings is indicated.

Additional details about these projects are shown in note 19 on pages 82-88.

#### 5.5. Other activities

A total of **£1,000** (2020/21: £2,000) has been spent on other charitable activities. This category includes small miscellaneous transactions.

## 5.6. Charity's performance

**Figure 4: Summary of the Charity's performance in the 2021 to 2022 fiscal year**

Activities	Result
<p><b>Patients' wellbeing</b></p> <p>To support patients and their families that are treated by Buckinghamshire Healthcare NHS Trust, ensuring that they have access to the best possible treatment and care.</p>	Achieved
<p><b>Staff health and wellbeing</b></p> <p>The Charity planned to support the Trust with health and wellbeing activities which have been shown to improve staff morale and lower levels of sickness.</p>	Achieved
<p><b>Staff training</b></p> <p>The Charity planned to support the training and development of staff.</p>	Achieved
<p><b>Research programmes</b></p> <p>Continue with the development of the Charity's research programmes, its activities and medical staff in order to improve the scope of successful treatments.</p>	Achieved
<p><b>Governance</b></p> <p>Assess the progress achieved through the funding of projects and communicate this efficiently to the public.</p> <p>The activities of the Charity are published on the Annual Trustee's Report and website.</p>	Achieved
<p><b>Governance</b></p> <p>Development and update of Governance, Policies, Internal Controls and Procedures. These items were updated in 2021/2022.</p>	Achieved
<p><b>Governance</b></p> <p>Provide training to Fund Holders, Medical Staff, Financial Officers and General Staff in policies and procedures.</p> <p>Training was provided as and when requested by the departments.</p>	Achieved
<p><b>Governance</b></p> <p>Restructuring and Consolidating the Trust's Charitable Funds in order to make its use more effective and efficient.</p>	Ongoing

<p>The funds assessment was completed and agreed by the Committee and External Auditors.</p> <p>The completion of this task is expected in 2022/2023.</p>	
<p><b>Governance</b></p> <p>Streamline and update the information about the Charitable Fund's activities, governance and fundraising events on the Charity's website.</p> <p>This information was updated in 2021/2022.</p>	<p>Achieved</p>
<p><b>Governance</b></p> <p>Spend the Stage 1 grants provided by NHS Charities Together to help our staff, volunteers, patients and partner organisations recover from the impact of the Covid-19 pandemic.</p>	<p>Achieved</p>
<p><b>Governance</b></p> <p>Completion of the business strategy for 2021-2026 and the fundraising strategy.</p> <p>The strategies were approved by the Board in 2021/2022.</p>	<p>Achieved</p>

## 5.7. Legacies

We have been very fortunate to have people remembering Buckinghamshire Healthcare NHS Trust by leaving a gift in their Will; income from legacies is a vital source of funding to continue with actual and future activities in order to benefit patients, staff and research.

The Trustee is extremely grateful for everyone who has thought of Buckinghamshire Healthcare NHS Trust Charitable Fund, contributing **£198,000** (2020/21: £543,000).

If you would like to consider leaving Buckinghamshire Healthcare NHS Trust a gift in your will, please get in touch with the Head of Charities at Buckinghamshire Healthcare NHS Trust, Finance Department, Whielden Street, Amersham, Buckinghamshire, HP7 0JD.  
Telephone: 01494 734 777

## 6. Financial summary

### 6.1. Review of finances

The following financial statements have been prepared in accordance with the requirements of the Charities Commission Statement of Recommended Practice (FRS 102 SORP 2019) – Accounting and Reporting by Charities.

The statement of financial activities shows that Buckinghamshire Healthcare NHS Trust Charitable Fund received income from donations, legacies, investments and other income amounting to **£627,000** (2020/21: £1,080,000).

The Charity was awarded further grants of £138,662 (2020/21: £Nil) from NHS Charities Together (NHSCT) related to the Stage 3 Recovery Grants. Since future payments of these grants are conditional on the status of the projects and submission of all the required reporting, The Charity only recognised in this financial year, the initial 50% payment received. The payments were received in order to support the following projects in the Trust:

- **Counsellor** to provide wellbeing services for the staff. Initial 50% grant awarded £21,290.
- **Allyship Programme** to understand the lived experiences and needs of colleagues from marginalized groups. Initial 50% grant awarded £13,434.
- **Social Prescribing** project to address the multiple levels of support needs of our staff. Initial 50% grant awarded £30,240.

Additionally, the Charity received £80,196 (2020/21: £Nil) from the NHSCT to cover the Operational Support Grant related to the Stage 2 Community Partnership Grant - Integrated Care System in the Buckinghamshire, Oxfordshire and Berkshire West region. In this financial year only £26,481 was recognised in order to cover the actual expenditure for the management and reporting of this grant and £53,715 was deferred to pay for the future costs of overseeing the fifteen projects that are part of this grant application.

The total expenditure amounted to **£1,152,000** (2020/21: £1,054,000). Our largest area of spend was on charitable activities in the form of grants, amounted to **£1,063,000** of which, £780,000 was for patients' welfare and amenities, £110,000 for staff welfare and amenities, £7,000 for staff training and development, £165,000 was used to fund research and £1,000 for other development.

Expenditure on raising funds amounted to **£89,000** (2020/21: £32,000), and was related to the investment management costs and fundraising activities.

Expenditure relating to Support and Governance costs amounted to **£Nil** (2020/21: £182,000) or around 0% of total expenditure (2020/21: 17.26%). These costs were

subsidised by the Trust during this financial year in order to support the Charity with the implementation of the business and fundraising strategies.

At the balance sheet date, the Charity held a level of cash, at £665,000 (2020/21: £1,011,000).

## 6.2. Investment policy and performance

The Trustee invests the charitable funds donated to them whilst proposals to utilise and expend these funds are formulated and executed. It is not the Trustee's primary aim to accumulate funds. Accordingly, a portion of the total funds are held back as working capital with the rest constituting the portfolio invested, which is the subject of the Investment policy. The policy is available from the Trust board on request.

The individual charitable funds are 'pooled' so that each fund is not separately invested, and no specific policy is applied to each fund. The rate of return allocated to each fund is a proportion of the total return achieved on the investments, based on the total value of the funds. This minimises the risk to each fund as the investment portfolio is well diversified, rather than individual funds being exposed to the volatility of returns on individual investments.

The Trustee directors aim to maintain the real term value of the capital over the medium term, although they will be prepared to realise capital gains if achieved and if there is a bona fide charitable purpose for them. Funds available for normal charitable expenditure will, therefore, be drawn from on-going donations, interest from investments that is surplus to administrative expenditure and modest realisation of capital gains. One-off reductions in investment capital can occur, on a case-by-case basis, to fund eligible major capital projects needing charitable funding.

Since April 2008, Cazenove Capital Management, the investment manager, has been appointed to manage and advise on the portfolio. The Charity has agreed a portfolio categorised as discretionary with a strategic asset allocation with Cazenove, and invests in holdings of Cazenove's investment funds and other investment funds for that asset type e.g., Equities, Fixed Interest Bonds and so on, in proportions that match those main headings. However, tactical positions may be taken within a range agreed by the Trustee. The Charity has an ethical investment strategy which seeks to keep investment in tobacco, alcohol and firearm related companies to a minimal level. Periodically, the Trustee reviews the extent of such investments.

The strategic asset allocation at 31 March 2022 was as per note 7 on pages 69-71.

## Summary of assets and allocations

Asset	Allocation
<b>Investments listed under Equities.</b>	65.4%
<b>Investments listed under UK Bonds.</b>	10.4%
<b>Property Funds.</b>	10.5%
<b>Other Alternative Funds.</b>	10.5%
<b>Cash held as part of investment portfolio.</b>	3.2%

The annual investment income and the projected annual yield at the end of this financial year adhered to the performance expectations and thresholds established in the Investment Policy.

As at 31 March 2022 the fund investments, representing most of its unspent income, were valued at £8,441,000 (2020/2021: £8,408,000). The investments, objectives and level of reserves are reviewed by the Trustee annually.

During 2021/22 the value of the invested funds experienced an increase of £33,000. This overall performance of the portfolio market value represents an increment of circa 0.39% in the last twelve months. The increment in value of invested funds was due to the recovery in markets around the world. Advice on the position of the portfolio and markets volatility was sought from the investment manager. The Charity's investment portfolios are globally diversified, with exposure to defensive assets to dampen volatility and protect against the worst of equity market falls.

Investment performance is monitored by the Charitable Fund Committee by reviewing regular reports from the investment managers. During 2021/22 the stock market has recovered and the Charity is presenting an unrealised gain.

The main form of financial risk faced by the Charity is that of volatility in equity markets and investment markets due to wider economic conditions, the attitude of investors to investment risk, and changes in sentiment concerning equities and within particular sectors or sub sectors.

The significance of financial instruments to the ongoing financial sustainability of the Charity is considered in the risk analysis section of the annual report. The main risk from financial instruments lies in the combination of uncertain investment markets and volatility in yield. Due to 'quantitative easing' and the market favouring lower risk investments, the yield on bonds has been low giving rise to a significant downside risk of a fall in capital values when interest rates return to normal levels.

The Charity's investments are mainly traded in markets with good liquidity and high trading volumes. The Charity has no material investment holdings in markets subject to exchange controls or trading restrictions.

The Charity manages these investment risks by retaining expert advisors and operating an investment policy that provides for a high degree of diversification of holdings within investment asset classes.

The investment manager provided some indication of the potential falls based on some far reaching "market" assumptions. The forecast income in March 2022 was estimated at £114,000 per annum, based on the holdings that were held. The reduction can be attributed to the investment manager adopting a total return approach and focusing less on income generating investments.

The Charity was reassured by the investment manager that they remain vigilant on the Charity's behalf, appraising both threats and opportunities.

### 6.3. Reserves and accumulated funds

The Charitable Fund Committee has established a reserves policy as part of its plans to provide long term support to the Charity.

Free reserves are that part of a Charity's unrestricted funds that are available to spend on any of the Charity's purposes. Reserves need to be maintained at a level which is sufficient to meet planned commitments and any unforeseen or unexpected expenditure in advance of the receipt of investment income and charitable donations. This assessment of the required level of reserves excludes those funds classified as restricted and endowment as they are only available for a specified purpose.

The Charitable Fund Committee calculate the reserves as that part of the Charity's unrestricted income funds that is freely available after taking account of designated funds that have been earmarked for specific projects.

The Charitable Fund Committee intends that designated funds are spent within a reasonable period of receipt and therefore expects to only maintain reserves sufficient to provide certainty of funding for the continuity of the Charity's activities.

The Charitable Fund Committee members consider that reserves should be set at a level which is equivalent to estimated planned commitments' in the next financial year covering a period of **three** months. At this level, and in the event of a significant reduction in charitable funding, the Charitable Fund Committee members feel that they would be able to continue with the current programme of activity for such time as is necessary to allow for a properly planned and managed change in the activity programme and/or the generation of additional income streams.

In the light of the above, a minimum reserves level has been set at **£645,000** (2020/21: £715,000) which is some **16.86%** of the balance shown in the Unrestricted Charitable Funds

Accounts as at 31<sup>st</sup> March 2022 of **£3,826,000**. Whilst the Charity has met its reserves policy it will continue to monitor its future funding strategies and detailed expenditure and commitment plans yearly to ensure this continues. The reserves are maintained in a readily realisable form within the Portfolio Investments.

It is the policy of the Trustee that income should be spent as quickly as causes linked to its objectives can be identified; unspent funds are invested so as to grow in value and yield further income. The funds are invested in approved pools.

We expect that unrestricted income from donations or generated through third parties fundraising activities may possibly reduce. This may impact on the Charity's ability to increase unrestricted reserves, if this is required, next year.

We have developed our business strategy and fundraising activities for 2022/23 but we have the expectation that our unrestricted, undesignated reserves may fall in 2022/23 due to the current economic conditions and increment in the cost of living. However, we would be able to offset this effect by reducing our planned charitable expenditure should this be necessary.

#### **6.4. Grant making policy**

All grants made are to Buckinghamshire Healthcare NHS Trust to support the activities relating to the Trust in line with objectives of the Charity. For example, the Charitable Fund does not directly employ the staff working on charitable funded activity; grants are made to Buckinghamshire Healthcare NHS Trust to employ those staff.

The Charity has considered each bid for funding on its own merits and has worked independently of the Trust decision-making.

The Charity does not enter into any contractual arrangement for the approved grants. The grants approved have been recognised on the Balance Sheet and/or SOFA to the extent to which the project has been delivered and the commitments for these grants are shown in note 19 on pages 82-88.

Two restricted funds were established in order to manage the expenditure of the projects that are being subsidised with the funding received from the grant applications submitted to NHS Charities Together. The remaining funding of these grants will be spent during 2022/23. We expect to continue to receive money from NHS Charities Together as they develop their fundraising strategy.

#### **6.5. The Charity's financial health**

There are ever-increasing demands on the resources of the Charity as patient numbers and their expectations increase, technology requirements develop rapidly and the NHS resources become increasingly challenged.

During 2021/22, the stock market has recovered so the Charity is presenting now an unrealised gain. This makes little difference to the day-to-day running of the Charity until the point that we must sell our investments and realise the gain or loss.

Although, the market current conditions and the increment in the cost of living may affect the ability of the Charity to generate additional income, the Charity remains in a strong financial position to continue its on-going support to the Trust in achieving its mission, vision and objectives by funding additional equipment, supporting staff wellbeing and development, sponsoring research or innovative projects and making the hospital more comfortable and welcoming for its patients and staff.

The operational governance of the Charity provides assurance that it is a financially solvent, well governed enterprise which manages its investments and legacies well.

Given the strong balance sheet and level of funds, the current levels of reserves, continued support from the public, as well as the funding expected from the national appeal managed by the NHS Charities Together campaign (Stage 2 and 3), the Charity is considered to be able to operate in its current form, adjusting the level of grants given to the Trust, if needed.

## 6.6. Consolidation of accounts

HM Treasury has concluded that in compliance with International Accounting Standard 27, the financial position and results of NHS charities should be consolidated into the accounts of the related NHS body, wherever that NHS body is the Corporate Trustee of the Charity and therefore has the power to control and benefit from the Charity which it administers as Corporate Trustee. NHS charities remain independent and Charity law requires that Trustees act in accordance with the Charity's purposes and in the best interests of the Charity and its beneficiaries and do not act on the policies or directions of any other body. Therefore, when the Corporate Trustee considers the affairs of the Charity, although it does have control over those affairs, it is required to make decisions solely in the interest of the Charity and its beneficiaries and not in the interests of the NHS Trust.

Consolidation is only required where the figures are material to the accounts of the NHS body. In the case of Buckinghamshire Healthcare NHS Trust, the NHS body is the Corporate Trustee of the Charity, and the financial result from the Charity during this financial period was considered to be material to the accounts of the NHS body, and therefore the Charity figures were consolidated within the accounts of this body.

It remains the case that the funds of the Charity can only be used for charitable purposes.

## 7. Plans for the future

As we enter the first year of the implementation of our Business and Fundraising Strategies (2021-2026) it is our aim to continue the support to the Trust in order to enhance the services that are provided and to improve the experience of patients, families, staff and the wider community served by Buckinghamshire Health Care NHS Trust's hospitals.

The Charity is expecting an increase in demand upon funds in line with its objectives.

In line with the Business and Fundraising strategies that were established and approved, the charity has significant potential to increase its annual income levels, and as a consequence will have much more opportunity to become more ambitious regarding expenditure and support to larger scale projects. The Trust's charity will be able to actively seek to make funding decisions that will support and enable the overall strategic vision of the Trust.

The Charitable Fund retains sufficient resources to provide financial support on an on-going basis; therefore the Charity will continue to provide enhancement to the Trust's strategic priorities for the medium to long term and work closely with Trust staff so that patient priorities are understood.

The Charitable Fund Committee has already authorised funding towards the cost of projects in line with the objectives of the Charity which are expected to start in 2022. These projects are shown in note 19 on pages 82-88. The Committee agreed these projects will bring a direct benefit to patients and allow the Charity to support the Trust in achieving its mission, strategy and objectives.

The Charity's plan for the coming financial year is to continue with the support for:

1. The patients and their families who are treated by Buckinghamshire Healthcare NHS Trust, providing them with access to the best possible treatment and care by purchasing medical equipment, funding projects which improve patient care and monitoring and improving hospital facilities and furnishings.
2. The Trust with health and wellbeing activities which have shown to improve staff morale and lower levels of sickness.
3. The development of staff within the Trust through a variety of activities including conferences, workshops and individual training.
4. The development of the Charity's research programmes, its activities and medical staff in order to improve the scope of successful treatments.
5. Assessing the progress achieved through the funding of projects and communicating this to the public.
6. Ensuring the preservation and update of the adequate governance, policies, internal controls and procedures in order to manage efficiently and effectively the Charity's affairs.
7. Providing support to fund holders, medical staff, financial officers and general staff in order to seek funding to enhance the services provided to the patients.
8. The full implementation of the business strategy together with the respective fundraising strategy and campaign.

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We are aware that we may have some disruption in order to meet those targets in 2022/23 due to current increment on the costs of living but we continue business as usual in order to deliver the Charity's plan.

The Trust Board and Charitable Fund Committee considered that the fulfilment during the short and medium term of all these targets should allow the Charity to continue to be in a position to comply with the Public Benefit requirement with its Charitable Activities. Additionally, it would ensure the on-going effectiveness of the internal control systems.

## 8. Fundraising activities

At the end of 2020/21 the Board received a review of the Trust's Charity. As a result, it was agreed that the strategy for the Charity should be refreshed in order to optimise all opportunities for income generation with the view to enhance the delivery of its purpose. After assessing the organisation, it was determined that the operational governance of the Charity provides assurance that it is a financially solvent, well governed enterprise which manages its investments and legacies well. However, it was also determined that the Charity has the potential to double its annual income levels and along with this, the opportunity to significantly reduce the levels of restricted funds and to make more impactful, larger scale, funding decisions.

Earlier this financial year, the business and fundraising strategy of the Charity for the next five years was approved by the Charitable Funds Committee, the Executive Management Committee and the Board. This business strategy aims to double the annual level of income to £2 million per annum by 2026, through utilising the breadth of charitable income sources available to us.

An external organisation was commissioned by the Charitable Fund to undertake an independent fundraising audit and support our Charity with the development and implementation of the fundraising strategy with objective to double the income to £2 million annually and increase unrestricted funding by 70% by 2026. After completing the appropriate external, internal, competitor and market analysis and assessments, the Charitable Funds Committee was informed that significant potential exists for the Charitable Fund to develop and achieve the fundraising income being proposed in the business strategy and recommended using a three phased approach for its implementation.

The adopted phased approach for the fundraising strategy for our charity was the following:

- **Phase one – Development (Year 1). This phase centred in the following aspects:**
  - i) Ensuring that the Charitable Fund has the right tools in place such as a fundraising database (e.g. CRM System) and independent and friendlier website.
  - ii) The recruitment of the Fundraising and Communication Team.
  - iii) Working on building positive relationships with internal stakeholders (staff) and external stakeholders (including the Associated Charities and Buckinghamshire Funders Group).
  - iv) Launching an immediate legacy campaign with an ongoing marketing strategy and setting up clear functionality for In-memoriam (IMO) giving.

- **Phase two – Appeal (Years 1 and 2).** This phase focuses on selecting our first appropriate appeal and the recruitment of the Appeal’s Committee. Appeal focus will help the Charitable Fund to raise awareness of its purpose, offer tangibility, increase funds and provide a foundation of donor data for the Fundraiser to steward going forward. This phase includes, a quiet phase (major gifts and grant applications) and a public phase (corporate, events & community) and evaluate the outputs.
- **Phase three – Capitalise (Year 3 onwards).** This builds on the foundation provided by the appeal and capitalises on other forms of giving to increase the unrestricted funds available. This will be achieved through effective engagement and stewardship of existing donors so that they become more committed supporters through multiple, regular gifts – the ultimate being a legacy gift. It will also be through the acquisition of new donors through effective social media, events and communications.

A full and detailed implementation plan with all the actions required for the execution of these three phases was submitted and approved by the Committee.

At the end of the financial year, the Charity has completed the implementation of the Fundraising Database (Harlequin CRM System) linked with the new version of the Financial System (Harlequin Accounting System) in order to capture the appropriate data to support our fundraising activities and generate the appropriate reports to manage the activities of the Charity.

The legacies campaign, which includes the development of the marketing and communications strategy and materials (leaflet and posters) to maximise the exposure to the campaign has been completed and about to be shared and distributed both internally and externally to gain as much impact as possible. Also, the affiliation to FareWill and Kwil organisations as online will writing providers were signed and their respective sites have been developed.

In addition, the quiet phase of the Children’s Unit Appeal, with the vision to build a first-class Children’s Unit at the Stoke Mandeville Hospital in Buckinghamshire, was launched. The objective of this appeal is to generate the funds to provide all the extras, above and beyond normal requirements, for this new, innovative children’s emergency department. Using interactive art features, exceptional interior design and highly innovative technology, our plans strive for an environment that enables the best clinical treatments to take place and one that makes more than 24,000 child patients a year feel as relaxed as possible during what can be a very frightening time.

Our ultimate aspiration is to raise an additional £1 million on top of the funds already allocated by our NHS Trust for the build costs. This additional funding would enable us to provide age-appropriate equipment and activities to help pass the time as well as a range of innovative art installations to provide a welcoming and comfortable environment.

We have a healthy pipeline of charitable trusts and foundations to approach and by achieving this goal will help us make this dream a reality to ensure that the children and young people of Buckinghamshire have access to first class medical facilities. As at 31st March 2022 the Charity has already submitted forty grant applications to different charitable trusts and foundations and twelve more applications were being written asking for funding to support this appeal.

Work approaching corporate organisations has commenced and twenty-three approaches have been made so far. The execution of this task was challenging as some of these organisations have already committed to Charity of the Year partnerships for 2022. We have already asked if they would consider us for 2023. This work is ongoing as we work through the pipeline and as new corporates are identified.

The development of the more modern, interactive and friendlier website and the recruitment of the fundraising and communication team is expected to be completed in 2022/23.

Although the Charitable Fund started the process of implementing the fundraising strategy during this financial year, the Charity was not actively fundraising or organising fundraising events, apart from submitting grant applications at the end of March 2022.

The Charity's fundraising activities, which are small, were organised directly by independent parties in order to support the activities of a particular department or ward or the general activities of the Trust for the benefit of the patients. We are grateful to those who undertook different activities in order to support the Charity.

The incredible generosity of our third parties fundraising community, alongside the remarkable support we received from NHS Charities Together, has enabled us to award £1,063,000 (2020/21: £1,022,000) of funding to support our hospital staff, patients and their families in a variety of different ways during this financial year.

As a member of NHS Charities Together (NHSCT), we have been very grateful to receive new grants related to the Stage 3 grants - Recovery & Resilience Fund in order to support NHS patients, staff, volunteers and the community in general. The Charity was awarded £138,662 (2020/21: £Nil) in order to complete three projects. Only 50% of these grants were received during this financial year (£69,331) and the remaining balance will be received after submitting partial reports related to the status and actual expenditure of these projects to the NHSCT in 2022/23.

Until the new website is developed and launched, the Charity currently has a website and online giving platforms that supports appropriate fundraising activities that patient, staff and organisations may use in order to organise these activities in line with the charitable objectives and regulations.

In order to mitigate risks and keep these activities in line with current regulations and guidance the Charity encourages patients, staff, and organisations to register their fundraising events using the event registration form that is located on the Charity's website.

The website draws attention to the Charity's fundraising "Terms and Conditions" and general information to keep the activities safe and legal. The website also provides a link to the "Code of Fundraising Practice" outlining both the legal rules that apply to fundraising and the standards designed to ensure that fundraising is open, honest and respectful. All fundraising is undertaken in accordance with those rules. We have collaborated with a third party on fundraising strategy and have received help and advice on our fundraising approach.

The Trustee is extremely grateful to our patients, staff, organisations and many generous supporters from across the local community.

To show the general public our commitment to appropriate fundraising practice, the Charity is registered with the Fundraising Regulator (No.FR.ID-012456).

At the end of the financial year, the Charity has partnered with Starbucks on a local level to find new ways to thank NHS staff by offering access to warm and comfortable spaces, encouraging employee fundraising and increasing connections with our local community. We are delighted to start this partnership with local Starbucks branches in Buckinghamshire and we would like to thank Starbucks and their partners for the willingness to support our activities.

## 9. Funds held on behalf of other trusts

As the 31st March 2022, the Charity is holding on behalf of the NHS Charities Together (NHSCT) the total amount of £24,310. This is related to the Stage 2 Community Partnership Grant - Integrated Care System in the Buckinghamshire, Oxfordshire and Berkshire West region.

Our Charitable Fund is acting as an agent after being nominated as an "NHS Lead Charity" by other NHS Charities in the Buckinghamshire, Oxfordshire and Berkshire West region. The nomination as an agent was agreed by the NHSCT.

By accepting this role, the Charitable Fund agreed to administer the funds from the NHSCT related to this grant application and to act in line with the respective instructions and Terms and Conditions.

A grant application for a total amount of £882,155 was prepared and agreed by the selected NHS Charities from the Buckinghamshire, Oxfordshire and Berkshire West region and submitted to the NHSCT after being reviewed and endorsed.

The total amount of the grant application together with the full operational support costs were awarded in order to deliver the following fifteen projects in partnership with different organisations:

Project	Title of the Project	Charity / Organisation Name	Grant Awarded by the NHSCT
1	Blood Bikes	Service by Emergency Rider Volunteers (Oxfordshire, Buckinghamshire, Berkshire and Northamptonshire). Charity No: 1147549	£83,499
2	Support U – Strengthening to support increased referral numbers.	Support U Charity. Charity No: 1145334	£7,000
3	Community Wellbeing Hub	Alliance for Cohesion and Racial Equality (Acre). Charity Number: 1149491	£51,750
4	Improving health outcomes and reducing readmissions in older people by providing a streamlined Referral Pathway to social support provision, post-discharge	Link Visiting Charity. Charity No: 1139248 Age UK Berkshire Charity. Charity No: 1146462	£52,793
5	Berkshire Long-Covid Integrated Service (BLIS) Community Outreach Programme	Royal Berkshire NHS Foundation Trust	£49,250
6	Enhanced Community First Responder Development and Deployment	South Central Ambulance Charity. Charity No: 1049778	£34,350
7	Increasing the Survival Rates for Out of Hospital Cardiac Arrest	South Central Ambulance Charity. Charity No: 1049778	£27,400
8	Support and Training for Care Home Teams	South Central Ambulance Charity. Charity No: 1049778	£30,250

Project	Title of the Project	Charity / Organisation Name	Grant Awarded by the NHSCT
9	Prioritising Wellbeing – Safeguarding	Oxfordshire Youth Charity. Charity No: 1151723	£45,053
10	Make Me Smile: Generation Alpha – Pass it on	One Eighty Charity. Charity No: 1147546	£60,887
11	Unlocking mental health with young people in Buckinghamshire	Oxford Health NHS Foundation Trust and youth-voice experts Unloc	£33,500
12	Addressing Health Inequalities in CYP Mental Health in Oxfordshire	Response Charity. Charity No: 1101071	£35,000
13	Elmore High Intensity User Programme	Elmore Community Services. Charity No: 04139974	£141,766
14	Turning Point Programme	HorseHeard Charity. Charity No: 1166682	£97,248
15	Development of Bereavement Support and Listening Service – Covid-19	Buckinghamshire Healthcare NHS Trust and Florence Nightingale Hospice. Charity No: 1119499	£52,213
<b>Lead Charity</b>	Operational and Reporting Support Grant	Buckinghamshire Healthcare NHS Trust Charitable Fund. Charity No: 1053113	£80,196

In Line with the Terms and Conditions, the allocations for this grant are paid by the NHSCT in two instalments – 50% at award and 50% on receipt of an interim report midway through the grant term.

The Charitable Fund received three transfers from NHSCT for the total amount of £400,980 related to first 50% payment of the total cost of these projects (£801,959) together with the full Operational Support Grant for the total amount of £80,196.

Apart from the funding of £24,310 related to the project 14 (Turning Point Programme) being delivered by the Horse-Heard Charity, as 31st March 2022, all the funding received from the NHSCT related to this grant application has been transferred to the organisations delivering each of these projects.

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Acting as an agent, the Trustee of the Charity has no discretion about the use to which the funds received are used. The Charity is only acting in accordance with the instructions or directions received from the NHSCT.

The respective agreements and memorandum of understanding were signed by all the parties involved in this grant application.

Apart from the Stage 2 grant received from the NHSCT previously disclosed, neither the Buckinghamshire Healthcare NHS Trust Charitable Fund nor its Trustees are acting as Custodian Trustees on behalf of other trusts.

**Signed on behalf of the Buckinghamshire Healthcare NHS Trust**

Name and role	Signature	Date
<b>Neil Macdonald</b> Chief Executive		27.01.2023
<b>Nicola Gilham</b> Chair of the Charitable Fund Committee		27.01.2023
<b>Kishamer Sidhu</b> Interim Chief Financial Officer		27.01.2023

## 10. Financial information, statements and notes

### 10.1. Statement of Trustee's responsibilities in respect of the Accounts

The Trustee is responsible for preparing the Trustee's Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

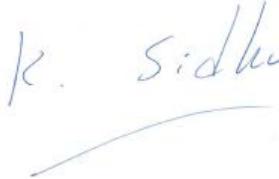
The law applicable to charities in England and Wales requires the Trustee to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the Charity and of the incoming resources and application of resources of the Charity for that period. In preparing these financial statements, the Trustee is required to:

- Select suitable accounting policies and then apply them consistently;
- Observe the methods and principles in the Charities SORP FRS 102;
- Make judgments and estimates that are reasonable and prudent;
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Charity will continue in business.

The Trustee is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Charity and enable it to ensure that the financial statements comply with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008 and the provisions of Buckinghamshire Healthcare NHS Trust Charitable Fund procedures. It is also responsible for safeguarding the assets of the Charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. The Trustee is responsible for the maintenance and integrity of the Charity's finances and any published information. The Trustee confirms to the best of its knowledge and belief it has complied with the above requirements in preparing the accounts.

The Trustee is responsible for the maintenance and integrity of the Charity and financial information included on the Charity's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

**By order of the Trustee**

Name and role	Signature	Date
<b>Neil Macdonald</b> Chief Executive		27.01.2023
<b>Nicola Gilham</b> Chair of the Charitable Fund Committee		27.01.2023
<b>Kishamer Sidhu</b> Interim Chief Financial Officer		27.01.2023

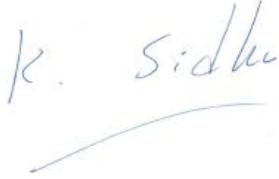
## 10.2. Statement of Trustee's responsibilities

As Trustee of the Funds Held on Trust, I am responsible for:

- The maintenance of financial records appropriate to the activities of the funds.
- The establishment and monitoring of a system of internal controls.
- The establishment of arrangement for the prevention of fraud and corruption.
- The preparation of annual financial statements which give a true and fair view of the funds held on trust and the results of their operations.

In fulfilment of these responsibilities I confirm that the financial statements set out on pages 50 to 54 attached, have been compiled from and are in accordance with the financial records maintained by the Trustees and with accounting standards and policies for the NHS approved by the HM Treasury.

### By order of the Trustee

Name and role	Signature	Date
<b>Neil Macdonald</b> Chief Executive		27.01.2023
<b>Nicola Gilham</b> Chair of the Charitable Fund Committee		27.01.2023
<b>Kishamer Sidhu</b> Interim Chief Financial Officer		27.01.2023

### 10.3. Independent auditor's report

Independent auditor's report to the Corporate Trustee  
of Buckinghamshire Healthcare NHS Trust Charitable Fund

## Opinion

We have audited the financial statements of Buckinghamshire Healthcare NHS Trust Charitable Fund (the 'charity') for the year ended 31 March 2022, which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102; 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 March 2022 and of its incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

## Basis for opinion

We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act. We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

## Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the trustee's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the charity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the charity to cease to continue as a going concern.

In our evaluation of the trustee's conclusions, we considered the inherent risks associated with the charity's business model including effects arising from Covid-19 and macro-economic uncertainties such as Covid-19, we assessed and challenged the reasonableness of estimates made by the corporate trustee and the related disclosures and analysed how those risks might affect the charity's financial resources or ability to continue operations over the going concern period.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

In auditing the financial statements, we have concluded that the trustee's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

The responsibilities of the corporate trustee with respect to going concern are described in the 'Responsibilities of the corporate trustee for the financial statements' section of this report.

## Other information

The corporate trustee is responsible for the other information. The other information comprises the information included in the Trustee's Annual Report other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material

misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

## Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Charities Act 2011 requires us to report to you if, in our opinion:

- the information given in the Trustee's Annual Report is inconsistent in any material respect with the financial statements; or
- the charity has not kept sufficient accounting records; or
- the financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we require for our audit.

## Responsibilities of the corporate trustee for the financial statements

As explained more fully in the Statement of Trustee's Responsibilities set out on page 41, the corporate trustee is responsible for the preparation of the financial statements which give a true and fair view, and for such internal control as the trustee determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the corporate trustee is responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the corporate trustee either intends to liquidate the charity or to cease operations, or has no realistic alternative but to do so.

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## Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at:

[www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

## Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Owing to the inherent limitations of an audit, there is an unavoidable risk that material misstatements in the financial statements may not be detected, even though the audit is properly planned and performed in accordance with the ISAs (UK).

The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the charity and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (The Charities Act 2011, the Charities SORP and United Kingdom Accounting Standards, including Financial Reporting Standard 102; 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice));
- We enquired of management and the chair of the Charitable Fund Committee concerning the charity's policies and procedures relating to:
  - i) the identification, evaluation and compliance with laws and regulations;
  - ii) the detection and response to the risks of fraud; and
  - iii) the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.
- We enquired of management and the chair of the Charitable Funds Committee as to whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.

We assessed the susceptibility of the charity's financial statements to material misstatement, including how fraud might occur, by evaluating incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls and the risk of revenue recognition associated with voluntary income. We determined that the principal risks were in relation to:

- Management override of controls, and in particular journal entries with characteristics we identified as high or elevated risk
- Improper revenue recognition relating to voluntary income

- Potential management bias in determining accounting estimates, especially in relation to the valuation of the Charity's investment.

Our audit procedures involved;

- Identifying and testing unusual journals made during the year and at the accounts production stage for appropriateness and corroboration;
- Challenging assumptions and judgements made by management in its significant accounting estimates in respect of investment valuations;
- Evaluating the rationale for any changes in accounting policies, estimates or significant unusual transactions; and
- Testing on a sample basis, donation and legacy income and gifts in kind and associated receivables to supporting documentation.

These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. However, detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as those irregularities that result from fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.

Assessment of the appropriateness of the collective competence and capabilities of the engagement team included consideration of the engagement team's.

- understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation
- knowledge of the sector in which the charity operates
- understanding of the legal and regulatory requirements specific to the charity

In assessing the potential risks of material misstatement, we obtained an understanding of:

- the charity's operations, including the nature of its income and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, expected financial statement disclosures and business risks that may result in risks of material misstatement.
- the charity's control environment, including the policies and procedures implemented by the charity corporate trustee to ensure compliance with the requirements of the financial reporting framework.

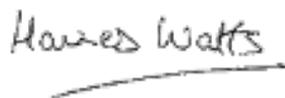
## Use of our report

This report is made solely to the charity's corporate trustee, as a body, in accordance with Section 154 of the Charities Act 2011. Our audit work has been undertaken so that we might state to the charity's corporate trustee those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and its corporate trustee as a body, for our audit work, for this report, or for the opinions we have formed.

### Haines Watts (Berkhamsted) Limited

Statutory Auditor, Chartered Accountants  
Berkhamsted

Haines Watts (Berkhamsted) Limited is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006.



## Notes

1. The maintenance and integrity of the Buckinghamshire Healthcare NHS Trust Charitable Fund web site is the responsibility of the trustees; the work carried out by the auditors does not involve consideration of these matters and, accordingly, the auditors accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the web site.
2. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdiction.

## 10.4. Statement of financial activities for the year ended 31 March 2022

	Note	Unrestricted Funds £'000	Restricted Funds £'000	Endowment Funds £'000	Total at 31 March 2022 £'000	Total at 31 March 2021 £'000
<b>Income and endowments from:</b>						
<b>Donations and legacies:</b>						
Donations	2	211	21	-	232	104
Legacies	2	115	83	-	198	543
<b>Subtotal: donations and legacies</b>		<b>326</b>	<b>104</b>	<b>-</b>	<b>430</b>	<b>647</b>
Charitable activities	1.2f, 2	(10)	61	-	51	197
Other Trading activities	2	1	3	-	4	53
Investment income	2	55	86	1	142	183
<b>Total income</b>		<b>372</b>	<b>254</b>	<b>1</b>	<b>627</b>	<b>1,080</b>
<b>Expenditure on:</b>						
<b>Raising funds:</b>						
Fundraising activities	3, 5	28	25	-	53	7
Investment management costs	3, 5	16	20	-	36	25
<b>Subtotal: raising funds</b>		<b>44</b>	<b>45</b>	<b>-</b>	<b>89</b>	<b>32</b>
<b>Charitable activities:</b>						
Patients' welfare and amenities	3, 5, 6	146	634	-	780	426
Staff welfare and amenities	3, 5, 6	108	2	-	110	277
Research	3, 5, 6	47	118	-	165	312
Training and development	3, 5, 6	3	4	-	7	5
Other	3, 5, 6	-	-	1	1	2
<b>Subtotal: charitable activities</b>		<b>304</b>	<b>758</b>	<b>1</b>	<b>1,063</b>	<b>1,022</b>

	Note	Unrestricted Funds £'000	Restricted Funds £'000	Endowment Funds £'000	Total at 31 March 2022 £'000	Total at 31 March 2021 £'000
<b>Total expenditure</b>	<b>3</b>	<b>348</b>	<b>803</b>	<b>1</b>	<b>1,152</b>	<b>1,054</b>
<b>Net income/(expenditure) and net movement in funds before gains and losses on investments</b>		<b>24</b>	<b>(549)</b>	<b>-</b>	<b>(525)</b>	<b>26</b>
Net gains/(losses) on investments	7	190	275	5	470	1,361
<b>Net income/(expenditure)</b>		<b>214</b>	<b>(274)</b>	<b>5</b>	<b>(55)</b>	<b>1,387</b>
Transfer between funds	13	(13)	13	-	-	-
<b>Net movement in funds.</b>		<b>201</b>	<b>(261)</b>	<b>5</b>	<b>(55)</b>	<b>1,387</b>
<b>Reconciliation of Funds:</b>						
Total funds brought forward at 1 April 2021		3,631	5,598	101	9,330	7,943
<b>Total fund carried forward at 31 March 2022</b>		<b>3,832</b>	<b>5,337</b>	<b>106</b>	<b>9,275</b>	<b>9,330</b>

All income and expenditure resources relate to continuing operations.

The Charity has not recognised gains or losses other than those dealt with in the Statements of Financial Activities.

The notes at pages 55 to 92 form part of these accounts.

## 10.5. Balance Sheet as at 31 March 2022

	Note	Unrestricted Funds £'000	Restricted Funds £'000	Endowment Funds £'000	Total at 31 March 2022 £'000	Total at 31 March 2021 £'000
<b>Fixed Assets:</b>						
Investments	7	3,868	4,495	79	8,442	8,408
<b>Total Fixed Assets</b>		<b>3,868</b>	<b>4,495</b>	<b>79</b>	<b>8,442</b>	<b>8,408</b>
<b>Current Assets:</b>						
Stocks	8	2	(1)	-	1	-
Debtors	9	271	146	-	417	339
Cash at bank and in hand	10	(223)	861	27	665	1,011
<b>Total Current Assets</b>		<b>50</b>	<b>1,006</b>	<b>27</b>	<b>1,083</b>	<b>1,350</b>
<b>Liabilities:</b>						
Creditors: Amounts falling due within one year	11	(86)	(164)	-	(250)	(428)
<b>Net Current Assets</b>		<b>(36)</b>	<b>842</b>	<b>27</b>	<b>833</b>	<b>922</b>
<b>Total Assets less Current Liabilities</b>		<b>3,832</b>	<b>5,337</b>	<b>106</b>	<b>9,275</b>	<b>9,330</b>
<b>Total Net Assets</b>		<b>3,832</b>	<b>5,337</b>	<b>106</b>	<b>9,275</b>	<b>9,330</b>
<b>Funds of the Charity:</b>						
Expendable Endowment Funds	12	-	-	106	106	101
Restricted Income Funds	12	-	5,337	-	5,337	5,598
Unrestricted Income Funds	12	3,832	-	-	3,832	3,631
<b>Total Charity Funds</b>		<b>3,832</b>	<b>5,337</b>	<b>106</b>	<b>9,275</b>	<b>9,330</b>

The notes at pages 55 to 92 form part of these accounts.

These accounts (Registered Charity number 1053113) were approved by the Trustees and signed on their behalf by:

Name and role	Signature	Date
<b>Neil Macdonald</b> Chief Executive		27.01.2023
<b>Nicola Gilham</b> Chair of the Charitable Fund Committee		27.01.2023
<b>Kishamer Sidhu</b> Interim Chief Financial Officer		27.01.2023

**10.6. Statement of cash flows for the year ended 31 March 2022**

	Notes	2021/2022 Funds £'000	2020/2021 Funds £'000
<b>Cash flows from operating activities</b>	<b>14</b>	<b>(616)</b>	615
<b>Net cash used in operating activities</b>		<b>(616)</b>	615
<b>Cash flows from investing activities:</b>			
Dividends and interest	7.3	142	183
Purchase of furniture and equipment		-	-
Proceeds from sale of investments	7.1	3,763	2,370
Purchase of Investment	7.1	(3,635)	(2,882)
(Increase)/Decrease in cash held in investment		-	-
<b>Net cash provided by investing activities</b>		<b>270</b>	<b>(329)</b>
<b>Cash flows from financing activities:</b>			
Receipt of expendable endowment		-	-
<b>Net cash provided by financing activities</b>		<b>-</b>	<b>-</b>
<b>Change in cash and cash equivalents in the year</b>		<b>(346)</b>	<b>286</b>
Cash and cash equivalents brought forward	10	1,011	725
<b>Cash and cash equivalents carried forward</b>	<b>10</b>	<b>665</b>	<b>1,011</b>

The notes at pages 55 to 92 form part of these accounts.

## 10.7. Notes to the Accounts

### 1. Accounting Policies

The following accounting policies have been consistently applied in dealing with items which are considered material in relation to the Buckinghamshire Healthcare NHS Trust Charitable Fund (the Charity's) financial statements.

#### 1.1 Accounting Convention

##### a) Basis of Preparation

The financial statements have been prepared under the historic cost convention, with the exception of investments which are included at bid market value. The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice (FRS 102 – effective 1 January 2019 / Charities SORP - FRS 102) and applicable UK Accounting and Financial Reporting Standards and the Charities Act 2011 as amended by Charities Act 2016.

The accounts have been prepared on the going concern basis which assumes the Charity will continue for the foreseeable future. The Trustee believes that there are no material uncertainties that call into doubt the Charity's ability to continue in operation.

The Covid-19 pandemic continues to affect the charity. Third parties fundraising activities seem to be resuming but not to pre-pandemic levels. There is a concern that the cost-of-living crisis may affect future giving. As a grant making charity with few on-going commitments, a reduction in the income will impact on the level of new grants that can be made in the short term rather than affecting the charity's ability to continue as a going concern. There are no material uncertainties affecting the current year's accounts.

Grants have been received from NHS Charities Together to fund work on the recovery from the pandemic.

##### b) Funds Structure

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by the donor. Where the restriction requires the gift to be invested to produce income but the Trustee has the power to spend the capital, it is classed as expendable endowment.

Unrestricted income funds comprise those funds which the Trustee is free to use for any purpose in furtherance of the charitable objects. Unrestricted funds include

designated funds, where the donor has made known their non-binding wishes or where the Trustee, at their discretion, have created a fund for a specific purpose.

The Charity has four expendable endowments.

Further details of each fund are disclosed in note 12 on pages 74-76.

## 1.2 Income

### a) All incoming resources are included in full in the statement of Financial Activities as soon as the following three factors are met:

- i) Entitlement – control over the rights or other access to the economic benefit has passed to the Charity (In the case of a donations, entitlement usually arises immediately on its receipt); and
- ii) Probable - when it is more likely than not, that the economic benefits associated with the transaction or gift will flow to the Charity; and
- iii) Measurement - when the monetary value, or amount of income, can be measured reliably and the costs incurred for the transactions and the costs to complete the transaction can be measured reliably.

### b) Income from Donations

Donations are received from individuals.

### c) Legacies

Legacies are recognised and accounted for when it is probable that it will be received. This will be once

- i) There has been grant of probate;
- ii) The executors have established that there are sufficient assets in the estate, after settling any liabilities, to pay the legacy; and
- iii) Any conditions attached to the legacy are either within the control of the Charity or have been met.

The Charity has adopted a policy of discounting the value of legacies where:

- iv) The expected receipt date is more than 12 months after the balance sheet date
- v) AND the expected nominal value of the legacy is over £1 million, or the expected receipt date is more than 3 years after the balance sheet date
- vi) AND the effect of discounting is material.

The discount rate will be the prevailing rate in line with the Trust's General Discount rate disclosed in the Department of Health Group Accounting Manual.

Material legacies which have been notified but not recognised as incoming resources in the Statement of Financial Activities are disclosed in note 15 on page 79.

**d) Gifts in Kind**

- i) Assets given for distribution by the funds are included in the Statement of Financial Activities when distributed.
- ii) Assets given for use by the funds (e.g. property for its own occupation) are included in the Statement of Financial Activities as incoming resources when receivable.
- iii) Gifts made in kind but on trust for conversion into cash and subsequent application by the funds are included in the accounting period in which the gift is sold.

In all cases the amount at which gifts in kind are brought into account is either a reasonable estimate of their value to the funds or the amount actually realised. The basis of the valuation is disclosed in the annual report.

**e) Charitable Activities**

**Grants Received**

Grants are clearly identified and allocated in specific department funds to ensure that these funds are only used in the activities and terms stated in the grant applications.

**Income from Charitable Activities**

Supporting charges required in order to maintain additional services provided to the patients are deliberately set at a low level in order to cover related costs.

**f) Other Trading Activities**

There are no corresponding items for 2021/22 (2020/21 £Nil)

**1.3 Expenditure**

**a) Expenditure is recognised when all of the following criteria are met:**

- i) Obligation – a present legal or constructive obligation exists at the reporting date as a result of a past event.
- ii) Probable – it is more likely than not that a transfer of economic benefits, often cash, will be required in settlement.

- iii) Measurement – the amount of the obligation can be measured or estimated reliably.

When the Charity enters into a contract for the supply of goods or services, expenditure is recognised once the supplier of the goods or services has performed their part of the contract and the goods and services have been received by the Charity.

Grants are only made to related or third party NHS bodies and non NHS bodies in furtherance of the charitable objects of the funds held by the trust, primarily the patient benefit. Liability for unconditional grants is recognised when approval has been given by the Trustee and when the recipient has been notified. Where the Trustee pledges support for the cost of an on-going project, the costs are accrued within the Charity as the costs are incurred on the project.

All expenditure is accounted for on an accruals basis and it is allocated to the appropriate charitable activity.

**b) Irrecoverable VAT**

Irrecoverable VAT is charged against the category of resources for which it was incurred.

**c) Allocation of Support Costs and Overheads**

Overhead and support costs have been allocated as a direct cost or apportioned on an appropriate basis between Charitable Activities (refer to notes 3-6 on pages 63-68). Once allocation, and/or apportionment of overhead and support costs including governance, has been made between Charitable Activities, the cost attributable to Charitable Activities is apportioned across those activities in proportion to total spend.

**d) Raising funds**

Costs of raising funds comprise only the investment management fees charged by Cazenove.

**e) Charitable Activities**

Costs of charitable activities comprise all costs incurred in the pursuit of the Charity's objectives and in line with SORP 2019 (FRS 102), also include governance costs for the Charity. Expenditure on charitable activities will be for the benefit of Patients, Staff, Research or Education. Throughout these accounts the term patients refers to patients and service users. The costs include the direct costs of the charitable activities together with governance support costs that enable them to be undertaken.

These costs comprise direct costs and apportionment of overhead and support costs as shown in notes 3-6 on pages 63-68.

#### **f) Governance and Support Costs**

Governance costs comprise all costs incurred in the governance of the Charity. These costs include costs related to statutory audit together with an apportionment of overhead and support costs as shown in notes 3-6 on pages 63-68.

Both governance and support costs are accounted for on an accruals basis and included within the direct costs of charitable activities and further details provided on the notes to the accounts. These governance and support costs are apportioned across the individual funds within the Charity on an average balance basis (so as to avoid disadvantaging funds with high volume, low value transactions).

### **1.4 Fixed Asset Investments**

Fixed asset investments comprise Common Investment Funds and cash and are managed by Cazenove Capital Management Limited.

Investment fixed assets are shown at bid market value as at the balance sheet date.

- i) Quoted stocks and shares are included in the balance sheet at mid-market price on 31 March 2021 as supplied by the investment managers, excluding dividends.
- ii) The Statement of Financial Activities includes the net gains (or losses) arising on revaluation and disposals of investments throughout the year
- iii) Other investment fixed assets are included at Trustee's best estimate of market value.

### **1.5 Stocks**

Stocks are valued at their face-value, which is their monetary value.

### **1.6 Realised gains and losses**

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening market value (or cost at date of purchase if later). Unrealised gains and losses are calculated as the difference between market value at the year end and opening market value (or cost at date of purchase if later).

### **1.7 Changes in the Basis of Accounting**

There has been no change in the basis of accounting during the year.

## 1.8 Cash Flow Statement

Large charities preparing their accounts under FRS102 – SORP 2019 must provide a statement of cash flows, which has been provided.

## 1.9 Income and Expenditure Allocation

Incoming resources and expenditure are allocated directly to individual funds. Each fund is classified as restricted, endowment or unrestricted and the balances accounted for accordingly. Where costs and income arise across all funds generally, they have been allocated to each fund proportionate to the average fund balance at each month end. This method has applied to Investment Income, Unrealised Gains, Governance and Administrative Costs.

## 1.10 Post Balance Sheet Events / Prior Year Adjustments

There are no post balance sheet events or prior year adjustments to be disclosed.

## 1.11 Pooling Scheme

The Charity has an official pooling scheme for investments. This scheme was registered with the Charity Commission on the 10 June 1998. The scheme registration number is N215(S)/98.

## 1.12 Related Party Transactions

Buckinghamshire Healthcare NHS Trust is the main beneficiary of Buckinghamshire Healthcare NHS Trust Charitable Fund. The remainder of expenditure goes to provide welfare and recreational facilities for its staff. Total funding paid to the Trust and its staff amounted to £1,063,000 in 2021/22 (2020/21 £1,022,000). During the year, none of the members of the NHS Trust Board or Senior NHS Trust Staff or parties related to them were beneficiaries of the Charity.

No member of the NHS Trust Board has been paid or received any remuneration or other benefits in the year from the charitable fund and the Trustee has not purchased trustee indemnity insurance because their activities are covered under the general indemnity to the board of the trust.

No member of the NHS Trust Board or the Trustee has incurred expenditure in the year on behalf of charitable funds.

Details of Trust salaries and expenses reimbursed (Audit fees, overheads costs, and rent) from the charitable fund are provided in note 4 on pages 64-65.

## 2. Analysis of income

	Unrestricted £'000	Restricted £'000	Endowment £'000	Total 2021/2022 £'000	Total 2020/2021 £'000
<b>Material Incoming Resources:</b>					
Donations	211	21	-	232	104
Legacies	115	83	-	198	543
Charitable activities	(10)	61	-	51	197
Other trading activities	1	3	-	4	53
Investments	55	86	1	142	183
Other	-	-	-	-	-
<b>Total income</b>	<b>372</b>	<b>254</b>	<b>1</b>	<b>627</b>	<b>1,080</b>

The Charity received £69,331 (2020/2021: £Nil), related to the initial 50% of the funding from the NHS Charities Together (NHSCT) - Stage 3 grants - Recovery and Resilience Fund (£69,331). The funding has been deferred until the charity receives the recharges from the Trust related to these projects in 2022/23.

Also, the Charity received £80,196 (2020/2021: £Nil) from the NHSCT to cover the Operational Support Grant related to the Stage 2 Community Partnership Grant - Integrated Care System in the Buckinghamshire, Oxfordshire and Berkshire West (BOB) region. In this financial year the Charity only recognised £26,481, which represents the actual expenditure for the management and reporting of the 15 projects that are part of the grant application and deferred £53,715 to have the necessary funding to cover the future costs of overseeing these projects.

Additionally, the charity received one grant of circa £26,000 (2020/21: £13,000) in order to support a research project related to Motor Neurone Disease (MND).

There is minimal income a little over of £3,000 (2020/21: £1,000) related to supporting charges to maintain the Swimming Pools additional services provided to the patients. The level of fee is deliberately set at a low level and is designed to cover related costs.

In 2020/21, there were no face-to-face fundraising events, which meant that most fundraising activities organised by third parties in order to support the Charity were stopped. All fundraisers were asked by the government not to arrange events due to Covid-19 restrictions. The third parties fundraising events restarted in 2021/22 as the Covid-19 restrictions eased.

### 3. Charitable expenditure

	Unrestricted £'000	Restricted £'000	Endowment £'000	Total 2021/2022 £'000	Total 2020/2021 £'000
<b>3.1 Raising funds:</b>					
Fundraising activities	28	25	-	53	7
Investment management costs	16	20	-	36	25
<b>Total raising funds</b>	<b>44</b>	<b>45</b>	<b>-</b>	<b>89</b>	<b>32</b>
<b>3.2 Charitable activities:</b>					
Patients' welfare and amenities	133	606	-	739	350
Staff welfare and amenities	98	2	-	100	240
Research	43	113	-	156	246
Training and Development	3	3	-	6	4
Other	-	-	-	-	-
<b>Total charitable activities</b>	<b>277</b>	<b>724</b>	<b>-</b>	<b>1,001</b>	<b>840</b>
<b>3.2.1 Analysis of support and governance costs:</b>					
Salaries and wages	17	34	1	52	163
Audit fee	-	-	-	-	3
Professional fees and establishment costs	10	-	-	10	16
<b>Total support and governance costs</b>	<b>27</b>	<b>34</b>	<b>1</b>	<b>62</b>	<b>182</b>
<b>Total charitable activities and support and governance costs</b>	<b>304</b>	<b>758</b>	<b>1</b>	<b>1,063</b>	<b>1,022</b>
<b>Total expenditure</b>	<b>348</b>	<b>803</b>	<b>1</b>	<b>1,152</b>	<b>1,054</b>

The auditor's remuneration, which was subsidised by the Trust, consists of an external audit fee for £3,000. This financial year there was no fee for external audit recharged (2020/21: £3,000). The external audit fee charged to the Trust relates only to the statutory audit.

There was no fee for an internal audit (2020/21: £Nil). The internal audit review takes place every three to five years. Should new risks be identified provision exists for internal audit review.

The reduction in salaries and wages is due to the subsidy that was given by the Trust in this financial year to support the charity with the implementation of the business and fundraising strategies.

The salaries and wages include the fees of contracting two interim members of staff to provide support with the completion of the year end and the operational activities of the Charity in 2021/22.

#### 4. Trust salaries and expenses reimbursed

	Unrestricted £'000	Restricted £'000	Endowment £'000	Total 2021/2022 £'000	Total 2020/2021 £'000
Management and administration charge	-	-	-	-	121
<b>Total</b>	-	-	-	-	<b>121</b>

##### 4.1 Analysis of staff costs reimbursed

	Total 2021/2022 £'000	Total 2020/2021 £'000
Salaries and wages	-	110
<b>Total</b>	-	<b>110</b>

There were no salaries, management and administration charges paid to the Trust in this financial year by the Charity (2020/21: £121,000). The expenditure recharges usually related to accommodation and IT support (2020/21: £7,000); stationary (2020/21: £1,000); external audit fees (2020/21: £3,000) and finance staff and senior management costs (2020/21: £110,000) was £Nil.

The Charity does not directly employ staff members. There are two members of staff (2020/21: 2) who provide support services to charitable activities who is employed by Buckinghamshire Healthcare NHS Trust and the salary cost is recharged via an administration charge. The Charity fulfils its charitable objectives by providing financial support to projects, which are run by the NHS Trust. Therefore, the Trust employs staffs who deliver the projects.

Two interim members of staff were contracted to provide support with the completion of the operational activities of the Charity in 2021/22 and year end.

There is one employee earning over £60,000 who was fully subsidised this financial year by the Trust and was not recharged to the Charity.

Members of the Board and the Charitable Fund Committee give their time freely and receive no remuneration for the work that they undertake in relation to the Charity.

## 5. Analysis of charitable expenditure

	Unrestricted £'000	Restricted £'000	Endowment £'000	Total 2021/2022 £'000	Total 2020/2021 £'000
<b>Raising funds:</b>					
Fundraising general costs and fees	28	25	-	53	7
Investment management costs	16	20	-	36	25
<b>Total raising funds</b>	<b>44</b>	<b>45</b>	<b>-</b>	<b>89</b>	<b>32</b>

	Activities undertaken directly £'000	Grant funded activities £'000	Support and governance £'000	Total 2021/2022 £'000	Total 2020/2021 £'000
<b>Charitable activities:</b>					
Patients' welfare and amenities	-	739	41	780	426
Staff welfare and amenities	-	100	10	110	277
Research	-	156	9	165	312
Training and Development	-	6	1	7	5
Other	-	-	1	1	2
<b>Training and Development</b>	<b>-</b>	<b>1,001</b>	<b>62</b>	<b>1,063</b>	<b>1,022</b>

The only activity of the Charity is that of providing grants. All grants made are to Buckinghamshire Healthcare NHS Trust to support the activities relating to Buckinghamshire Healthcare NHS Trust in line with objectives of the Charity. The support costs are attributable to all the grants and not to a single activity.

## 6. Appointment and allocation of support and governance costs

	Funds £'000	Support and Governance Costs £'000	Total 2021/2022 £'000	Total 2020/2021 £'000
<b>Unrestricted:</b>				
Patients' welfare and amenities	133	13	146	238
Staff welfare and amenities	98	10	108	265
Research	43	4	47	72
Training and Development	3	-	3	5
<b>Unrestricted total</b>	<b>277</b>	<b>27</b>	<b>304</b>	<b>580</b>
<b>Restricted:</b>				
Patients' welfare and amenities	606	28	634	188
Staff welfare and amenities	2	-	2	12
Research	113	5	118	240
Training and Development	3	1	4	-
Other	-	-	-	-
<b>Restricted total</b>	<b>724</b>	<b>34</b>	<b>758</b>	<b>440</b>
<b>Endowment:</b>				
Patients' welfare and amenities	-	-	-	-
Staff welfare and amenities	-	-	-	-
Research	-	-	-	-
Training and Development	-	-	-	-
Other	-	1	1	2
<b>Endowment total</b>	<b>-</b>	<b>1</b>	<b>1</b>	<b>2</b>
<b>All funds:</b>				

	<b>Funds £'000</b>	<b>Support and Governance Costs £'000</b>	<b>Total 2021/2022 £'000</b>	<b>Total 2020/2021 £'000</b>
Patients' welfare and amenities	739	41	780	426
Staff welfare and amenities	100	10	110	277
Research	156	9	165	312
Training and Development	6	1	7	5
Other	-	1	1	2
<b>Total</b>	<b>1,001</b>	<b>62</b>	<b>1,063</b>	<b>1,022</b>

Support costs including governance activities, are allocated to expenditure on charitable activities based on the purposes of each fund across the main charitable activities of the Charity.

## 7. Fixed asset investments

### 7.1 Movement in fixed asset investments

	Total 2021/2022 £'000	Total 2020/2021 £'000
<b>Fixed Asset Investments</b>		
Market value at 1 April 2021	8,408	7,072
Less: Disposals at carrying value	(3,763)	(2,370)
Add: Acquisitions at cost	3,635	2,882
Net gains & (losses) on revaluation	162	824
<b>Market value at 31 March 2022</b>	<b>8,442</b>	<b>8,408</b>
<b>Historic cost at 31 March 2022</b>	<b>7,602</b>	<b>7,540</b>

## 7.2 Market value at 31 March 2021

	Held in UK £'000	Held outside UK £'000	Total 2021/2022 £'000	Total 2020/2021 £'000
Investments listed under Equities	1,020	4,502	5,522	5,386
Investments listed under UK Bonds	218	659	877	680
Multi-Asset Funds	-	-	-	337
Property Funds	888	-	888	765
Other	886	-	886	525
Interest on cash held on deposit	269	-	269	715
<b>Total</b>	<b>3,281</b>	<b>5,161</b>	<b>8,442</b>	<b>8,408</b>

## 7.3 Analysis of gross income from investments and cash on deposit

	Held in UK £'000	Held outside UK £'000	Total 2021/2022 £'000	Total 2020/2021 £'000
Investments listed under Equities	30	48	78	106
Investments listed under UK Bonds	14	7	21	26
Multi-Asset Funds	-	-	-	1
Property Funds	31	-	31	37
Other	12	-	12	13
Cash held on deposit	-	-	-	-
<b>Total</b>	<b>87</b>	<b>55</b>	<b>142</b>	<b>183</b>

The unrealised loss in 2021/22 was -£296,000 (2020/21: gain £1,085,000). The realised gain in year is £766,000 (2020/21: gain £276,000). The unrealised gain made on investments was £470,000 (2020/21: gain £1,361,000); which added to unrealised gain brought forward of £868,000; gives cumulative unrealised gains of £1,338,000.

The Charity does not hold individual investments, such as a particular equity, bond or property. Through its portfolio, which is administered by its investment manager, it purchases a share of equity, bond and property funds. The Charity has agreed a strategic asset allocation with the investment manager, but tactical positions are taken within the range agreed by the Trustee.

Investments within the portfolio are not linked to individual funds held within the Charity. The total return achieved in year is apportioned to the individual funds.

The Charity paid an explicit professional fee to the investment manager of £36,000 (2020/21 £25,000).

The impact of Covid-19 on the financial markets is less of a concern but current rates of inflation and projected economic growth is now a concern.

## 8. Stocks

	Unrestricted	Restricted	Endowment	Total	Total
	£'000	£'000	£'000	2021/2022	2020/2021
				£'000	£'000
Stocks	2	(1)	-	1	-
<b>Total</b>	<b>2</b>	<b>(1)</b>	<b>-</b>	<b>1</b>	<b>-</b>

Stocks comprise John Lewis vouchers held by the Charity. The vouchers are distributed as part of the CARE Awards scheme.

## 9. Analysis of current debtors

	Unrestricted £'000	Restricted £'000	Endowment £'000	Total 2021/2022 £'000	Total 2020/2021 £'000
<b>Debtors under 1 year:</b>					
Accrued income	6	1	-	7	9
Other debtors	265	145	-	410	330
<b>Total</b>	<b>271</b>	<b>146</b>	<b>-</b>	<b>417</b>	<b>339</b>

Current debtors are in relation to income due from donations from giving websites £1,000 (2020/21: £NIL); Gift Aid and GASDS from HMR&C £1,000 (2020/21: £3,000); dividends from the investment manager £5,000 (2020/21: £7,000); various legacies £314,000 (2020/21: £323,000); prepayments £11,000 (2020/21: £6,000); re-charges to associated charities £6,000 (2020/21: £NIL); a reimbursement due from the Trust for £78,000 (2020/21: £NIL); and VAT claim for £1,000 (2020/21: £NIL).

## 10. Analysis of cash and equivalents

	Unrestricted £'000	Restricted £'000	Endowment £'000	Total 2021/2022 £'000	Total 2020/2021 £'000
<b>Cash and cash equivalents:</b>					
Bank	(223)	861	27	665	1,011
<b>Total</b>	<b>(223)</b>	<b>861</b>	<b>27</b>	<b>665</b>	<b>1,011</b>

No cash or cash equivalents or current asset investments were held in non-cash investments or outside of the UK.

All of the amounts held on interest bearing deposit are available to spend on charitable activities.

## 11. Analysis of current creditors

	Unrestricted £'000	Restricted £'000	Endowment £'000	Total 2021/2022 £'000	Total 2020/2021 £'000
<b>Creditors under 1 year:</b>					
Accruals	(86)	(164)	-	(250)	(428)
<b>Total</b>	<b>(86)</b>	<b>(164)</b>	<b>-</b>	<b>(250)</b>	<b>(428)</b>

Current creditors consists of £32,000 (2020/21: £319,000) to be paid to the Trust in relation to a reimbursement of various projects paid on behalf of the charity to enhance the services provided within the NHS Trust for patients' welfare, staff welfare, research and general charitable hospital purposes, in accordance with the objectives of the Charity and the wishes of the donors.

This also refers to general creditors accruals of £34,000 (2020/21: £106,000) to paid for other projects, Deferred Income of £176,000 (2020/21: £Nil) and £8,000 (2020/21: £3,000) related to agency fees for interim members of staff that were contracted to provide support with the operational activities of the Charity and the control and reporting of the NHSCT Stage 2 grants received.

## 12. Analysis of funds

	Balance at 31 March 2021 £'000	Incoming Resources £'000	Resources Expanded £'000	Transfers £'000	Investment Gains / (Losses) £'000	Balance at 31 March 2022 £'000
<b>12.1 Endowment Funds:</b>						
Material Funds:						
Piercy – Capital Fund, the Interest to be donated to Scannappeal	39	1	(1)	-	2	41
Biggins – Capital Fund, the income from which can be used for any purpose	29	-	-	-	2	31
Kemp – Capital Fund, the income from which can be used for any purpose	25	-	-	-	1	26
Raven – Capital Fund, the income from which can be used for prizes for Nurses	8	-	-	-	-	8
<b>Total</b>	<b>101</b>	<b>1</b>	<b>(1)</b>	<b>-</b>	<b>5</b>	<b>106</b>
<b>12.2 Restricted Funds:</b>						
Material Funds:						
Spinal Injuries Children – To benefit the activities related to the hospital's spinal children injuries work	1,446	24	(20)	-	74	1,524
Spinal Amenity – To benefit the activities related to the hospital's national spinal injuries centre	1,053	30	(124)	-	52	1,011
Masson Legacy for Spinal Research – To benefit the research activities related to the hospital's national spinal injuries centre	649	9	(150)	-	31	539
Diabetes Centre – For investigation of causes and treatment of diabetes	365	6	(5)	-	19	385

	Balance at 31 March 2021 £'000	Incoming Resources £'000	Resources Expanded £'000	Transfers £'000	Investment Gains / (Losses) £'000	Balance at 31 March 2022 £'000
Breast Cancer Research – To benefit the research activities related to breast cancer	289	4	(4)	-	15	304
Spinal Injuries Research – For the provision of research related to spinal injuries	310	6	(35)	-	15	296
Coronary Research – To benefit the activities related to the hospital's coronary care services	212	3	(3)	-	11	223
Medtronic Export Research Fund – To benefit the activities related to the hospital's coronary research	109	2	(4)	-	5	112
Diabetic Research Fund – To benefit the activities related to the hospital's diabetic research unit	36	66	(1)	-	3	104
Intensive Therapy Unit – To benefit the activities related to the hospital's intensive care services	110	9	(23)	-	5	101
Spinal - Powered Wheelchairs – For the provision of powered wheelchairs at the national spinal injuries centre	94	1	(1)	-	5	99
Plastic Surgery – To benefit the activities related to the hospital's plastic surgery services	74	3	(1)	-	4	80
Pharmacy Trust Wide, Research & Equipment Fund – For the pharmacy department in connection with research and equipment	45	2	(1)	13	2	61
Carl Todd Oncology – To benefit the activities related to the hospital's oncology services	49	1	(1)	-	3	52

	Balance at 31 March 2021 £'000	Incoming Resources £'000	Resources Expanded £'000	Transfers £'000	Investment Gains / (Losses) £'000	Balance at 31 March 2022 £'000
Coronary Care – To benefit the activities related to the hospital's coronary care services	41	1	-	-	2	44
CAWC / Motor Neurone Disease Breathing Support – To benefit the activities related to the hospital's motor neuro disease breathing support	-	40	-	-	-	40
Haematology – To benefit the activities related to the hospital's blood services	36	-	-	-	1	37
Other funds	680	47	(430)	-	28	325
<b>Restricted Funds total</b>	<b>5,598</b>	<b>254</b>	<b>(803)</b>	<b>13</b>	<b>275</b>	<b>5,337</b>
<b>12.3 Unrestricted Funds:</b>						
<b>Unrestricted Funds total</b>	<b>3,631</b>	<b>372</b>	<b>(348)</b>	<b>(13)</b>	<b>190</b>	<b>3,832</b>
<b>Grand Total of Funds</b>	<b>9,330</b>	<b>627</b>	<b>(1,152)</b>	<b>-</b>	<b>470</b>	<b>9,275</b>

Material funds are those with closing fund balances of over £35k.

On the 31 March 2022, the Charity was constituted of 196 active funds with balances (2021: 196); of these, four of the funds in the year or at year-end were endowments, 115 unrestricted and 77 restricted.

The general fund includes all donations for which a donor has not expressed any preference as to how the funds shall be spent and the unrestricted income accruing to the charity. These funds are applied for any charitable purpose to the benefit of the patients of BHT at the absolute discretion of the Trustee and in line with the established policy.

### 13. Transfers between funds

	Unrestricted	Restricted	Endowment	Total	Total
	£'000	£'000	£'000	2021/2022	2020/2021
				£'000	£'000
Fund 2007 - Breast Screening	-	-	-	-	(4)
Fund 2008 - Breast Screening Fund	-	-	-	-	4
Fund 1023 - Wycombe General Hospital General Amenities Fund	(13)	-	-	(13)	-
Fund 2034 - General Amenity Stoke Mandeville Hospital	(31)	-	-	(31)	-
Fund 3001 - Amersham Hospital General Amenities	(5)	-	-	(5)	-
Fund 4001 - Marlow Hospital General Amenity Fund	(1)	-	-	(1)	-
Fund 5047 - Wycombe, Amersham & Stoke Pharmacy	(13)	-	-	<b>(13)</b>	-
Fund 5049 - Hardship Fund for Staff	50	-	-	<b>50</b>	-
Fund 2065 - Pharmacy Trust Wide - Research & Equipment Fund	-	13	-	<b>13</b>	-
<b>Total</b>	<b>(13)</b>	<b>13</b>	-	-	-

A transfer was executed in order to pursue the consolidation of the Pharmacy Department charitable funds. This was with the view to enhance the services provided to the patients.

The transfers from the Hospitals General Amenity Funds (Unrestricted Funds) were executed in order to provide funding to a new Hardship Fund for the staff that was created.

Apart from the transfers to the Hardship Fund, there were no material transfers during the year.

#### 14. Reconciliation of net movement in funds to net cash flows from operating activities

	Total 2021/2022 £'000	Total 2020/2021 £'000
Net income / (expenditure) for 2021 / 2022 (as per the Statement of Financial Activities)	(55)	1,387
Adjustments for:		
Deduct interest income shown in investing activities	(142)	(183)
Deduct gains / add back losses on investments	(162)	(824)
Decrease (increase) in stocks	(1)	1
Decrease (increase) in debtors	(78)	123
Increase (decrease) in creditors	(178)	111
<b>Net cash used in operating activities</b>	<b>(616)</b>	<b>615</b>

There were no financing activities during the year.

## 15. Material legacies

Legacy income is only included in incoming resources where receipt is probable that it will be received and the amount is known with certainty, or the legacy has been received.

As at 31 March 2022, the charity has been notified of four significant charitable bequests that were not considered in the accruals because the receipts were not reasonably certain or the residue value were unknown. The details of these bequests are:

- Two residuary bequests for Stoke Mandeville General Hospital. Sufficient information was not received to determine the residue value.
- One residuary bequest for Wycombe General Hospital. Sufficient information was not received to determine the residue value.
- One Pecuniary bequest for the Eye Unit Department at Stoke Mandeville General Hospital. Sufficient information was not received to determine if the estate is solvent.
- Apart from the legacy mentioned above, as at 31 March 2022, the charity has been notified of no further legacies in addition to those accrued or disclosed in this note.

## 16. Connected organisations

Name of party involved, a description of the transaction and a description of the nature of the relationship	Turnover 2021/2022 £'000	Net Surplus / (Deficit) 2021/2022 £'000	Turnover 2020/2021 £'000	Net Surplus / (Deficit) 2020/2021 £'000
The Board of Buckinghamshire Healthcare NHS Trust is the corporate trustee of the charitable funds. The Trust's employees provide all management and administrative support to the funds and a recharge is made for these. A charge is also made to cover audit fees, rent and other minor expenses incurred. Buckinghamshire Healthcare NHS Trust was the beneficiary of Charitable expenditure of <b>£1,063,000</b> in the year (2020/21: £1,022,000).	585,965	10,301	545,078	(15,160)
<b>Total</b>	<b>585,965</b>	<b>10,301</b>	<b>545,078</b>	<b>(15,160)</b>

Buckinghamshire Healthcare NHS Trust Charitable Fund has been consolidated into the Buckinghamshire Healthcare NHS Trust's accounts in accordance with the International Accounting Standard (IAS) 27. This is because Buckinghamshire Healthcare NHS Trust Board is the Corporate Trustee of the Buckinghamshire Healthcare NHS Trust Charitable Fund and under the provision of IAS 27 those charitable funds that fall under common control with NHS bodies should be consolidated. However, the Charity and its assets remain independent.

The group annual report and accounts from Buckinghamshire Healthcare NHS Trust 2021/2022 can be obtained at [Our Trust Board - Buckinghamshire Healthcare NHS Trust \(buckshealthcare.nhs.uk\)](https://www.buckshealthcare.nhs.uk)

## **17. Contingencies**

There were no contingencies at 31 March 2022.

## **18. Material guarantees**

There were no material guarantees at 31 March 2022.

## 19. Commitments, liabilities, and provisions

	Key for further details	Items relating to these projects included within SOFA for Year Ended 31 March 2022 £'000	Items not included within SOFA or Balance Sheet at 31 March 2022 £'000	Items not included within SOFA or Balance Sheet at 31 March 2021 £'000
<b>Capital:</b>				
First Impression to Patients - Communication Department		40	-	40
Real Time Patient Electronic Observations and Escalation System	6	-	69	69
National Spinal Injuries Centre (NSIC) Staff Changing rooms	5	138	-	138
Magnetic Resonance Imaging (MRI) scanner for the Main X-ray department at Wycombe Hospital (WH) and an additional MRI scanner for Stoke Mandeville Hospital (SMH)		429	-	429
Scannappeal - MRI scanners at WH & SMH	17	450	-	450
WH - Nursery Refurbishment		-	41	41
Radiology - Reporting Room Creation and Workstations		122	-	122
Chlorocheck Chloridometer		9	-	9
Hologic Horizon W Advanced Fan Beam DXA Scanner (Dexa-Scanner)		82	-	82
8 Robotic Theatres	8	-	499	-
Resources for New Research and Innovation (R&I) Centre at SMH		16	4	-
Four Ventilators for the NSIC - Astral 150 Double Circuit		21	-	-
Trust Intranet System		21	14	-

	Key for further details	Items relating to these projects included within SOFA for Year Ended 31 March 2022 £'000	Items not included within SOFA or Balance Sheet at 31 March 2022 £'000	Items not included within SOFA or Balance Sheet at 31 March 2021 £'000
Occupational Health (OT) Powered Wheelchairs		-	34	-
Dermatoscopes		-	17	-
Olympus Microscope Model CX43	10	-	21	-
Legacy left to the Cardiology Department	14	-	25	-
Paxman Scalp Coolers and Replacement Scalp Packages	13	-	52	-
<b>Capital total</b>		<b>1,328</b>	<b>775</b>	<b>1,380</b>
<b>Other:</b>				
Compulsory Reserve	1	-	628	562
Trust Innovation Manager	3	21	-	21
The R&I Hub		-	8	8
MSc in Stroke and Cardiology (Gill Clarke) at the University of Hertfordshire		2	1	3
Human Resources (HR) Schemes	4	1	-	1
NSIC R&I Programme Manager		40	-	40
Neuro-MAP: The Evaluation of Neuro-navigated Transcranial Magnetic Stimulation for rapid corticomotor mapping of impaired upper limb muscles in chronic spinal cord injury (Navigated upper limb TMS mapping).	18	-	47	47
NSIC Innovation Posts (Physio 0.5 WTE and Occupational Health 0.5 WTE)		67	15	82

	Key for further details	Items relating to these projects included within SOFA for Year Ended 31 March 2022 £'000	Items not included within SOFA or Balance Sheet at 31 March 2022 £'000	Items not included within SOFA or Balance Sheet at 31 March 2021 £'000
Research project: Neuro-TESCS: Active transcutaneous electrical spinal cord stimulation (TESCS) and peripheral stimulation for rehabilitation of upper-limb function after cervical spinal cord injury	18	-	90	90
Covid-19 Staff Wellbeing Small Bids Project		2	6	8
Fixed term workforce analyst		13	51	64
Patient experience improvements - Hearing Loops and Dementia Clocks		16	-	16
Fixed term additional resource for Freedom to Speak Up Guardian (FTSUG) – to be offered as secondments to existing staff on a part-time basis		46	9	55
Chaplaincy research: Offering new meaningful perspectives for chaplains working with people of different faiths and beliefs and those not belonging to organised religion		7	-	7
Butterfly IQ+ Ultrasound Devices		51	-	51
Creative Arts Programme		-	92	-
Motor Neurone Disease (MND)/Breathing Support Project	15	13	-	13
50% subsidy towards the annual running costs for the SMH Radio		3	-	3
Twelve Digital Morphology Licences for April 2022 to March 2023	14	-	1	1

	Key for further details	Items relating to these projects included within SOFA for Year Ended 31 March 2022 £'000	Items not included within SOFA or Balance Sheet at 31 March 2022 £'000	Items not included within SOFA or Balance Sheet at 31 March 2021 £'000
Post-COVID-19 Reflections & Learning - Team Day for the Intensive Care Unit (ICU) at SMH		-	5	-
Argos		1	-	1
Items from NRS Supplies		1	-	1
Two Toto Patient Turning-bed Systems		5	-	5
Remaining 50% fee for Audit and Strategy Work - Fresh Fundraising Ltd	7	-	4	4
Lindengate Nature Connection Programmes	9	-	60	-
Staff Network Activities		-	10	-
Volunteer Retention and Reward		1	21	-
Overseas Travel Hardship Fund		9	41	-
Fundraising costs contribution	11	38	58	-
Remaining 50% Fee for the Legacy Campaign - Fresh Fundraising Ltd	12	-	5	-
Restricted donations received from the Thorpe Family to be used to purchase equipment for the ICU at SMH		-	3	-
Three Clearmaxx PAPR Head top Hoods and 6 E3000X Air Hoses for the ICU at SMH		-	1	-
Restricted donations received from C. Crabtree to be used for the ICU at SMH		-	1	-
Restricted donations received from S. Pollard - to be used by the Paediatrics Diabetes Team (PDT)	19	-	1	-

	Key for further details	Items relating to these projects included within SOFA for Year Ended 31 March 2022 £'000	Items not included within SOFA or Balance Sheet at 31 March 2022 £'000	Items not included within SOFA or Balance Sheet at 31 March 2021 £'000
Restricted donations received from S. Pollard - to be used by the PDT	19	-	1	-
Donations for the St. Patrick's Ward within the NSIC		-	2	-
Memory & Information Processing Battery from The Brain Injury Rehab Trust for the Buckinghamshire Neurorehabilitation Unit (BNRU) at Amersham General Hospital (AGH)		-	1	-
Kind Tide - Development of the Charity's website		-	4	-
Sub-Zero Studio Ltd - Development of the Charity's website		-	3	-
Crosses for the Chaplaincy Service		-	1	-
Reflective Coating for the office windows for AGH Adult Community Health Care Team (ACHT) - Rapid Response & Immediate Care (RRIC)		-	2	-
Phase 1 AGH Gardens Project		-	20	-
<b>Other total</b>		<b>337</b>	<b>1,190</b>	<b>1,082</b>
<b>Total Commitments</b>		<b>1,665</b>	<b>1,965</b>	<b>2,462</b>

Apart from the fundraising audit and strategy work, the Charity has not entered into any contractual arrangement for the approved expenditure above.

The items have been recognised on the Balance Sheet and/or SOFA to the extent to which the project has been delivered.

### Further details

1. Compulsory Reserve - increased as per authorisation from the Charitable Fund Committee (CFC).
2. Cancer Care and Haematology Unit (CCHU) decoration of the patients' waiting area - commitment released in March 2021.
3. Trust Innovation Manager - Bid fully utilised and closed in Feb 2022.
4. HR Schemes. Bid fully utilised and closed in April 2021.
5. NSIC Staff Changing rooms. Bid was fully released and closed in Sept 2021, as per instructions from the CFC.
6. Real Time Patient Electronic Observations and Escalation System. The Charity is awaiting further information regarding the status of this project.
7. Fee for Fundraising Audit and Strategy Work. Remaining 50% - Fresh Fundraising Ltd.
8. Total cost is £1.499m, of which Scannappeal is donating £1m and the Charitable Fund is contributing £0.499m. This project is scheduled to start in 2022-23.
9. Stage 3 Grant from NHS Charities Together (NHS CT) for £60,480 will be paying for the 1st year. We have received the interim 50% payment from NHS CT. The Charity will be paying for the 2nd year.
10. This is being purchased for the Dermatology Department - Scannappeal is contributing to 50% of the cost.
11. Fundraising cost contribution commitment.
12. Remaining 50% commitment for the Legacy Campaign with Fresh Fundraising.
13. Funded by the Cancer Care and Haematology Fund (CCHF) - Items to be received in June 2022.

14. Legacy left to Cardiology - to be used for the purchase of a piece of medical equipment.
15. Commitment was released and the donation was transferred to a new fund, established specifically for this project (The Chiltern American Women's Club (CAWC)/MND Breathing Support).
16. Commitment was released as it was no longer required.
17. Contribution received from Scannappeal in Nov 2021 to purchase the MRI Scanner for SMH.  
The effect of this transaction in the SOFA is Nil.
18. Suspended - due to both the COVID-19 pandemic and the chief researcher resigning from the project.
19. As the PDT doesn't have its own charitable fund, this has been committed in the Paediatric Amenity Fund, for use by the PDT.

## **20. Key assumptions and judgements**

The charity accrues for items of expenditure which relate to the previous year where invoices have not been processed or received before the year end. However, should it be necessary, estimates are made in some instances where invoices have not been received based on activity and/or expenditure for the year to date. During this financial year no estimates in expenditure accruals have been made.

No significant judgements have been made in preparing the accounts. No key assumptions have been made regarding any sources of estimation uncertainty with a significant risk of causing a future material adjustment.

## **21. Disputes with other parties**

There were no disputes, litigations or claims with other parties to report at 31 March 2022.

## **22. Taxation**

Buckinghamshire Healthcare NHS Trust Charitable Funds is a registered charity and as such benefit from certain exemptions from taxation on income and gains, to the extent that they are applied for charitable purposes.

## **23. Post balance sheet events**

There were no post balance sheet events to report at XX November 2022.

## 24. Comparative statement of financial activities

	Unrestricted Funds £'000	Restricted Funds £'000	Endowment funds £'000	Total Funds at 31 March 2021 £'000
<b>Income and endowments from:</b>				
Donations and legacies:				
Donations	92	12	-	104
Legacies	359	184	-	543
<b>Subtotal: donations and legacies</b>	<b>451</b>	<b>196</b>	<b>-</b>	<b>647</b>
Charitable activities	197	-	-	197
Investment income	53	-	-	53
Other	70	111	2	183
<b>Total income</b>	<b>771</b>	<b>307</b>	<b>2</b>	<b>1,080</b>
<b>Expenditure on:</b>				
Raising funds:				
Fundraising activities	6	1	-	7
Investment management costs	10	15	-	25
<b>Subtotal: raising funds</b>	<b>16</b>	<b>16</b>	<b>-</b>	<b>32</b>
Charitable activities:				
Patients' welfare and amenities	238	188	-	426
Staff welfare and amenities	265	12	-	277
Research	72	240	-	312
Training and development	5	-	-	5
Other	-	-	2	2

	Unrestricted Funds £'000	Restricted Funds £'000	Endowment funds £'000	Total Funds at 31 March 2021 £'000
<b>Subtotal: charitable activities</b>	<b>580</b>	<b>440</b>	<b>2</b>	<b>1,022</b>
<b>Total expenditure</b>	<b>596</b>	<b>456</b>	<b>2</b>	<b>1,054</b>
<b>Net income/(expenditure) and net movement in funds before gains and losses on investments</b>	<b>175</b>	<b>(149)</b>	<b>-</b>	<b>26</b>
Net gains/(losses) on investments	510	836	15	1,361
<b>Net income/(expenditure)</b>	<b>685</b>	<b>687</b>	<b>15</b>	<b>1,387</b>
Transfer between funds	4	(4)	-	-
<b>Net movement in funds</b>	<b>689</b>	<b>683</b>	<b>15</b>	<b>1,387</b>
<b>Reconciliation of Funds:</b>				
Total funds brought forward at 1st April 2020	2,942	4,915	86	7,943
<b>Total fund carried forward at 31 March 2021</b>	<b>3,631</b>	<b>5,598</b>	<b>101</b>	<b>9,330</b>

## 25. Material uncertainty

There was no material uncertainty in the Investment Portfolio for the property funds to report at 31 March 2022 and the market volatility had subsided substantially.

The long-term case for real estate investment remains strong, it is physically unaffected by viruses and in the long term (and in many cases the short term too) continues to provide income stability and the ability to add value through active asset management. Moreover, property yields continue to offer a healthy and rising margin over UK gilt rates and interest rates.

**Charitable Fund a Registered Charity 1053113**

Directorate of Finance & Information

Direct Dial: 01494 734773

Direct Mobile: 07929 036259

Email: kishamer.sidhu@nhs.net

**Amersham Hospital**

Whielden Street

Amersham

Buckinghamshire

HP7 0JD

Tel: 01494 434 411

[www.buckshealthcare.nhs.uk](http://www.buckshealthcare.nhs.uk)

Haines Watts Chartered Accountants

4 Claridge Court

Lower Kings Road

Berkhamsted

Hertfordshire

HP4 2AF

Dear Sirs

The following representations are made on the basis of enquiries of management and staff with relevant knowledge and experience such as we consider necessary in connection with your audit of Buckinghamshire Healthcare NHS Trust Charitable Funds financial statements for the year ended 31 March 2022. These enquiries have included inspection of supporting documentation where appropriate. All representations are made to the best of our knowledge and belief.

#### GENERAL

1. We have fulfilled our responsibilities as trustees, as set out in the terms of your engagement letter under the Companies Act 2006, for preparing financial statements in accordance with applicable law and United Kingdom Accounting Standards (UK Generally Accepted Accounting Practice) and Charities Act 2011, for being satisfied that they give a true and fair view and for making accurate representations to you.
2. All the transactions undertaken by the company have been properly reflected and recorded in the accounting records.
3. All the accounting records have been made available to you for the purpose of your audit. We have provided you with unrestricted access to all appropriate persons within the company, and with all other records and related information requested, including minutes of all management and shareholder meetings.
4. The financial statements are free of material misstatements, including omissions.
5. The effects of uncorrected misstatements are immaterial both individually and in total.

#### INTERNAL CONTROL AND FRAUD

6. We acknowledge our responsibility for the design, implementation and maintenance of internal control systems to prevent and detect fraud and error. We have disclosed to you the results of our risk assessment that the financial statements may be misstated as a result of fraud.
7. We have disclosed to you all instances of known or suspected fraud affecting the entity involving management, employees who have a significant role in internal control or others that could have a material effect on the financial statements.
8. We have also disclosed to you all information in relation to allegations of fraud or suspected fraud affecting the entity's financial statements communicated by current or former employees, analysts, regulators or others.

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK

Providing a range of acute and community services across Buckinghamshire  
Chair: David Highton Chief Executive: Neil Macdonald

**ASSETS AND LIABILITIES**

9. The company has satisfactory title to all assets and there are no liens or encumbrances on the company's assets, except for those that are disclosed in the notes to the financial statements.
10. All actual liabilities, contingent liabilities and guarantees given to third parties have been recorded or disclosed as appropriate.
11. We have no plans or intentions that may materially alter the carrying value and, where relevant, the fair value measurements or classification of assets and liabilities reflected in the financial statements.
  - a. We confirm stock requires no provision.
  - b. We confirm that the value of property included in the accounts is correct.

**ACCOUNTING ESTIMATES**

12. Significant assumptions used by us in making accounting estimates, including those measured at fair value are reasonable.

**LOANS AND ARRANGEMENTS**

13. The company has not granted any advances or credits to, or made guarantees on behalf of, trustees other than those disclosed in the financial statements.

**LEGAL CLAIMS**

14. We have disclosed to you all claims in connection with litigation that have been, or are expected to be, received and such matters, as appropriate, have been properly accounted for and disclosed in the financial statements.

**LAWS AND REGULATIONS**

15. We have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements.

**RELATED PARTIES**

16. Related party relationships and transactions have been appropriately accounted for and disclosed in the financial statements. We have disclosed to you all relevant information concerning such relationships and transactions and are not aware of any other matters which require disclosure in order to comply with the requirements of company law or accounting standards.

**SUBSEQUENT EVENTS**

17. All events subsequent to the date of the financial statements which require adjustment or disclosure have been properly accounted for and disclosed.

**GOING CONCERN**

18. We believe that the company's financial statements should be prepared on a going concern basis on the grounds that current and future sources of funding or support will be more than adequate for the company's needs. We have considered a period of twelve months from the date of approval of the financial statements. We believe that no further disclosures relating to the company's ability to continue as a going concern need to be made in the financial statements.

We acknowledge our legal responsibilities regarding disclosure of information to you as auditors and confirm that so far as we are aware, there is no relevant audit information needed by you in connection with preparing your audit report of which you are unaware.

Each trustee has taken all the steps that he ought to have taken as a trustee in order to make himself aware of any relevant audit information and to establish that you are aware of that information.

Yours faithfully



.....  ....Kishamer Sidhu, Interim Chief Finance Officer (27/01/2023)

Signed on behalf of the board of trustees

## Acronym 'Buster'

- A&E - Accident and Emergency
- AD - Associate Director
- ADT - Admission, Discharge and Transfer
- AfC - Agenda for Change
- AGM - Annual General Meeting
- AHP - Allied Health Professional
- AIS – Accessible Information Standard
- AKI - Acute Kidney Injury
- AMR - Antimicrobial Resistance
- ANP - Advanced Nurse Practitioner

## **B**

- BBE - Bare Below Elbow
- BHT – Buckinghamshire Healthcare Trust
- BME - Black and Minority Ethnic
- BMA - British Medical Association
- BMI - Body Mass Index
- BOB – Buckinghamshire, Oxfordshire, Berkshire West
- BPPC – Better Payment Practice Code

## **C**

- CAMHS - Child and Adolescent Mental Health Services
- CAS - Central Alert System
- CCG - Clinical Commissioning Group
- CCU - Coronary Care Unit
- Cdif / C.Diff - Clostridium Difficile
- CEA - Clinical Excellence Awards
- CEO - Chief Executive Officer
- CHD - Coronary Heart Disease
- CIO - Chief Information Officer
- CIP - Cost Improvement Plan
- CQC - Care Quality Commission
- CQUIN - Commissioning for Quality and Innovation
- CRL – Capital Resource Limit
- CSU - Commissioning Support Unit
- CT - Computerised Tomography
- CTG - Cardiotocography

## **D**

- DBS - Disclosure Barring Service
- DGH - District General Hospital
- DH / DoH - Department of Health
- DIPC - Director of Infection Prevention and Control
- DNA - Did Not Attend
- DNACPR - Do Not Attempt Cardiopulmonary Resuscitation
- DNAR - Do Not Attempt Resuscitation
- DNR - Do Not Resuscitate
- DOH – Department of Health
- DoLS - Deprivation of Liberty Safeguards
- DPA - Data Protection Act
- DSU - Day Surgery Unit
- DVT - Deep Vein Thrombosis

## **E**

- E&D - Equality and Diversity
- EBITDA - Earnings Before Interest, Taxes, Depreciation and Amortization
- ECG - Electrocardiogram
- ED - Emergency Department
- EDD - Estimated Date of Discharge
- EIA - Equality Impact Assessment
- EIS – Elective Incentive Scheme
- ENT - Ear, Nose and Throat
- EOLC - End of Life Care
- EPR - Electronic Patient Record
- EPRR - Emergency Preparedness, Resilience and Response
- ESD - Early Supported Discharge
- ESR - Electronic Staff Record

## **F**

- FBC - Full Business Case
- FFT - Friends and Family Test
- FOI - Freedom of Information
- FTE - Full Time Equivalent

## **G**

- GI - Gastrointestinal
- GMC - General Medical Council
- GP - General Practitioner
- GRE – Glycopeptide Resistant Enterococci

## **H**

- HAI - Hospital Acquired Infection
- HASU - Hyper Acute Stroke Unit
- HCA - Health Care Assistant
- HCAI - Healthcare-Associated Infection
- HDU - High Dependency Unit
- HEE – Health Education England
- HETV - Health Education Thames Valley
- HMRC – Her Majesty's Revenue and Customs

- HSE - Health and Safety Executive
- HSLI – Health System Led Investment
- HSMR – Hospital-level Standardised Mortality Ratio
- HWB - Health and Wellbeing Board

## I

- ICS – Integrated Care System

## M

- I&E - Income and Expenditure
- IC - Information Commissioner
- ICP - Integrated Care Pathway
- ICU - Intensive Care Unit
- IG - Information Governance
- IGT / IGTK - Information Governance Toolkit
- IM&T - Information Management and Technology
- IPR - Individual Performance Review
- ITU - Intensive Therapy Unit / Critical Care Unit
- IV - Intravenous

## J

- JAG - Joint Advisory Group

## K

- KPI - Key Performance Indicator

## L

- LA - Local Authority
- LCFS - Local Counter Fraud Specialist
- LD - Learning Disability
- LHRP - Local Health Resilience Partnership
- LiA - Listening into Action
- LOS / LoS - Length of Stay
- LUCADA - Lung Cancer Audit Data

## M

- M&M - Morbidity and Mortality
- MDT - Multi-Disciplinary Team
- MIU - Minor Injuries Unit
- MRI - Magnetic Resonance Imaging
- MRSA - Meticillin-Resistant Staphylococcus Aureus

## N

- NBOCAP - National Bowel Cancer Audit Programme
- NCASP - National Clinical Audit Support Programme
- NED - Non-Executive Director

- NHS – National Health Service
- NHSE – National Health Service England
- NHSE/I – National Health Service England & Improvement
- NHSI – National Health Service Improvement
- NHSLA - NHS Litigation Authority
- NICE - National Institute for Health and Care Excellence
- NICU - Neonatal Intensive Care Unit
- NMC - Nursing and Midwifery Council
- NNU - Neonatal Unit
- NOGCA - National Oesophago-Gastric Cancer Audit
- NRLS - National Reporting and Learning System / Service

## O

- O&G - Obstetrics and Gynaecology
- OBC - Outline Business Case
- ODP - Operating Department Practitioner
- OHD - Occupational Health Department
- OOH - Out of Hours
- OP - Outpatient
- OPD - Outpatient Department
- OT - Occupational Therapist/Therapy
- OUH - Oxford University Hospital

## P

- PACS - Picture Archiving and Communications System / Primary and Acute Care System
- PALS - Patient Advice and Liaison Service
- PAS - Patient Administration System
- PBR - Payment by Results
- PBR Excluded – Items not covered under the PBR tariff
- PDC - Public Dividend Capital
- PDD - Predicted Date of Discharge
- PE - Pulmonary Embolism
- PFI - Private Finance Initiative
- PHE - Public Health England
- PICC - Peripherally Inserted Central Catheters
- PID - Patient / Person Identifiable Data
- PID - Project Initiation Document
- PLACE - Patient-Led Assessments of the Care Environment
- PMO - Programme Management Office
- PPE - Personal Protective Equipment
- PP – Private Patients
- PPI - Patient and Public Involvement
- PSED - Public Sector Equality Duty

## Q

- QA - Quality Assurance
- QI - Quality Indicator
- QIP - Quality Improvement Plan
- QIPP - Quality, Innovation, Productivity and Prevention
- QIA - Quality Impact Assessment
- QOF - Quality and Outcomes Framework

## R

- RAG - Red Amber Green
- RCA - Root Cause Analysis

- RCN - Royal College of Nursing
- RCP - Royal College of Physicians
- RCS - Royal College of Surgeons
- RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
- RTT - Referral to Treatment

## **S**

- SAU - Surgical Assessment Unit
- SCAS / SCAmb - South Central Ambulance Service
- SHMI - Summary Hospital-level Mortality Indicator
- SI - Serious Incident
- SIRI - Serious Incident Requiring Investigation
- SIRO – Senior Information Risk Owner
- SID - Senior Independent Director
- SLA - Service Level Agreement
- SLR - Service-Line Reporting
- SLT / SaLT - Speech and Language Therapy
- SMR - Standardised Mortality Ratio
- SoS - Secretary of State
- SSI(S) - Surgical Site Infections (Surveillance)
- SNAP - Sentinel Stroke National Audit Programme
- STF – Strategic Transformation Fund
- STP - Sustainability and Transformation Plan
- SUI - Serious Untoward Incident

## **T**

- TIA - Transient Ischaemic Attack
- TNA - Training Needs Analysis
- TPN - Total Parenteral Nutrition
- TTA - To Take Away
- TTO - To Take Out
- TUPE - Transfer of Undertakings (Protection of Employment) Regulations 1981

## **U**

- UGI - Upper Gastrointestinal
- UTI - Urinary Tract Infection

## **V**

- VfM - Value for Money
- VSM - Very Senior Manager
- VTE - Venous Thromboembolism

## **W**

- WHO - World Health Organization
- WTE - Whole Time Equivalent

## **Y**

- YTD - Year to Date