Meeting: **Trust Board Meeting in Public**

Date: **Wednesday, 29 March 2023**

Time: **09:30 – 12:15**

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

Start Time	Item	Subject	Purpose	Presenter	Encl.
09.30	**1.**	Chair's Welcome to the Meeting • Meeting Guidance • Apologies for absence	Information	Chair	Verbal Paper
	2.	Declaration of Interests • Register of Directors Interests	Assurance	Chair	Paper
General Business					
09:35	**3.**	Patient Story	Discussion	Chief Nurse	Paper
	4.	Minutes of the last meeting held on: • 22 February 2023	Approval	Chair	Paper
	5.	Actions and Matters Arising • *Revised organisational approach re: violence and aggression to colleagues* • *Integrated safe staffing report*	Approval	Chair *CPO* *CN/CMO*	Paper
	6.	Chief Executive's Report	Information	Chief Executive Officer	Paper
Board Sub-Committee Chair's Reports					
10:10	**7.**	Audit Committee Chair Report • Committee Terms of Reference	Assurance Approval	Committee Chair	Paper
	8.	Quality and Clinical Governance Committee Chair Report	Assurance	Committee Chair	Paper
	9.	Finance and Business Performance Committee Chair Report	Assurance	Committee Chair	Verbal
	10.	Strategic People Committee Chair Report	Assurance	Committee Chair	Paper
Performance					
10:25	**11.**	Integrated Performance Report	Assurance	Chief Operating Officer	Paper
		QUESTIONS FROM THE PUBLIC			
		COMFORT BREAK – 10 minutes			
Finance					

10:55	**12.**	Monthly Finance Report	Assurance	Chief Finance Officer	Paper
	13.	Annual Operating Plan; 2023-24	Discussion	Chief Digital Information Officer	Paper to follow
People					
11:20	**14.**	General Practice Vocational Training Scheme (GPVTS) Contract	Approval	Chief People Officer	Paper
	15.	Staff Survey Results	Assurance	Chief People Officer	Paper
Strategy					
11:35	**16.**	Wycombe Strategic Plan	Approval	Chief Commercial Officer	Paper
Risk and Governance					
11:50	**17.**	Organisational Risk	Assurance	Trust Board Business Manager	Paper
Information					
12:05	**18.**	Private Board Summary Report	Information	Trust Board Business Manager	Paper
	19.	Fit and Proper Persons Test	Information	Chief People Officer	Paper
AOB					
	20.	Risks identified through Board discussion	Discussion	Trust Board Business Manager	Verbal
		ANY OTHER BUSINESS			
		QUESTIONS FROM THE PUBLIC			
		Date of Next Meeting: Wednesday 26 April 2023; 9:30am			

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

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.

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

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

NHS
Buckinghamshire Healthcare
NHS Trust

David Highton
Chair

Neil Macdonald
Chief executive

Non-executive directors

Dr Dipti Amin

Rajiv Jaitly

John Lisle

Tom Roche

Nicola Gilham

Non-executive director (associate)

Dr Adrian Hayter

Mo Girach

Board affiliate
Dr Sarah Lewis

Board affiliate
Hannah Hornby

Raghuv Bhasin
Chief operating officer

Karen Bonner
Chief nurse

Mr Andrew McLaren
Chief medical officer

Kishamer Sidhu
Chief finance officer (interim)

Bridget O'Kelly
Chief people officer

Duncan Dewhurst
Chief digital information officer

Ali Williams
Chief commercial officer

Buckinghamshire Healthcare NHS Trust

REGISTER OF DIRECTORS' INTERESTS

The following is the current register of the Executive and Non-Executive Directors of the Buckinghamshire Healthcare NHS Trust and their declared interests. The register is maintained by the Senior Board Administrator.

Name	Position	Interests Declared
Dipti Amin	Non-Executive Director	Non-Executive Director on the Board of the University of Hertfordshire Non-Executive Director on the Board of Lineage Cell Therapeutics Medical Revalidation Appraiser for IQVIA Investor in Cambridge Innovation Capital
Karen Bonner	Chief Nurse	Trustee- 2021 HelpForce have a mission to accelerate the growth and impact of volunteering. Helpforce partners with health and care organisations to increase volunteering opportunities and accelerate their impact. Trustee - 2020 Wisdom Against Racism CIC is a forward-thinking, progressive organisation that has an unrivalled understanding of the challenges in regard to race that young people face. Volunteer & campaigner- Prostate cancer UK Kings Fund- Advisory council
Raghuv Bhasin	Chief Operating Officer	Wife is a shareholder in a company which owns 100% of companies that include Richard Haworth Limited and Osan Limited. She also works as an Account Manager for Richard Haworth Limited. Richard Haworth Limited supply bed linen, bath linen and other textiles to the hospitality industry including some hospitals (through a linen rental company). Richard Haworth have also started producing PPE during the COViD-19 pandemics and selling this to hospitals and care homes.
Duncan Dewhurst	Chief Digital Information Officer	None
Nicola Gilham	Non-Executive Director	NED - Turning Point NED – Turning Point Services Ltd NED - Brighter Futures for Children NED - North West London Integrated Care Board Vice Chair - Child Bereavement UK
Mo Girach	Associate Non-Executive Director	Working at University of Buckingham part time.
Adrian Hayter	Non-Executive Director	Director Windsor PCN Director Hayter Healthcare Ltd Medical Director East Berkshire Out of Hours Partner Runnymede Medical Practice National Clinical Director NHS England Wife's relative works for Sodexo at BHT Kaleidoscope Health and Care Associate Consultancy ad hoc Consilium Consultancy ad hoc in an advisory capacity
David Highton	Trust Chair	Chair, Maidstone and Tunbridge Wells NHS Trust Non-Executive Chair, ACG Lettings Ltd (a residential lettings company bequeathed to Demelza – see below) Chair of Trustees, Demelza Hospice Care for Children Owner and director, Hyperium Ltd (no recent business with NHS) Strategic Health Advisor to Servita, a professional services provider in UK, Middle East and Far East.
Hannah Hornby	Board Affiliate	None

Name	Position	Interests Declared
Rajiv Jaitly	Non-Executive Director	Managing Partner Jaitly LLP Non-Executive Director Heirloom Investment Fund SPC Non-Executive Director Board Apprentice Global Ltd Several interests held in healthcare related investments held directly and indirectly through pooled investment funds – although the holdings are not significant or controlling holdings and are of an immaterial amount in relation to the capitalisation of these funds and companies e.g GSK, AstraZeneca, Reneuron, L&G Health Index etc
Sarah Lewis	Board Affiliate	None
John Lisle	Non-Executive Director	Son is an ST1 doctor in North Yorks and Humberside Deanery Daughter is a medical student and on the Bank as an HCA at Buckinghamshire Healthcare Trust Various advisory work for Venture Capital; mainly assessing life sciences start-up opportunities
Neil Macdonald	Chief Executive Officer	Spouse is managing partner of Marlow Medical Group, Chair of FedBucks (Buckinghamshire primary care federation) and clinical director ARC PCN.
Andrew McLaren	Chief Medical Officer	Medicolegal work – ad hoc
Bridget O'Kelly	Chief People Officer	Hannah O'Kelly, my daughter is working as a B2 Therapy Assistant, at Wycombe Hospital., in the Division of Integrated Elderly & Community Care. She started in this role on 3 October 2022.
Kishamer Sidhu	Interim Chief Finance Officer	MKUCS - FD and Board Secretary Govenor Bucks College
Tom Roche	Non-Executive Director	Non-Executive Chair - Clarks of Amersham Non-Executive Director - Garden Court Chambers. Qualified and accredited executive coach Daughter works for NHS
Ali Williams	Commercial Director	Bettany Centre for Entrepreneurship, Cranfield Business School – Business Growth Counsellor Director of Bucks Healthcare Projects Ltd; a wholly owned subsidiary of the Trust. Parish Councillor

Meeting: Trust Board Meeting in Public

29 March 2023

Agenda item	Katie & David's – Patient Story
Board Lead	Karen Bonner, Chief Nurse
Type name of Author	Heather Brown, Patient Experience Improvement Manager
Attachments	Katie & David's Patient Story – YouTube clip
Purpose	Discussion
Previously considered	QCGC 15.03.2023

Executive Summary

This paper summarises the experiences of a relative following the submission of a formal complaint regarding the treatment of her husband.

David was initially admitted to the Stroke ward at Wycombe Hospital in 2022 following a stroke at the age of 45yrs. He was subsequently transferred to the John Radcliffe Hospital for rehabilitation.

After the transfer to the John Radcliffe Hospital, David suffered a number of seizures which transpired to be as a result of not having his anti-seizure medication. An investigation was conducted and found out that the patients discharge paperwork was missing vital information in relation to his anti-epilepsy medication.

The Stroke Unit, alongside the complaints team, have taken onboard the feedback given by the patients relative including learning from the incidents and improvement actions have been implemented.

This patient story was considered at Quality and Clinical Governance Committee on 15 March 2023 and recommended for Board discussion.

Decision	The Board is requested to reflect and learn from the patient feedback provided.

Relevant Strategic Priority

Outstanding Care ☒	**Healthy Communities** ☐	**Great Place to Work** ☒	**Net Zero** ☐

Implications / Impact

Patient Safety	Impact on quality and safety standards and patient experience
Risk: link to Board Assurance Framework (BAF)/Risk Register	None
Financial	Financial impact of clinical variation, avoidable harm and length of stay and complaints.
Compliance CQC Standards	Person centred care, safety, safeguarding, complaints, Duty of Candour compliance
Partnership: consultation / communication	Working with key stakeholders in quality, safety and patient experience
Equality	Potential for inequality due to known health inequalities across the county. The current Covid-19 pandemic has been found to

	disproportionately impact on specific patient groups e.g. men, over 50s and BAME. Risk of discrimination of patients from diverse backgrounds and poorer socio-economic communities.
Quality Impact Assessment [QIA] completion required?	No All policies impacting on activity referred to in this report have undertaken Equality Impact Assessments including: Duty of Candour and Being Open and Incident reporting including the Management of Serious Incidents

1 Introduction/Position

Listening to the personal stories of others, especially those about emotional issues like health, can help us learn and make an impact on how we behave.
Reading/listening to their stories helps us understand the experience of being a patient/relative/carer. They also show how staff can play a critical role in optimising the power of the story in the patient's journey towards physical and psychological healing.

2 Problem

During David's admission to the Stroke ward the medical care he received was excellent according to his relatives, however the lack of communication and issues with his discharge paperwork resulted in a poor experience for both the patient and his family.

3 Possibilities

Following conclusion of an investigation by the Division, the family were approached to share their experiences and to hear about the work the Stroke Team have undertaken to ensure these situations don't happen again.

Lived experiences of both patients and their families help to provide significant contributions to the patient's treatment and overall outcome. People who have been closest to the problem have the most experience with it, can elevate real concerns, devise the most pointed solutions, and engage others to support.

4 Proposal, conclusions recommendations and next steps.

Telling the story of one patient's experience of care can memorably illustrate improvements or problems in a care pathway. Statistics and data have an important place in monitoring and understanding services and facilitating improvement, but the right story can also have the power to motivate and change minds.

5 Action required from the Board/Committee

5.1 The Board is requested to:

a) Reflect on the feedback provided by the patient and their family
b) Note the improvement implemented in response to the patient feedback

APPENDICES

Appendix 1: https://youtu.be/J4LuXfy0HQg

Meeting: Trust Board Meeting in Public

Date: **Wednesday, 22 February 2023**

Time: **09.30 – 11.00**

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 (minutes)

01/02/23 Welcome, Introductions and Apologies

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

02/02/23 Declarations of Interest

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

03/02/23 Minutes of the last meeting

The minutes of the meeting held on 25 January were **APPROVED** as a true and accurate record.

04/02/23 Actions and Matters Arising

The Action Matrix was **NOTED** and the Board approved the transfer of action 1512.

05/02/23 Chief Executive's Report

NM presented the report highlighting key points.

TR expressed his gratitude for the work undertaken by Trust volunteers to transform and maintain gardens and outdoor spaces across the Trust noting the difference this had made to both patients and colleagues across the sites. NM was in agreement and commended the enthusiasm of individuals that had contributed. Further opportunities for improvement were being sought out.

Related to violence and aggression to colleagues, TR noted the importance of the public understanding the no tolerance messaging.

Related to the number of initiatives being worked on at Place level and the impact these would have on the Trust, NG queried how outputs of the Executive Place Partnership would feedback to Board. NM reminded the Board of the Health & Wellbeing Strategy which had been presented recently and was broken down into 'Start Well, Live Well, Age Well'. There was further work to do on the specifics of this strategy but this would focus on children, frailty, discharges and health inequalities, particularly related to cardiovascular disease.

NG queried the success and impact of the Discharge Fund and what was being done to manage the sustainability of both discharges and Social Care. NM confirmed funding was in place to support a programme of transformation integrating health and care services within the Place. Experienced colleagues had been brought in to work on operational processes between the acute hospital, community services, the Council and CHC and work through associated challenges. After c4 weeks, this was starting to demonstrate benefits.

RJ offered his congratulations to the winners of the CARE awards and queried when the Board would be able to resume meeting these individuals in person. Whilst it was recognised that colleagues were often best placed to recognise the work of others, the Board agreed it was important to encourage patients and their families to participate in this scheme. NM confirmed nominations from patients or relatives were prioritised and that JJ was working on CARE award winners attending the next Board meeting in person. BOK highlighted the annual staff awards which were being launched shortly where individuals considered to have made a difference could be formally recognised. Information would be made available on the intranet and Trust website.

AH noted the UEC Recovery Plan would be an important piece of work for the Trust in preparing for next Winter and supporting best patient outcomes. AH queried how well placed the Trust was in being able to deliver community initiatives to support the current bed position. NM confirmed all component parts were in place but the focus was on linking up and avoiding too many parallel initiatives. The priorities for both the Trust and Place were a single transfer of care hub that supported interaction with ambulance and 111 services and the intermediate care model; both physical and virtual beds. The ambition was for these to be in place by October.

The Committee **NOTED** the report.

06/02/23	Quality and Clinical Governance Committee Chair Report

DA presented the report noting the following key points:

- Scrutiny by the Committee for IPR quality metrics below target.
- Lack of assurance on some areas related to Infection Prevention and Control (IPC) particularly related to water safety and ventilation and the lack of electronic prescribing.
- Work on colleague vaccinations was commended.
- Impact of lack of EPR on patient experience.
- Significant progress on medical compliance with statutory and mandatory training following a concerted and proactive approach toward those areas with poor compliance.

The Research and Innovation Service were highlighted for their performance noting the significant amount of research underway.

DA noted concern a cleaning policy was not in place but it was confirmed that cleaning standards were included within the IPC Manual. A draft policy was currently being worked on in line with the new standards. This would be overseen by the IPC Committee.

The Committee **NOTED** the report.

07/02/23	Finance and Business Performance Committee Chair Report

NG presented the report noting the following key points:

- Review of M10 position noting the Trust was on track for the year end plan.
- Detailed review of IPR noting improvements in radiology reporting and elective long waiter position.
- Welcomed the introduction of BI dashboards.
- IPR noted to be under review and was being re-drafted in line with 2023-24 objectives.
- Detailed review of the Capital Plan.

A number of items had been recommended to Board for approval which would be discussed at the meeting in private.

The Board **NOTED** the update.

08/02/23	Charitable Funds Committee Chair Report

NG presented the report noting this was an extraordinary meeting for two key items;

1. Approval of the acquisition of the lease demise from L&Q for Keyworker accommodation which had been approved; the Charity would be looking to liquidate some portfolio funds to proceed with this.
2. Approval of the annual audit for 2021/22 for which the Charity had received a clean audit opinion from Haines Watts. The accounts had been completed and submitted on time to the Charities Commission.

RJ commended NH and the finance and charity teams for submitting in line with the deadline.

The Board **NOTED** the report.

09/02/23	Integrated Performance Report IPR)

RB presented the IPR highlighting:

- Currently on track to achieve the target of zero 78-week waiters by end March 2023 although there was a risk to this related to the pending junior doctor strike.
- Improvement in cancer performance.
- Continuing growth in the urgent community response service caseload.
- Continued improvement in complaints response times.
- Continued reduction in turnover numbers.
- Ongoing international recruitment, particular within maternity and ED services.
- Clinical modelling meeting planned for UEC services.

Focussing on the operational metrics not considered by the Quality & Clinical Governance Committee, DA queried how best to take assurance from a quality and safety perspective with the number of such metrics outside target.

RB explained teams had been under considerable pressure but that there were concerns regarding consistency in reporting. Actions being taken were noted as key for providing assurance as well as effective monthly narratives on these. A second key piece of work required in the report was triangulation between work within community services and the impact of this within acute.

Following discussion at the Finance and Business Performance Committee meeting, DH confirmed changes would be seen in line with the priorities for the Trust in the new financial year. DH suggested the use of lead as well as lag indicators to allow colleagues to track progress against trajectories where appropriate.

Referring to the UEC clinical modelling meeting, DH recognised there was considerable space within ED that would be released when the new paediatric building opened and could be re-modelled immediately whilst other areas would require some capital investment. The early clinical engagement was commended.

AM highlighted a national follow up meeting to the publication of the UEC recovery plan noting there was significant focus on this, particularly category 2 ambulance waits and total time spent by patients in ED; both metrics which translated into all-cause mortality. This had been recognised and mitigations within ED to try to prevent harm included trolleys with pressure relieving mattresses, electronic observations, early review by senior decision makers and use of the Shine tool by nursing colleagues. It was likely these efforts were contributing to the lower than expected HSMR. A piece of work on ED culture was underway led by AM, KB and RG with ratification by the equivalent ICB triumvirate.

DA welcomed the additional information and queried whether patients were coming to harm due to the delays in cancer pathways.

AM acknowledged the delays but outlined the significant improvement in the backlog of radiology tests requiring reporting. Once the backlog had been resolved, radiologists would focus on the turning around cancer reporting within 24 hours. A clinical harm review was undertaken for all patients waiting for more than 104 days on a cancer pathway and, whilst it could be challenging to

identify harm, no significant cases had been found so far. The focus was on the Faster Diagnosis Standard noting that 90% of patients within early pathways were not given a diagnosis of cancer.

With regards to the revision of the IPR, RB confirmed the intention was a full review of headline and driver performance and quality and safety metrics. Information was visible within the organisation at a number of groups (e.g. cancer board) and it was recognised that some of this information may be helpful to the Board.

RJ queried the timescale for this and RB suggested an example approach would be available in March with a draft IPR available in April.

Action: Revised IPR in line with 2023-24 Trust objectives (COO)

DH congratulated colleagues on progress with cancer performance and reminded the Committee that concentration on the backlog would suppress the in-month percentage but that significant improvements had been made.

In response to a query from KS, RB confirmed progress was being made on long elective waiters and noted the 78-week waiter target for end March with a refocus on 65-week waiters for the next financial year. Overall referral-to-treatment (RTT) performance remained challenged for the same reason as articulated by DH on cancer. It was important to focus on long waiters for both patient safety and experience.

JL requested assurance there were no anomalies at service level. RB highlighted individual tumour trajectories noting challenges in dermatology had been addressed and in neurology were related to specialist nurse recruitment for the 'one-stop' pathway where good progress had been made. Related to elective work, all specialties were noted to have backlogs with larger specialties and those with significant cancer work being more challenged. Cancer referrals had increased and managing capacity for these and routine elective work was being considered within operational planning for the next financial year.

The difficulty in being able to separate suppressed COVID-19 demand from a permanent increase in referrals was recognised. This was in addition to short term increases in referrals from national cancer awareness campaigns.

The Board were **ASSURED** by the report particularly the improvements in cancer and elective performance.

10/02/23	Monthly Finance Report

KS presented the M10 finance report noting this had been discussed in detail at the Finance and Business Performance Committee. KS highlighted the following points:

- The year to date position was in line with the plan (£14.3m deficit as approved by Board at M09).
- Three actions had been set to support the achievement of the plan; drugs recharges, internal divisional action plans and contract income. £1.2m of the £1.8m divisional mitigations had been realised so far with the remaining £0.6m to be achieved in M11 and M12. The income contracts were still being worked on.
- On plan for capital for 2022/23 with a significant capital commitment for 2023/24 for which a resolution was required.
- Cash had been applied for from NHSE due to submission of a capital return above that expected by the ICB. Due to the reason for the cash application this would not impact the Trust's oversight framework rating.

RJ highlighted the improvement in plan had been due to additional income received and that whilst activity was lower than predicted, expenditure was higher. In view of this, RJ proposed additional focus should be on the management and control of finances. DH agreed but noted unpredicted challenges, particularly the number of Medically Optimised for Discharge (MOfD) patients within the Trust. KS confirmed that controls were in place and actions were being delivered. Monthly or weekly meetings were being held with divisional colleagues to review.

Board were **ASSURED** by the report and the current position.

13/02/23	Private Board Summary Report

The Board **NOTED** the report.

14/02/23	BHT Charity Annual Report and Accounts

KS offered thanks to Justine Stratfold, Head of Financial Control, for going above and beyond to ensure the accounts were submitted on time.

DA suggested the presentation of Board members within the report could be amended to be clear when colleagues were leaving due to the end of their term.

DA queried whether items could be bought by the Trust and be reimbursed by the Charity. KS reported a review was currently underway on processes but that this was possible. Speed of obtaining the item was a benefit but with additional administrative processes as a consequence.

The Board **NOTED** the report.

15/02/23	Risks identified through Board discussion

JJ noted the following risks:

- Junior Doctor strike and potential impact on operational performance, particularly achievement of 0 78-week waiters by end March.
- Implications for capital programme for 2023-24.
- Unresolved action related to income and potential impact on financial position for 2022-23.

16/02/23	Any other business

DH noted a significant amount of work was underway on the year end position and drafting operational plans for next year. An extraordinary Finance and Business Performance Committee was likely to be required in March ahead of submission of the 2023-24 plan to the Integrated Care Board (ICB). There would be additional pressure in the next year on both revenue and capital and efficiency savings.

	QUESTIONS FROM THE PUBLIC

None raised.

Date of the next Trust Board Meeting in Public: 29 March 2023 at 09.30

Public Board Action Matrix

4action ID	Agenda Item	Summary	Target Date	Exec Lead	Status	Update
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	Propose close	Further to update on Comms campaign in February 2023; use of updated Datix system to improve oversight of incidents impacting colleagues. Action plan presented to EMC 28 February 2023 and all actions in place end March. Board Committee oversight through Strategic People Committee.
1368	Safe Staffing	Integrated safe staffing report including medical and AHP colleagues within acute and community sites	~~29/03/2023~~ 31/05/2023	Chief Nurse/ Chief Medical Officer	In Progress (deferred)	Deferred to align with mandatory nursing safe staffing reporting
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

29 March 2023

Agenda item	Chief Executive's Report
Board lead	Neil Macdonald, CEO
Type name of author	Chloe Powell, CEO Business Manager
Attachments	Chief Executive's Report Appendix 1 – CARE value award winners Appendix 2 – Executive Management Committee and Transformation Board Appendix 3 – Place & System Briefing Appendix 4 – Place-Based Growth Board Appendix 5 – NHS CEOs letter
Purpose	Information
Previously considered	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). This month I also attach the governance structure of the Place-Based Growth Board (Appendix 4).

Decision	The Board is requested to note the CEO report.

Relevant Strategic Priority

Outstanding Care ☒	**Healthy Communities ☒**	**Great Place to Work ☒**	**Net Zero ☒**

Implications / Impact

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

Chief Executive's Report

National context

The Board will be aware that industrial action by members of the British Medical Association (BMA) and Hospital Consultants & Specialist Association took place over three days earlier this month from 13–16 March. We have over 400 junior doctors in our Trust, which is about half of the medical workforce. Significant planning and preparation went into our preparedness for this period, and although every effort was made to maintain all acute and community services, we unfortunately did have to postpone c.900 outpatient appointments and over 50 procedures. We managed the period as a critical incident, standing up our command-and-control structures to ensure robust governance and reporting throughout. I am sure the Board will join me in thanking colleagues from all parts of the organisation for the part they played in ensuring we kept our patients safe and continued to care for the most vulnerable in our community.

On Friday 17 March, the Government issued a letter which I attach to this report, outlining a pay offer to staff on Agenda for Change, and it is now for the representative bodies to vote. Hopefully the Government and the BMA will also reach an agreement in the near future.

Objectives for 2023/24

This month we have started to focus on our objectives for the new financial year ahead. In my last report, I explained that we are taking a different approach this year. In collaboration with the wider senior leadership team, we have set our longer-term goals for the Trust, and identified which measures we will monitor to tell us whether we are on track to achieving them. Recognising the power of coalescing the organisation around a reduced set of priorities, each year we will identify a small number of focus areas that we think will deliver a meaningful change in these measures and be clear what data we will use to monitor progress. These are described in the following table:

	Outstanding Care	Healthy Communities	Great Place to Work
Goal for 2025	We will **see people as early as possible** when they need our services, to improve outcomes. We will continuously improve our services and use of resources to **deliver value for our residents.**	We will **prevent people dying earlier than they should**, with a particular focus on addressing inequalities in access and outcomes.	Our people will feel **motivated, able to make a difference and be proud** to work at BHT. We will attract and retain talented people to build **high performing teams with caring and skilled people.**
Measure	Eliminate corridor care. Improve productivity to be in the top quartile nationally.	Play our part in ensuring that more children in the most deprived communities are ready for school. Increase proportion of people over the age of 65 years who spend more years in good health. Improve outcomes in cardiovascular disease.	Improve staff engagement score to be in the top quartile in the National NHS Staff Survey. Improve overall Trust vacancy rate to be no more than 8%.

Focus for 2023/24	**Improve waiting times**, with less than 4% of patients waiting more than 12 hours in the Emergency Department (ED). **Improve safety**, with 80% of acute and community services having a clinical accreditation assessment by 1 April 2024, and 40% of those assessed achieving silver accreditation. **Improve productivity** in every service, with overall Trust improvement of at least 5%.	**Improve access** and effectiveness of our services **for communities experiencing the poorest outcomes**, with priorities to: • **Reduce smoking in pregnancy**, with less than 5% of women smoking at the time of delivery. • Increase % of people being referred to **cardiology services** from the most deprived areas. • Improve the **early identification of frailty**, with more than 30% of patients in ED having a documented frailty score.	**Improve the experience of our new starters**, with the number of people who leave in the first year less than 12% (improvement also measured through quarterly pulse surveys). **Develop operational and clinical management and leadership skills in key roles**, so 300 managers are equipped with enhanced technical, management and leadership skills (impact measured by quarterly pulse surveys and national staff survey).

We are entering appraisal season, so it is timely for colleagues to think about how they can contribute to the areas of focus relevant for them, both personally and as a team, and I look forward to updating the Board in due course on progress against these.

Outstanding care

Key performance data are reported in the Integrated Performance Report with supporting narrative. The report will evolve to allow the Board to more easily review how the organisation is progressing towards the longer-term goals and shorter-term focus areas illustrated above.

I was pleased to welcome Steve Baker MP to Wycombe Hospital on Friday 17 March to showcase some leading medical techniques. The Bucks Breast Unit is one of the first in the UK to use the MAGTOTAL approach for localisation of cancer and lymph nodes and represents just one of the specialties where our medical teams are deploying pioneering technology to improve patient outcomes. We were also proud to demonstrate the latest robotic surgery techniques we are using at Wycombe and to share with Steve our aspirations to achieve accreditation as one of the region's surgical hubs for planned care.

In the Cardiac and Stroke Receiving Unit at Wycombe Hospital, we have launched a Consultant Connect Teladoc Robot. This technology allows a consultant to remotely assess and talk with a patient, increasing productivity. This is a 12-month pilot brought to fruition with the support of our Quality Improvement team.

Congratulations to our Adult Speech and Language Therapy team who have been awarded a grant under the Parkinson's Excellence Network Large Project Grant Scheme. The project is to develop and pilot a swallow screening tool for people admitted to Stoke Mandeville Hospital with a diagnosis of Parkinson's disease.

Congratulations also go to two of our consultants, Mr Jeremy Rodrigues (Consultant Hand and Plastic Surgeon) and Miss Sarah Maling (Consultant Ophthalmologist), who have been successful in receiving National Clinical Excellence Awards from the Advisory Committee on Clinical Impact Awards. These prestigious awards are granted to some of the most senior clinicians in recognition of the "unique and specialised role that NHS consultant doctors, dentists and academic GPs play and the impact of their work on the NHS at a national level". These individuals are extremely impressive clinicians and valuable members of our BHT family, and it is wonderful to see their hard work and contributions recognised with these awards.

I'm delighted to share that Stoke Mandeville Hospital and the South Central Organ Donation Team have been nominated for the 2023 British Transplantation Society & NHS Blood & Transplant Awards for Excellence, in the Excellence in Delivering Patient Care category.

The care we provide in the community spans all ages and earlier this month I spent a morning with the school nursing team supporting young people at a school in Marlow in their school health advice clinic.

As a learning organisation, we always listen to the feedback from our patients. One such example this month was from an adult patient with a learning disability. I was humbled to have the opportunity to visit this lady in her care home, together with two of my lead clinical colleagues, to listen to her experience. I am grateful that she took the time to speak with us.

At month 11 we remain on trajectory to hit our financial plan at the end of the year.

Healthy communities

The Board will be familiar with Opportunity Bucks, Buckinghamshire's levelling up programme, which involves partners from a variety of industries, charities, and voluntary organisations. One of the workstreams is focused on standard of living, and one of the projects being explored is the opportunity to join up support provision for the most vulnerable in our county. Representative colleagues from our various community teams joined their counterparts from the Council and housing associations in a workshop to gain insights into what can be done to better support people living in the most deprived parts of the county and maximise the opportunity presented when a community colleague visits someone in their home. It was a productive, and at times sobering, conversation and one which reinforced the importance of this agenda.

Healthcare only impacts about a fifth of a person's health and wellbeing; other aspects, including education and environment, are important determinants. Earlier this year an art group was formed at the Trust by a group of like-minded colleagues who are all passionate about increasing the availability of art for patients, visitors and staff at our hospitals. Artwork has been chosen to evoke dialogue and reflection, whilst bringing colourful distraction from hospital life. We are also fortunate to have been gifted a variety of art from local artists, particularly over recent years, and these have been curated and are being hung over the coming months, mostly in our acute hospital sites. My huge thanks to those who have so generously donated their work and to those volunteering to be involved in this project.

Great place to work

Earlier this month results from the National Staff Survey were published. This is an annual survey which gives us extremely valuable information to help us to understand and improve the experience of our colleagues. There is a rich wealth of data to be reviewed corporately and by teams across the organisation to inform our planning for the year ahead. The Board will receive a separate, detailed report, but I would particularly draw attention to the overall staff engagement score, which has improved from 6.91 to 7.0, close to the best in class score of 7.3. BHT also scored above average in all nine of the themes covered by the staff survey, with eight areas statistically significantly better than comparable trusts. This shows that, despite another year of unprecedented pressures and challenges for the NHS, as an organisation we are moving in the right direction.

The data does of course also highlight areas where we will look to focus, including (as I detailed in my last report) the need to address the frequency of violent and abusive behaviour experienced by our colleagues.

This month it was National Careers Week and my thanks to colleagues who went along to the Bucks Skills Show, held at Stoke Mandeville Stadium, to showcase the variety of rewarding careers that the NHS has to offer to the 4,700 school students from 30 schools in attendance. They even made it to ITV Meridian News! Teams also visited local schools as part of their assemblies or careers events.

As a Trust we have links with local universities offering training for our sector, and the University of Bedfordshire underwent an Ofsted inspection in January this year. The results have been published and I am pleased to share that the university received a rating of Good across the board.

Place & System

There have been several recent developments in the Buckinghamshire 'Place' and in our partnership with the Buckinghamshire, Oxfordshire & Berkshire West Integrated Care System.

This month I participated in a workshop to co-design the newly formed 'Place-based Partnership Board' – the executive-level Board for our county which I chair. I have also been invited to sit on the Place-based Growth Board (governance structure attached in Appendix 4), which will be critical for taking forward infrastructure and investment oversight. I look forward to welcoming the Chief Executive of Buckinghamshire Council, Rachael Shimmin, to talk more about this with our Board in the near future.

I would also like to acknowledge and welcome two new directors in our system. Naomi Radcliffe has been appointed as the first Director for the BOB ICS Acute Provider Collaborative, with experience in a variety of roles including the Department of Health and Social Care, Imperial College London and most recently director of a suite of home-based digital testing services at Healthy.io.

David Eltringham has joined the South Central Ambulance Service as Chief Executive. A registered nurse, David's career has spanned multiple NHS organisations, most recently as Managing Director at George Eliot Hospital NHS Trust in Nuneaton.

Finally, I would like to update the Board that the recruitment of the BOB Integrated Care Board Chief Executive has been put on hold.

Appendices

Appendix 1 – CARE Value awards
Appendix 2 – Executive Management Committee and Transformation Board
Appendix 3 – Place & System Briefing
Appendix 4 – Place-based Growth Board
Appendix 5 – Government Letter regarding pay offer for Agenda for Change

Appendix 1 – 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	Sue 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. 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. 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. 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."	Staff
Aspire	Wishes to remain anonymous	Ward Clerk	After participating in the Lean Training by the Quality Improvement team, A took the initiative and the opportunity that the department was swapping paperwork over to a new computer system to organise all the wards documentation. A continues to assess all paperwork monthly to prevent over-accumulation which has prevented duplication, waste of inventory, and over-processing, facilitating the departments flow and the teams work.	Staff
Respect	Zarina Khan	Community staff nurse/ case manager District nursing,	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	Staff

		Wycombe Adult Community Healthcare Team,	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.	
Enable	Marcello Leonardi	Workforce Information Team Lead	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). 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. This enabled our BHT colleague to be able to take responsibility for their finances.	Staff

January 2023

Category	Name	Role	Nomination	Nominated by
Collaborate	Liam Elmes	BIRS administrator Bucks Integrated Respiratory Service Thame Community Hospital	Liam has worked tirelessly over the past year to help set up the BIRS Virtual ward/Hospital @ Home service, collaborating with many different individuals and teams to ensure this service got up and running and continues to run as smoothly as possible. Liam has been integral to the success of this service, keeping all members of the BIRS team up to date with updates, providing day to day support, making up Virtual ward packs and information amongst many other tasks. Liam also continues to support the BIRS team in his administrator role and he always answers the phone in a professional and kind manner, reassuring patients/carers and always following up on action plans. He is an asset to our team and the wider Virtual ward.	Staff
Aspire	Cheryl James	Principle Cardiac Physiologist	Cheryl has pushed the limits of the Cardiac Physiology department to achieve world class standards, on the background of limited resources. She has managed to develop and run a complex devices service, and train junior Physiologists to attain national accreditations, as well as the department in itself. More recently as a result of poor administrative support, she has, out of her contracted hours, managed to facilitate the waitlists for cardiac devices so that the catheter lab time is used efficiently, and to reduce waitlists. This has been done pro-actively, in her desire to give patients the best care possible in difficult circumstances. Her efforts need to be highly commended!	Staff
Respect	Joseph Papanikitas	Radiology Consultant	I came for an ultrasound on my shoulder. I am a wheelchair user and have suffered for about a year. It took me nearly 2 hours to get there and a long time to park. Joe did the ultrasound and found some issues that I would have had to come for to have a steroid injection and asked me questions such as how long I had been suffering and how long it took me to get there. He made the decision to give me	Patient

			the injection then to save me from coming back and having to suffer any longer. This has made such a difference; I am no longer in constant pain and I am so grateful for not having to wait or make another trip. To be treated like a person and not a number by the team is so compassionate, they are a team to be proud of. He not only saved me time but also the Trust.	
Enable	Sarah Hale	ICU Ward Administrator	Sarah has taken on a huge workload due to long term sickness, short staffing and a very busy time in our department. She has remained willing and cheerful, going above and beyond and always extremely helpful whatever the enquiry. She has worked hard to maintain ward clerk presence and admin support with a calm and controlled approach that is appreciated in the clinical area. She supports our whole team in a variety of ways which could so easily go unnoticed but are really essential and in making our team more efficient and collaborative. This impacts our team and work culture in a very positive way. In particular she has supported the development of our ICU Volunteers team with kindness and support which has eased them all into fulfilling roles that support our service and staff. Sarah is highly respected, perceptive and wise, and always aiming to improve what we do. For all these reasons she deserves recognition with a CARE award.	Staff

February 2023

Category	Name	Role	Nomination	Nominated by
Collaborate	Tiziano Gentilezza	Staff Nurse Ward 5 Haematology SMH	Tiziano goes above and beyond in the care that he delivers to his patients. when working a busy night shift with a sick and deteriorating patient, he was instrumental in ensuring timely treatment to the patient, which ultimately led to an improved clinical condition for the patient in question. He worked tirelessly for the whole shift, no request was to bothersome and he was a real team player. Tiziano is a staunch advocate for his patients, ensuring that his patients receive the right care at the right time and by the right professionals, he is an incredible advocate and shows real courage in advocating for his patients, from his excellent communication with all members of the team, from the Healthcare Assistants to the consultants. He is the nurse that you would be grateful for if a relative or friend was admitted and was under his care. Tiziano is a real pleasure to work alongside, when he escalates to our team. Many of the outreach team have had similar and equally exceptional experiences working alongside him in delivering excellent patient care.	Staff
Aspire	Samantha Sims	Senior Staff Nurse, Surgical Assessment unit - Ward 15	Whilst dealing with a deteriorating patient on the ward, Samantha advocated for her patient and professionally challenged medical colleagues in the best interest of her patient. Samantha works hard to ensure her patient receive high quality care at all times however, during this emergency situation she excelled in her ability to not only respond to her patients needs but communicate with various members of the wider emergency team to ensure a positive outcome for her patient. Samantha was an excellent role model to the junior members of the team who were working with her on that day.	Staff

Respect	Alice Lowe	Physiotherapy Assistant National Spinal Injuries Centre - Spinal Physiotherapy	This individual deserves this award because she has held strong throughout lots of staff changes and patient load demands. No matter how hard she has to work and tired she gets she treats every patient with the respect, kindness and support that they need to benefit their rehab. She is a favourite among patient and staff. She puts everything into her job and we can't thank her enough.	
Enable	Becci Stewart	Manual Handling Practitioner	Becci had the unenviable task of delivering the Mandatory Training Manual Handling Practical Session. In my role I do not undertake Manual Handling and with time and pressures in the current climate my focus was narrowed and I kept thinking of the patients I could be treating instead of sitting at the Manual Handling Training. I could not have been more wrong. Becci delivered an amazing session. She made it applicable to each one of us on the course. I learnt much to help my informal carers and much to help my patients. I also engaged and learnt from my hospital colleagues on the course. What those new hospital beds can do is amazing. Becci had clearly done her homework with her lesson preparation. She demonstrated respect for all of us and enabled us to improve our practice. Absolutely brilliant. I loved it.	Staff

Appendix 2

Executive Management Committee and Transformation Board

Executive Management Committee (EMC) 28 February to 14 March 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
Maternity safety report
Cardioscan remote ECG monitoring devices
Patient Safety Incident Response Framework
Hospital at home (virtual wards)
Special Educational Needs & Disabilities (SEND) action plan
Cancer nursing workforce

Digital and Governance
Internal audit
Annual work plan
Legal contract 2023/24
Minutes from EMC sub-committees

People
Health & wellbeing support for colleagues involved in incidents of violence or aggression
Medical temporary staffing
Freedom to Speak Up Guardian report
Staff Survey
CARE awards
General Practice Vocational Training Scheme

Money and Estates
Business planning 2023/24
Monthly finance report
Waivers of Standing Financial Instructions
Contract management
Productivity

Transformation Board 21 February 2023

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 (QI).

QI projects on a page
QI strategy update
Transformation governance
Transformation priorities:

- Urgent and emergency care
- Planned care
- Healthy communities
- Estates
- Digital & technology
- Organisational Development plan

Productivity and efficiency plan
Centre of excellence strategy
Integrated Performance Report

Buckinghamshire Healthcare NHS Trust

Place and System Briefing

March 2023

Place-Based Partnership meeting | 14 March 2023

Item	Summary	Impact
Health and care integration programme	Discussed discharge issues and the need for continued development of the teams involved. Agreed three actions for the following month: • Bed base agreed and in place by summer • Transfer of care hub in place by autumn • Integrated leadership of teams	Significant inroads need to be made in discharge structure and processes during the coming months, particularly before the heightened pressures of the winter period 2023/24. This requires continued executive-level attention to ensure progress, both at the Trust and Council.
National issues	Care Quality Commission starting to conduct assurance on all 152 local authorities over the next 1.5-2 years. New office for local government (Oflog) being established.	CQC assessments of the local authority in Buckinghamshire, and regions within the Integrated Care System, will be of particular interest and relevance to our Trust and partners due to the close links between healthcare and councils.
System development	The Place-Based Partnership development paper will be going to the Integrated Care Board in March. There is a Joint Forward Plan workshop on 24 March. Inequalities funding (£1.1m x2 years (£2.2m total)) decision to be devolved to Opportunity Bucks health and wellbeing group with oversight by the Opportunity Bucks Board.	There are several strategic developments happening at Place and System requiring appropriate input and engagement. For the Trust, it is important these reflect current challenges and priorities for Buckinghamshire and our patients.
Special Education Needs & Disabilities Written Statement of Action	Review of the Place SEND action plan and performance of agreed improvement actions	Intense planning work for 23/24 including revised commissioning allocations from the ICB and Local Authority
Place-Based Partnership	A workshop to debate and agree the details of this executive-level Partnership took place on 13 March. Neil Macdonald (Chair) is working on a forward plan with Place Executive Director, Philippa Baker.	The Place-Based Partnership will be an important structure to ensure that the shared priorities of the Trust and Council are delivered for the people of Buckinghamshire.

Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS) CEO Group | 1 March 2023

The focus of the meeting this month was industrial action, the Integrated Care Partnership strategy and 5-year forward plan, the forthcoming BOB Integrated Care Board meeting, and financial allocations.

BOB Integrated Care Board (ICB) | 17 January 2023

The BOB ICB meeting takes place every other month and the agenda and reports for the meeting on 21 March can be found here.

The Board agenda includes standing items on quality, performance, finance and risk. This month we will also consider development of Place-Based Partnerships, 2023/24 budgets and a proposed Section 75 agreement between the ICB and Oxfordshire County Council.

Proposed Governance Structure

Place Based Growth Board

Regeneration Board

Chaired by:

- **Leader of the Council**
- Executive Lead: Lisa Michelson

Board Members:

- **Deputy Cabinet Member for TC Regeneration**
- **Property Expert – JR**
- **Cabinet Member for Planning & Regeneration**
- **Cabinet Member for Accessible Housing & Resources**
- **Cabinet Member for Transport**
- **Local Enterprise Partnership - CEO**

Reps from Aylesbury, High Wycombe and Chesham will be by invitation.

Opportunity Bucks Programme Board

Chaired by:

- **Chief Executive – Buckinghamshire Council**
- Executive Lead: Matt Everitt

Board Members:

- **Deputy Chief Executive, BC**
- **Managing Director, BBF**
- **Chief Executive, Action4Youth**
- **Chief Executive, BLEP**
- **Cabinet Member for H & W**
- **Deputy Cabinet Member – Community Safety**
- **Service Director, Education**
- **Director of Public Health**
- **Vice Chancellor, BNU**
- **Bucks Health Trust Rep**
- **Service Director, C & L**
- **Deputy Area Lead - DLUHC**
- **Corporate Director, PGS**
- **Corporate Director – Children's**
- **Chief Executive, Red Kite Housing**
- **Place Director, ICB**
- **TVP Rep – Chief Superintendent**
- **Oxford Mental Health Rep**

Skills Strategy Board

Chaired by:

- **Vice Chancellor, Buckinghamshire New University**
- Executive Lead: Liz North

Board Members:

- **LSIP Strategic Lead**
- **Chair - Skills Advisory Panel**
- **Business Sector Rep - PB**
- **University of Buckingham Rep**
- **Bucks College Group - CEO**
- **Headteacher Reps** x2
- **Implementation Director, Buckinghamshire Health and Social Care Academy**
- **Cabinet Member for Children's**
- **Deputy Cabinet Member for Education & Skills**
- **Service Director, Education**

Enterprise & Investment Board

Chaired by:

- **Chair of current LEP Board**
- Executive Lead: Richard Harrington

Board Members:

- **Current LEP Board Members**
- **(Which will include BBF Reps x 3, Business Sector Reps, SME Reps and LA Members x 3)**
- **External Investment Advisors**
- **BEIS Rep**

Note: all investment decisions would require a board majority and unanimous support from the 3 Local Authority Members.

Chaired by:

- **Leader of the Council (+ Chair of Regeneration Board)**
- Executive Lead: Ian Thompson

Board Members:

- **Cabinet Member for Children's**
- **Cabinet Member for Transport**
- **Cabinet Member for Climate Change & Environment**
- **Cabinet Member for Planning & Regeneration**
- **Bucks Health Trust - CEO**
- **Bucks Business First Chair**
- **Chair of Enterprise & Investment Board**
- **Chair of Skills Board**
- **Chair of Opportunity Bucks Board**
- **Government Rep**

Department of Health & Social Care

From Rt Hon Steve Barclay MP
Secretary of State for Health and Social Care

39 Victoria Street
London
SW1H 0EU

020 7210 4850

To: NHS CEOs

17 March 2023

Dear Colleague,

I am pleased that after intensive talks, I have made an offer to unions representing staff on the Agenda for Change contract. Of those that are in dispute, the Royal College of Nursing, UNISON, GMB, the Chartered Society of Physiotherapy and the British Dietetic Association will recommend the offer to their members in consultations that will be held over the coming weeks. Strike action will continue to be paused while members are consulted.

The Minister of State, Will Quince, will be joining the existing call between NHS England and NHS CEOs today, but I wanted to set out for you today the headline elements of the offer.

Under the offer, over 1 million NHS staff on the Agenda for Change contract would receive two non-consolidated payments for 2022-23. This is on top of an at least £1400 consolidated pay award that they have already received, which was in line with the recommendations of the independent pay review body.

The first is an award worth 2% of an individuals' salary for 2022-23.

The second is a one-off bonus which recognises the sustained pressure facing the NHS following the COVID-19 pandemic and the extraordinary effort these members of staff have been making to support delivery of the backlog recovery targets and meet the Prime Minister's promise to cut waiting lists. This second "Backlog Bonus" is an investment worth an additional 4% of the Agenda for Change paybill and would mean staff would receive an additional payment between £1,250 and £1,600.

For 2023-24, the government has offered an 5% consolidated increase in pay. In addition, the lowest paid staff, such as porters and cleaners will see their pay matched to the top of band 2, resulting in a pay increase of 10.4%.

More details of the offer will be available on the NHS Employers website.

The government firmly believes this is a fair offer which rewards all Agenda for Change staff and commits to a substantial pay rise in 2023-24 at a time when people across the country are facing cost of living pressures and there are multiple demands on the public finances. Setting pay is an annual process and as is always the case, decisions

are considered in light of the fiscal and economic context and ensuring awards recognise the value of NHS staff whilst delivering value for the taxpayer. While it is right that we reward our hard-working NHS staff with a pay rise, this has always needed to be proportionate and balanced with the need to deliver NHS services and manage the country's long term economic health and public sector finances, along with inflationary pressures.

Importantly, on top of the pay elements of the package, the offer includes other significant measures including the development of a national, evidence-based policy framework which will build on existing safe staffing arrangements and amendments to terms and conditions to support existing NHS staff develop their careers through apprenticeships. This package, alongside the comprehensive NHS Long Term Workforce Plan NHS England will publish shortly, will help ensure the NHS can recruit and retain the staff it needs to meet the growing and changing health and wellbeing needs of patients.

The offer also includes a commitment to improving support for newly qualified healthcare registrants. It will commission a review into the support those transitioning from training into practice receive.

In addition, I have written to the Royal College of Nursing to outline that in undertaking work to address the specific challenges faced by nursing staff – in terms of recruitment, retention and professional development – this will involve how to take account of the changing responsibilities of nursing staff, and the design and implementation issues, including scope and legal aspects, of a separate pay spine for nursing staff exclusively.

The Government intends to complete this work such that resulting changes can be delivered within the 2024-25 pay year. In conducting it, the Government will also consider whether any separate measures may apply to other occupational groups, taking into account the views of NHS Employers and unions.

May I take this opportunity of thanking you and your teams for all your hard work - it is very much appreciated. I hope you will be able to join the call later today.

Yours sincerely,

RT HON STEVE BARCLAY MP

Report from Chair of Audit Committee
Date of Committee 02 March 2023

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Minutes of the previous meeting	Minutes from the Audit Committee meeting on 12 January 2023	Approved	None	n/a	n/a
Committee Terms of Reference (ToR)	Annual review of the Committee ToR	Approved (subject to minor amendments)	None	n/a	To approve the revised ToR
Organisational Risk	First iteration of organisational risk paper incorporating the Corporate Risk Register (CRR) and Board Assurance Framework (BAF) as appendices	Assured – noting the development of risk conversations by the Committee	Updates to individual risks within monthly Executive meetings Ongoing development and maturity of thinking in relation to working with partners, children's services and population health	Profile risks to be considered by each Committee; waiting times for Community Paediatric and Therapy services highlighted as a key risk for ongoing focus by Q&CG Committee	To note and discuss the contents and format of the report Where workstreams were not considered priority to be clear on the risk of not taking such work forwards

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Internal Audit; Progress Report	Update on progress with annual plan including presentation of two final reports: - Contract Management (PA)* - Risk Management and Assurance Framework (RA)*	Assured – noting management actions considered and agreed by the Executive Management Committee (EMC) for Contract Management	None	n/a	n/a
Internal Audit; Recommendations Follow Up Report	Update on actions and recommendations followed up since last meeting	Partially Assured – noting significant focus on management actions but risk to the Head of Internal Audit Opinion for 2022-23	Maintain effort and pace on management actions	n/a	n/a
Financial Sustainability Benchmarking Paper	Report providing comparative information on performance with the HFMA Financial Sustainability exercise	Assured – noting Trust benchmarked well compared to peers	Exercise to be completed and considered by the Committee annually	n/a	n/a
Internal Audit; Plan for 2023-24	Annual plan of work for the next financial year	Approved	Internal Audit to consider final suggestions made by the Committee should there be any flexibility in the plan during the year	n/a	n/a

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Local Counter Fraud Specialist (LCFS); Progress Report	Update on outcomes of Counter Fraud work undertaken January-February 2023 including emerging risk, actions and mitigations and adherence to NHSCFA requirements	Assured	None	n/a	n/a
Local Counter Fraud Specialist (LCFS); Plan for 2023-24	Annual plan of work for the next financial year	Approved	None	n/a	n/a
External Audit: Current Position	HFMA report updating on the NHS external audit market accompanied by a verbal update on the Trust position	Partially assured – auditors not yet appointed for current year but potential to extend deadline for audit and secure 3-year deal	Ongoing negotiation with auditors	n/a	To note the updated position (verbal update to be provided at Board meeting)
External Audit: Non-Audit Work Standard Operating Procedure (SOP)	Proposal for all non-audit work by external auditors to be considered by the Committee to maintain auditor independence and objectivity	Approved	None	n/a	To note within ToR

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Single Tender Waivers (STW)	Overview of STW between January-February 2023 including those considered to be avoidable and retrospective	Assured – noting detail on breaches	None	n/a	n/a
Losses and Special Payments	Summary of YTD losses including pharmacy and patient property	Partially assured – noting further actions set	Chief Pharmacist to attend Committee in 3-6 months to provide an update on plans to reduce pharmacy losses	Pharmacy losses to be considered by Internal Audit team as part of Medicines Management audit	n/a
Minutes of Finance & Business Performance Committee	Minutes from F&BP Committee Meeting on 24 January 2023	Noted	None	Provision of front sheet highlighting emerging risks and associated actions noting these are currently reported in the BAF and to consider where this element of the report would be best served e.g. in the overall risk report	n/a
Minutes of Quality & Clinical Governance Committee	Minutes from Q&CG Committee Meetings on 18 January 2023 and 15 February 2023 (draft)	Noted	None		n/a
Minutes of Strategic People Committee	Minutes from SPC Committee Meeting on 9 January 2023 (draft)	Noted	None		n/a

**RA – Reasonable Assurance; PA – Partial Assurance; MA – Minimal Assurance*

Emerging Risks Identified:

- Head of Internal Audit Opinion for 2022-23.
- Lack of External Auditors.

Meeting: Trust Board Meeting in Public

29 March 2023

Agenda item	Committee Terms of Reference
Board Lead	Trust Board Business Manager
Type name of Author	Joanna James, Trust Board Business Manager
Attachments	Audit Committee Terms of Reference FINAL March 2023
Purpose	Approval
Previously considered	n/a

Executive Summary

The attached document contains the proposed Terms of Reference for the Audit Committee including the requirement for these to be reviewed on an annual basis in line with best practice.

The Committee last considered and approved these in March 2022.

Following outputs of the Committee self-assessment, the terms of reference include a set of objectives which have been considered and approved by the Committee.

The Terms of Reference were considered by the Audit Committee on 2 March 2023 and approved subject to minor (non-material) amendments which have been incorporated into the current version.

Decision	The Board is requested to note and approve the Committee terms of reference.

Relevant Strategic Priority

Outstanding Care ☒	**Healthy Communities** ☒	**Great Place to Work** ☒	**Net Zero** ☒

Implications / Impact

Patient Safety	A strong link has been established between good governance and patient outcomes and this is recognised widely within research as well as by the CQC well-led domain.
Risk: link to Board Assurance Framework (BAF)/Risk Register	A key duty of the Audit Committee is to monitor the effectiveness of risk management, integrated governance and internal control across the whole of the Trust's activities. The CRR and BAF are considered at every meeting and the Committee are instrumental in driving improvement and integration in the reporting of these.
Financial	As per the terms of reference, the Committee is required to review the Annual Report and Financial Statements prior to submission to the Board as well as ensuring the systems of financial reporting are subject to review.
Compliance Select an item. **Good Governance**	The UK Corporate Governance Code requires the Board to establish formal and transparent procedures to ensure the independence and effectiveness of internal

	and external audit functions. The Code clearly sets these out as functions of an Audit Committee making clear terms of reference essential. Internally, the Committee is responsible for the review of processes in use by the other Board Committee to gain assurance.
Partnership: consultation / communication	The Committee works collaboratively with members of the Internal and External audit teams. The terms of reference should be considered by the Committee collectively prior to amendment and/or approval.
Equality	The terms of reference set out the key functions of the Committee in supporting the Board in the achievement of the Trust strategic objectives including a reduction in health inequalities. The Trust Strategy references the 5 People Priorities acknowledging the importance of ED&I within the leadership of the organisation.
Quality Impact Assessment [QIA] completion required?	No

See attached document.

Audit Committee
Terms of Reference

1. Purpose

The overall purpose of the Committee is to assist the Board in the performance of their duties including to:

- Review the establishment and maintenance of an effective internal control and risk management process across the whole of the Trust's activities that supports the achievement of the Trust's objectives;
- Monitor the integrity of the financial statements of the Trust;
- Monitor the independent auditors' qualifications, independence and performance;
- Monitor the performance of the Trust's Internal Audit function and Local Counter Fraud provision;
- Make recommendations to the Board on the appointment of external and internal auditors; and
- Monitor compliance by the Trust with legal and regulatory requirements.

2. Constitution

The Board resolves to establish a standing Committee of the Board to be known as the Audit Committee (the Committee). The Committee is a non-executive committee of the Board and has no executive powers, other than those specifically delegated in these terms of reference. These terms of reference shall apply for as long as the Trust is an NHS Trust and can only be amended by the Board of Directors.

3. Membership

3.1 The Committee shall be appointed by the Board from amongst the non-executive and associate non-executive directors of the Trust and shall include up to four independent non-executive directors who are financially literate and have the personal and professional characteristics necessary to be effective.

3.2 A term of membership shall be for two years and renewable for three further two-year terms subject to the approval of the Board of Directors.

3.3 One of the members will be appointed Chair of the Committee by the Board and will not be a Chair of any other standing Committee of the Board.

3.4 The Chair of the Trust shall not be a member of the Committee.

3.5 The following shall attend the Committee at each meeting but as attendees rather than members:

- Chief Finance Officer
- Trust Board Business Manager
- Committee Secretary
- Clinical representative
- Local Counter Fraud Specialist (LCFS).

- Representative from External Audit
- Representative from Internal Audit

Others may be invited to attend according to the agenda

The Chief Executive has an open invitation to the meeting but is only required to attend when presenting the Annual Governance Statement.

4. Quorum

The quorum necessary for the transaction of business shall be two members. A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the Committee. In the absence of the Committee Chair and/or an appointed Deputy, the remaining non-executive members present shall elect one of themselves to chair the meeting.

Where a Committee meeting is not quorate under paragraph 4.1 within one half hour from the time appointed for the meeting; or becomes inquorate during the course of the meeting, the Committee members present may determine to adjourn the meeting to such time, place and date as may be determined by the members present.

5. Meetings

5.1 The Committee shall meet at least four times per year and at such other times as the Chair of the Committee shall require. Meetings of the Committee shall be summoned by the Secretary of the Committee at the request of the Chair of the Committee.

5.2 Unless otherwise agreed, notice of each meeting confirming the venue, time and date shall be forwarded to each member of the Committee no later than ten days before the date of the meeting. Supporting papers shall be sent to Committee members and to other attendees, as appropriate five days ahead of the date of the meeting. The Committee shall follow an annual work plan reviewed by the members in advance of each financial year.

5.3 The Committee must consider the frequency and timing of meetings needed to allow it to discharge all of its responsibilities. The External Auditor or Head of Internal Audit may request a meeting if they consider that one is necessary.

5.4 In addition to the formal meetings the Committee members will be provided with at least one session for training and development each year.

6. Authority

The Board of Directors has delegated to the Committee the authority to deal with the matters set out in paragraphs below.

The Audit Committee is an advisory body with no executive powers; it is not the duty of the Audit Committee to carry out any function that properly belongs to the Board of Directors or the Executive Management Committee.

The Committee is, however, authorised by the Board to investigate any activity within its duties as set out below and to seek any information it requires from any employee, who are directed to co-operate with any request made by the Committee.

The Committee is authorised by the Board to obtain external legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary. This shall be authorised by the Chair of the Committee and shall be within any budgetary constraints imposed by the Board of Directors.

The Audit Committee has the authority to require any member of staff to attend its meetings.

7. Duties

The Audit Committee shall be responsible for the following duties:

7.1 Governance, Risk Management and Internal Control

The Committee shall review the establishment and maintenance of an effective system of integrated, risk management and internal control, across the whole of the Trust's activities (both clinical and non-clinical) that supports the achievement of the Trust's objectives. In particular, the Committee will review the adequacy of:

- All risk and control related disclosure statements (in particular the Annual Governance Statement and Quality Accounts), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board;
- The underlying assurance processes that indicate the degree of the achievement of corporate objectives and assurance over quality of data in relation to performance reporting. This shall be through a review of the work of other relevant Committees which provide relevant assurances to support the Audit Committee's own scope of work;
- Risk Management Strategy, Standing Orders, Standing Financial Instructions and Limits of Delegation policy;
- The Committee shall be notified of, and review, any decision to suspend Standing Orders;
- The policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by National Institute for Health Protection; and
- The policies and procedures for staff to raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters, ensuring that arrangements are in place for independent investigation of such matters and for appropriate follow-up action.

In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness. This will be evidenced through

the Committee's use of an effective Assurance Framework to guide its work and that of the audit and assurance functions that report to it.

The Committee shall report issues in relation to audit, risk or internal control to the Board of Directors after each of its meetings in addition to an annual report focused on the effectiveness of the Committee in exercising these duties.

7.2 Internal Audit

The Committee shall ensure that there is an effective internal audit function established by management that meets mandatory Public Sector Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board. This will be achieved by:

- Considering and making recommendations for the provision of the internal audit service, the audit fee and any questions of resignation and dismissal;
- Review and approval of the internal audit plan and the detailed programme of internal audit work, ensuring that this is consistent with the audit needs of the Trust as identified by the Assurance Framework;
- Consideration of the major findings of internal audit, together with management's response;
- Monitoring and seeking assurance against the implementation of actions to address all recommendations arising from Internal Audit reports through the use of an overall audit and assurance outstanding recommendation tracker to be reported to each meeting;
- Facilitating co-ordination between the internal and external auditors to optimise audit resources and avoid duplication;
- Ensuring that the internal audit function is adequately resourced and has appropriate standing within the Trust through ongoing monitoring against core Internal Audit KPIs; and
- Annual review of the effectiveness of internal audit.

7.3 Local Counter Fraud Service

The Committee shall review the work plan and periodic reviews of the local counter fraud service and consider actions necessary to combat fraud and corruption. This will be achieved by:

- consider the appointment of the Local Counter Fraud Specialists (LCFS), the LCFS' scope and any question of resignation and dismissal;
- consider and approve the counter fraud strategy and the annual workplan, ensuring that this is consistent with the needs of the Trust;
- The policies and procedures for all work related to fraud and corruption as set out in Service Condition 24.2 of the commissioning contract and as required by NHS Counter Fraud Authority in line with Government Functional Standard GovS 013: Counter Fraud; and
- review LCFS reports, consider the major findings of fraud investigations, and management's response, and ensure co-ordination between the LCFS, internal and external auditors.

7.4 External Audit

The Committee shall ensure a cost-efficient service, review the work and findings of the appointed external auditor and consider the implications and management's responses to their work. This will be achieved by:

- Consideration of the appointment and performance of the external auditor;
- Discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the annual audit plan, and ensure coordination, as appropriate, with other external auditors in the local health economy;
- Discussion with the External Auditor of their local evaluation of audit risks, their assessment of the Trust and the associated impact on the audit fee;
- Review of all External Audit reports together with the management responses;
- Agreement of the annual audit letter before submission to the Board and agreement to any work falling outside the annual audit plan; and
- The Committee will monitor the implementation of the policy on the engagement of the external auditor to supply any non-audit services to ensure the external auditor retains a high degree of independence from the Trust.

7.5 Other Assurance Functions

The Committee shall review the findings of other significant assurance functions, both internal and external to the Trust, and consider the implications to the governance of the Trust.

Internally this will include the assurances provided through the Quality and Clinical Governance Committee, the Finance and Business Performance Committee and the Strategic Workforce Committee. The Committee shall review the processes used by other Board Committees to gain assurance. In particular the Committee will wish to satisfy itself on the assurance that the Quality and Clinical Governance Committee gain from the clinical audit function.

The Committee will monitor that the Board Assurance Framework records the level of assurance given by external reviews carried out by regulators such as the Care Quality Commission, the NHS Resolution, Royal Colleges and other similar professional bodies. The Committee will receive assurance through the Quality and Clinical Governance Committee that there is a process for monitoring external reviews and that any external reviews that have taken place have been considered at the appropriate Board Committee.

The Committee will also monitor the use of Single Tender Waivers (STW) and losses and special payments.

7.6 Management

The Committee shall request and review reports and assurances from directors and managers on the overall arrangements for governance, risk management and internal control.

7.7 Financial Reporting

The Committee shall review the Annual Report and Financial Statements before submission to the Board, focusing particularly on:

- The wording in the Annual Governance Statement and other disclosures within the terms of reference of the Committee;
- Changes in, and compliance with, accounting policies and practices;
- Unadjusted misstatements in the financial statements;
- Significant judgements in the preparation of the financial statements;
- Significant adjustments resulting from the audit;
- Letter of representation; and
- Qualitative aspects of financial reporting.

The Committee should also ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.

The Committee shall monitor compliance with the Trust's Standing Orders, including through notification and review of any decision to suspend them.

8. Reporting

The minutes of all meetings shall be formally recorded and a summary submitted, together with recommendations where appropriate, to the Board of Directors.

The Trust's annual report shall include a section describing the work of the Committee in discharging its responsibilities.

9. Review

The Committee shall carry out an annual review of these terms of reference and the effectiveness of the Committee in meeting its purpose. It is expected that Committee members shall attend each meeting, attendance shall be recorded and form part of the annual review.

10. Support

The Committee shall be supported administratively. This support shall ensure:

- The Agreement of the agenda with Chair and attendees and collation of papers. Papers will be distributed five working days before the meeting in electronic copy.
- Advice to the committee on pertinent areas is provided.
- That Minutes are taken and a record of matters arising and issues to be carried forward is made.

Appendix 1

Annual Objectives

The Committee objectives for the financial year 2023-2024 are as follows:

a) External Audit
    i. Appointment of External Auditors
    ii. Achievement of unmodified external opinion and clean value for money (VfM) opinion
b) Internal Audit
    i. Effective identification of areas of risk for internal audit focus through horizon scanning and triangulation with emerging risks
    ii. Support for improved management of resultant actions
    iii. Improvement in ratings when compared to previous audit opinions
c) Compliance with Legislation
    i. Trust compliance with all legislative/regulatory requirements OR assurance provided by the implementation of an action plan to address any gaps in compliance
d) Risk Management
    i. Committee workplans inclusive of CRR and BAF items

The appropriateness of these objectives will be considered as part of the annual review of the Terms of Reference.

Document Control

Version	Date	Author	Comments
1.0	1 Dec 2013	E Hollman	Revised Draft for Committee Chair
1.1	17 March 2014	B Courtney	Revised draft following Audit Committee
1.2	26 March 2014	B Courtney	Board approved.
1.3	27 August 2015	N.McKechnie	Periodic review for Committee
1.4	22 December 2016	E Hollman	Periodic review for Committee
1.5	24 January 2018	E Hollman	Periodic review for Committee
1.6	4 January 2019	E Hollman	Periodic review for Committee
1.7	24 January 2022	J James	Periodic review for Committee
1.8	20 February 2023	J James	Periodic review for Committee

Report from Chair of Quality and Clinical Governance Committee (Q&CG)
Date of Committee 15 March 2023

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Meeting Minutes	Minutes from the Q&CG meeting on 15 February 2023	Minutes approved	None	Refer to Audit Committee for noting	n/a
Integrated Performance Report	Monthly reporting on Trust quality metrics and actions/progress with actions to address negative variance	Assured – noting increase in activity, acuity and beds and impact on quality metrics	Reviewed governance and reporting framework for maternity services (due for presentation at Board; March 2023) Deep dive into falls and pressure ulcers noting QI project underway Review of harm within ED over winter months	n/a	Note discussions held at the Committee and the revised maternity framework
Paediatric Early Warning Score (PEWS) Audit	Findings of the re-audit conducted in November 2022	Partially assured – noting whilst appropriate actions are being taken for unwell children, further work is required on documentation	Re-audit following implementation of e-Obs within Paediatrics	n/a	n/a

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Cancer Nursing Workforce Position	Detail related to the shortage of chemotherapy trained nurses (CRR 54) and mitigations/actions in place	Assured – noting this as a national issue, a paucity of safer staffing tools for specialised services and a need to focus on development opportunities and succession planning	None	n/a	Note as a risk within the Corporate Risk Register (CRR)
Integrated Safeguarding Report	Quarterly report across the Safeguarding portfolio for Q3 (October – December 2022)	Assured – noting the risk outlined below related to an increase in DoLs applications and a delay in processing these as well as potential for improvement following work at ICB level Changes within community memory services noted to potentially improve early identification of delirium	None	n/a	n/a
(SEND) Action Plan	Quarterly update on the progress with those actions for which the Trust is responsible	Assured – noting funding secured to support recruitment and improved triage processes in place	Ongoing MDT recruitment noting the benefits of pharmacy recruitment on medication reviews	n/a	n/a

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Annual Workplan	Annual plan of work for the Committee for 2023-24	Noted	None	n/a	n/a
Patient Story	The story of 'David' following his admission to the Stroke Ward	Noted – including the resultant investigation and proposed changes in practice	None	n/a	To note and discuss the patient story
Clinical Ethics Advisory Group	Annual Report for 2022	Noted	None	n/a	n/a
Quality and Patient Safety Group Minutes	Minutes of the meeting on 26 January 2023	Noted	None	n/a	n/a

Emerging Risks noted:

- Impact on quality metrics of increased hospital attendances with greater acuity and frailty of patients; noting QI work underway regarding pressure ulcers and falls.
- Acceptance of risk related to shortage of chemotherapy trained nursing staff.
- Delay in processing of Deprivations of Liberty (DoLs) applications.

Report from Chair of Strategic People Committee (SPC)
Date of Committee 13 March 2023

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Meeting Minutes	Minutes from the Strategic Workforce Committee meeting on 9 January 2023	Approved subject to minor amendments	None	Refer to Audit Committee for review and assurance	n/a
Chief People Officer Report	Update on key people developments since the previous Committee meeting (January 2023) Verbal update on junior doctor industrial action (13-16 March 2023)	Assured – noting the launch of the campaign against violence and aggression from patients and members of the public toward colleagues and the update on the vaccination programme The Committee commended the proactive approach to agreeing escalation rates locally and the number of operational returns submitted to NHSE regarding the impact of industrial action	None	n/a	n/a

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Annual Workplan	Annual plan of work for the Committee for 2023-24	Assured – noting workforce productivity was part of the transformation objectives and would be included within the Committee workplan going forward	Consider mechanism to include detail on workforce productivity	n/a	n/a
Staff Survey 2022	Presentation and discussion of the results of the 2022 Staff Survey	Assured – noting positive results published by HSJ relating to improvements in staff willing to recommend the Trust as a place to work Committee discussed the importance of quality of appraisal training and the number of potential leavers Noted that statistical analysis of staff survey results is undertaken centrally rather than locally (by the Trust)	Overall continued focus on areas for improvement through appreciative inquiry and increasing response rates Detailed action plan within the paper; nil additional work suggested/requested by the Committee	n/a	To note and discuss the Staff Survey results (agenda item for March 2023 meeting)

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
People Directorate Risk Register	Review of 'People' risks within divisional and corporate risk registers	Assured – noting the benefits of using the Datix system	Review of presentation of the risk report; detail and accuracy of updates and action closure Consider the 'so what' in the provision of assurance	n/a	Relevant risks to be considered as part of the Organisational Risk report (agenda item for March 2023 meeting)
Guardian of Safe Working Hours (GSWH) Report	Q3 Report for 2022-23 (October-December) including exception reports, issues raised and next steps	Assured – noting the high levels of reporting in CSRU (requiring further clarification) and T&O with resultant rota changes	None	n/a	n/a
Freedom to Speak Up Guardian (FTSUG) Report	Quarterly report for 2022-23 (Q3; October-December 2022) including national and local updates, key themes and next steps	Assured – progress with the FTSU service recognised. Committee noted the planned launch of the BHT Leadership Behaviour Framework and organisational development tools to support individuals and teams	Noting the results of the Staff Survey, further consideration given to the cohort of colleagues reporting they feel unable to speak up.	Note the Corporate Performance Review and Transformation Objectives and reporting in place on these. Further work to triangulated process and outcome measures to provide assurance to the Committee	To continue to note and set the tone on key People issues

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Integrated Performance Report (IPR)	Monthly reporting on Trust performance metrics and progress with actions aligned to the Strategic Priorities and the NHS System Oversight Framework (January 2023 data with February updates where timing allowed)	Assured – noting further work ongoing to support mandatory and statutory training compliance	None	n/a	To note Committee consideration of the People metrics within Board discussion of the IPR
Education Quarterly Report	Summary of the key educational activities across the Trust, as delivered by the Education Department	Assured – particularly the benefits of the schools education team and work with Bucks Health & Social Care Academy	None	n/a	n/a
AOB	Michelle Cox case; resultant resource *'Combatting racial discrimination against minority ethnic nurses, midwives and nursing associates'*	Noted	Consider alongside WRES data	n/a	n/a

Emerging Risks noted:

- Staff survey results; further work required to understand:
  - Potential number of leavers and consideration of retention as a risk register entry.
  - Those individuals reporting they feel unable to speak up.
  - How to increase response rates.

Meeting: Trust Board Meeting in Public

29 March 2023

Agenda item	Integrated Performance Report (IPR)
Board Lead	Raghuv Bhasin, Chief Operating Officer
Type name of Author	Wendy Joyce, Director of Performance
Attachments	Trust IPR February 2023
Purpose	Assurance
Previously considered	Transformation Board 21.03.2023 SPC 13.03.2023 Q&CGC 15.03.2023 F&BPC 28.03.2023

Executive Summary

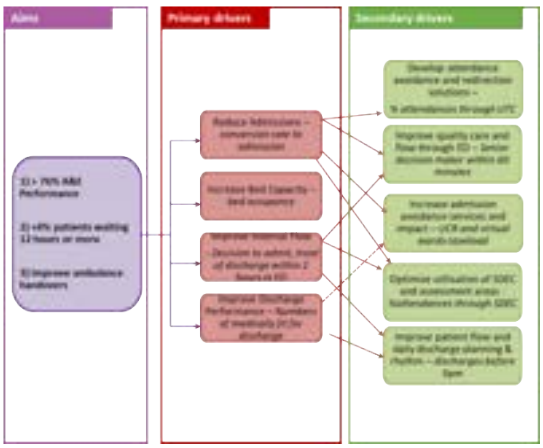
This document provides an Integrated Performance Report for review.

The report was discussed at the Trust's Transformation Board on 21st March 23. Key points made in the discussion included:

- The challenging position on diagnostic waits which needed both some short-term remedial action to bring in additional capacity in MRI and non-obstetric ultrasound in particular as well as longer-term planning to bridge the demand and capacity gap in the Trust which was underway.
- Recognition of continued improvement on key quality indicators including the level of falls in the Trust and the completion of key assessments for patients such as Treatment Escalation Plans.
- Reflection that the positive staff survey results are also mirrored by many of the people indicators including on vacancy levels and levels of health and wellbeing support.

The Transformation Board also discussed the proposed changes to the IPR to ensure that it reflects the core operational, legislative and transformational priorities for the organisation going forwards. This work is underway with a view to have a draft to share informally with Board members in April.

As an example the approach we are trying to take in revising the IPR is being clear on the headline and driver metrics as illustrated for UEC below with trajectories in place for the core headline and driver metrics.



The People and Quality metrics were considered in detail at the Strategic People Committee on 13 March 2023 and the Quality & Clinical Governance Committee on 15 March 2023 respectively.

A verbal update will be provided to Board following the Finance and Business Performance Committee meeting on 28 March 2023.

Decision	The Board / Committee is requested to consider performance and risk impact.

Relevant Strategic Priority			
Outstanding Care ☒	**Healthy Communities ☒**	**Great Place to Work ☒**	**Net Zero ☒**

Implications / Impact	
Patient Safety	Quality and Safety Metrics are a core part of the IPR
Risk: link to Board Assurance Framework (BAF)/Risk Register	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.
Financial	Financial reporting outlined in the outstanding care section of the report
Compliance CQC Standards	Well Led - Operational planning is a statutory requirement of NHS Trusts.
Partnership: consultation / communication	The report is produced in conjunction with divisional and BI colleagues.
Equality	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.
Quality Impact Assessment [QIA] completion required?	Not required

NHS
Buckinghamshire Healthcare
NHS Trust

Integrated Performance & Quality Report

February 2023

CQC rating (July 2022) - GOOD

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

Integrated Performance & Quality Report

Buckinghamshire Healthcare NHS Trust

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

Removed
- Open pathways - 78 week waits reduction trajectory

Changed

Integrated Performance & Quality Report

Buckinghamshire Healthcare NHS Trust

Executive Summary

This Integrated Performance Report reflects a reduction in pressures on the Trust as compared to December and January which is particularly highlighted in the Urgent and Emergency Care indicators which have seen some recovery to previous levels of delivery. In particuar due to changes made in the Emergency Department, for example the introduction of a Hospital Ambulance Liaison Officer, we have seen a sustained improvement in the proportion of ambulances with a handover within 30 minutes. Whilst Medically Optimised for Discharge numbers remain high there has been significant progress in agreeing an agreed discharge capacity base for the next financial year and transformation programme to support flow jointly owned by the council and Trust supported by the ICB.

It is pleasing to note that the Trust's continued strong performance on reducing elective and cancer backlogs is reflected in the benchmarking slides showing the Trust against other Trusts in the region. The Trust is on trajectory to meet its 78 week and 62 day ambitions by the end of the financial year with plans for next year also in implementation phase. Diagnostic capacity remains a challenge with additional outsouring and waiting list initiatives starting in March to reduce backlogs in MRI and Non-Obstetric Ultrasound with plans in development to address our ongoing demand and capacity challenges - particularly in MRI.

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

- 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 February 2023.
- Continued reduction in complaints outstanding at 90 days and PALS email queries within 5 working days.
- Positive performance maintained on falls rate per 1,000 occupied bed days against national average

The Trust received its Staff Survey results in March which reflected significant progress across a range of people indicators as has been highlighted in the IPR. Particular areas to note include:

- Continued reductions in turnover levels, alongside ongoing international nurse recruitment are contributing to our low vacancy rates.
- Overall sickness reduced in February and is continuing to stabilise on a downward trajectory coming into spring. The support we offer to colleagues has been recognised in the national staff survey as being among the best in the country

The Trust is in the final stages of business planning and agreeing its operational and strategic targets for next year. These will then be reflected in the IPR going forwards with lead indicators supported by driver metrics. The cover sheet shows an example of this for Urgent and Emergency Care and the IPR will evolve to reflect this appraoch in the coming months.

Integrated Performance & Quality Report

Overall Performance Summary

Buckinghamshire Healthcare NHS Trust

Variance	February 2023	Assurance: Pass	Assurance: Hit and Miss	Assurance: Fail
Variance	Special Cause - Improvement	★ 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 Sickness - musculoskeletal Corporate Induction	★ Open pathway 52 week breaches Complaints response rate Nursing and Midwifery vacancy rate Trust vacancy rate Turnover rate
Variance	Common Cause	★ 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 Number of Falls Pressure Ulcers - cat 2, 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 Occupatient health - management referrals response time FTSUG outreach	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 Pseudomonas aeruginosa bacteraemia cases Complaints outstanding at 90 days Friends & Family test - positive responses Sickness Data security awareness training Statutory & Mandatory training
Variance	Special Cause - Concern		Overall size of the waiting list Medication incidents as SIs Neonatal deaths 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 Diagnostic compliance Endoscopic patients waiting > 6 weeks Non-endoscopic breaches

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

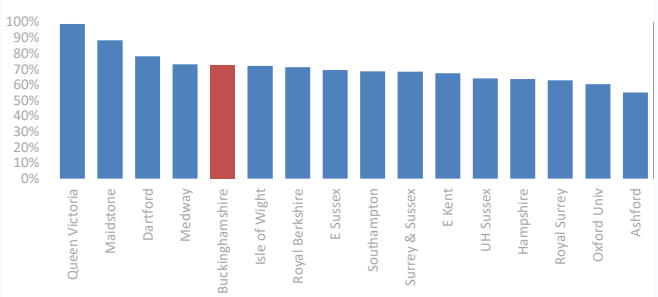
Integrated Performance & Quality Report

Buckinghamshire Healthcare NHS Trust

Benchmarking Summary for South-East Region

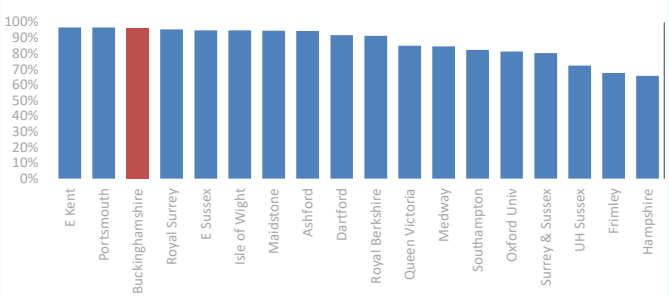
ED 4 hour performance

South East A&E 4 hour performance benchmarking - Feb-23



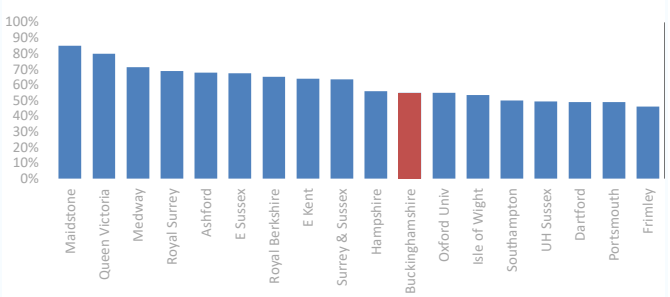
2 week wait cancer

South East region 2 week wait cancer benchmarking - Jan-23



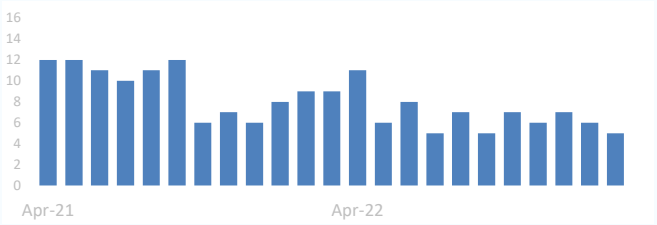
62 day wait cancer

South East region 62 day wait cancer benchmarking - Jan-23



ED 4 hour performance ranking

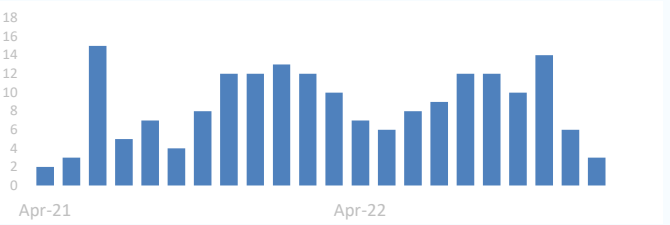
South East A&E 4 hour performance benchmarking - historic rankings out of 16



Frimley Health & Portsmouth Hospitals do not report 4 Hour performance as they are part of the Clinical Services Review.

2 week wait cancer ranking

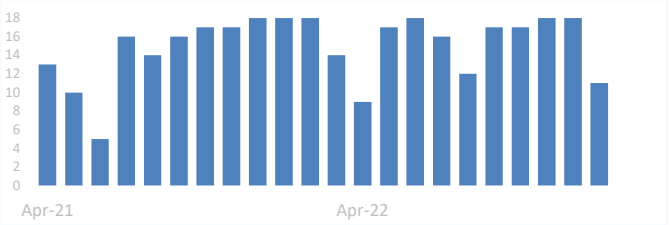
South East region 2 week wait cancer benchmarking - historic rankings out of 18



Hampshire does not report 2 week waits peformance as they are part of the Clinical Services Review.

62 day wait cancer ranking

South East region 62 day wait cancer benchmarking - historic rankings out of 18



Source: NHS England - https://www.england.nhs.uk/statistics/statistical-work-areas/

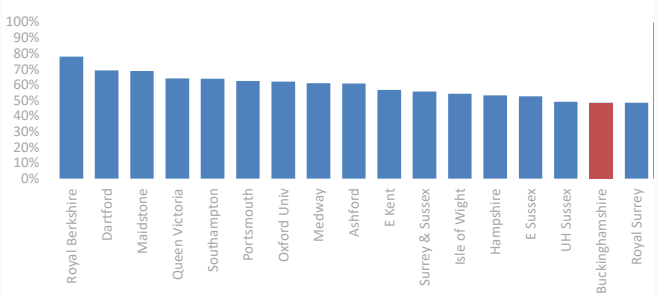
Integrated Performance & Quality Report

Benchmarking Summary for South-East Region

Buckinghamshire Healthcare NHS Trust

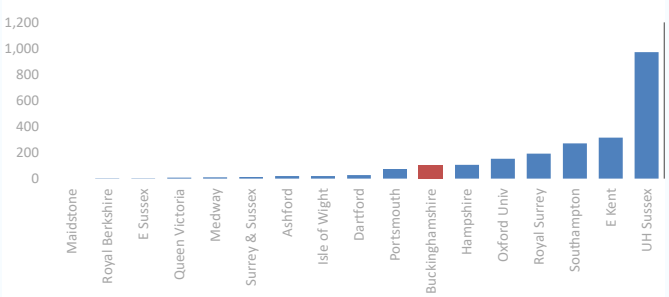
RTT performance

South East RTT performance benchmarking - Jan-23



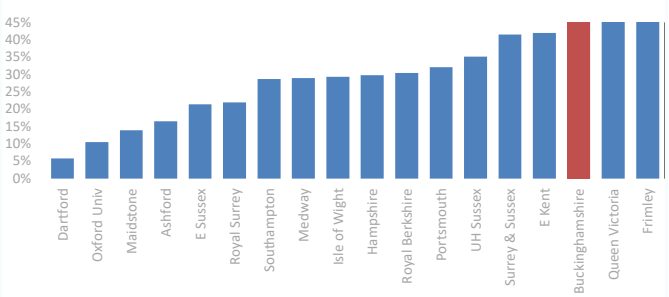
78 week waits

South East over 78 week waits benchmarking - Jan-23



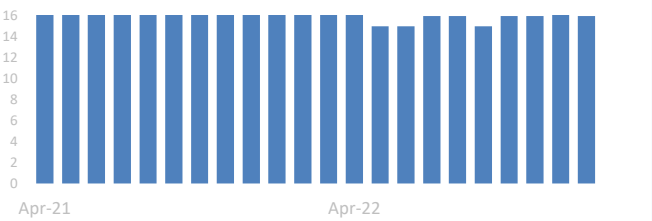
Diagnostic performance

South East diagnostic performance benchmarking - Jan-23



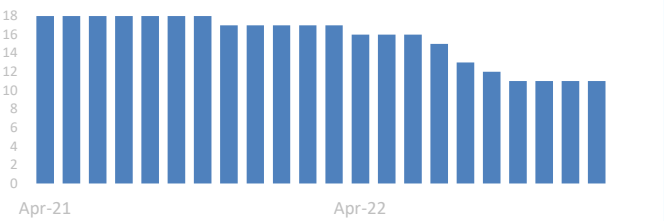
RTT performance ranking

South East RTT performance benchmarking - historic rankings out of 16



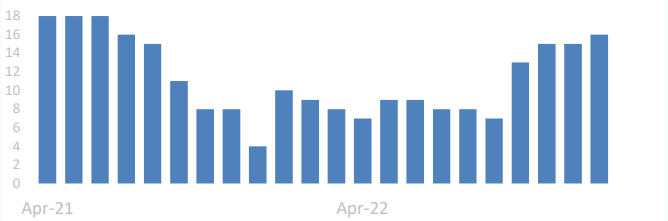
78 week waits ranking

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



Source: NHS England - https://www.england.nhs.uk/statistics/statistical-work-areas/

Outstanding Care

Operational Standards - Urgent & Emergency Care

Buckinghamshire Healthcare NHS Trust

ED 4 hour performance
The 4-hr performance has seen a sustained 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.

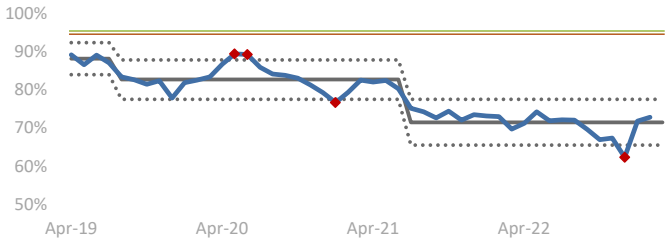
12 hour waits in ED
Rising numbers of Emergency Admissions is contributing to the number of persons remaining in the Emergency Department >12hrs. In this reporting period we have seen a gradual decrease in the number of 12hr stays in ED on last month which was 8% to 7%.

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.
Our Urgent and Emegency Care Improvement Plan is focused on addressing the driver issue to these waits with changes starting to impact from April most notably a revised ED consultant rota and increased scope of SDEC. The Board will have a seminar on UEC recovery in April.

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

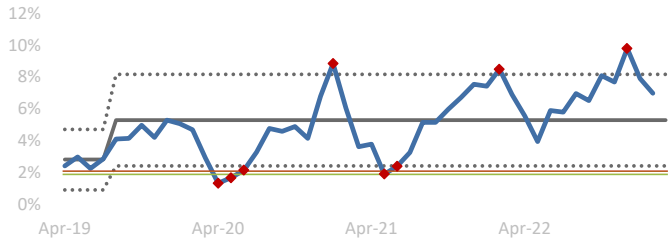
Target 95% Feb-23 **72.8%**



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).

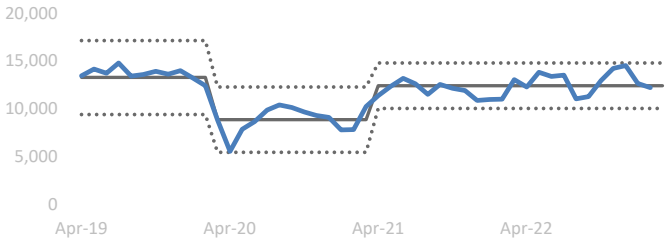
Target 2% Feb-23 **7.0%**



ED attendances

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

Target N/A Feb-23 **12,229**

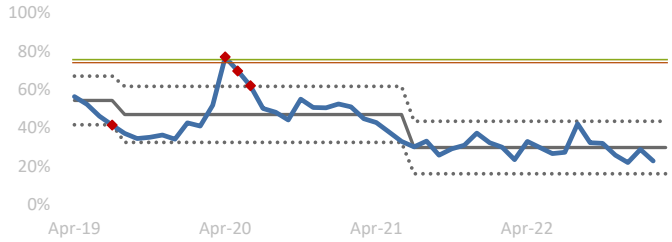


Target

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.

Target 75% Feb-23 **22.8%**



Outstanding Care

Operational Standards - Urgent & Emergency Care

Buckinghamshire Healthcare NHS Trust

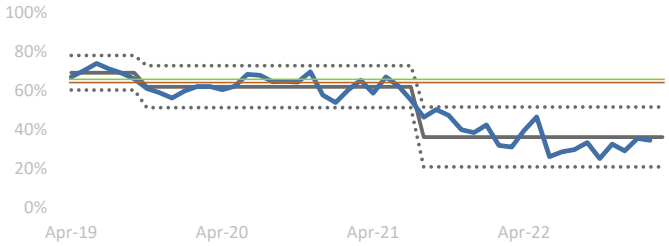
Ambulance handovers
In this reporting period ambulance conveyances to Stoke Mandeville Hospital have remained static.

We have seen an improvement in all Ambulance patient offload times driven by the introduction of our Hospital Ambulance Liaison Officer in January and renewed focus on this area by the clinical team in ED.

Ambulance handovers within 15 mins

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

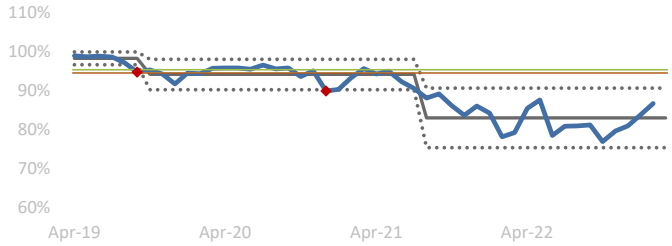
Target 65% Feb-23 **34.6%**



Ambulance handovers within 30 mins

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

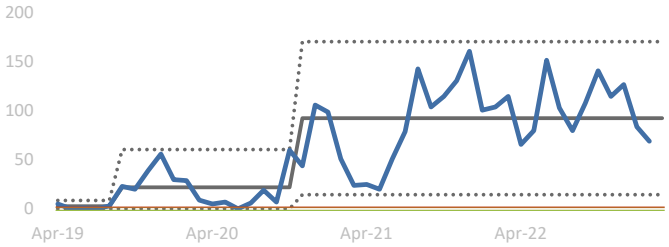
Target 95% Feb-23 **86.7%**



Ambulance handovers over 60 mins

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

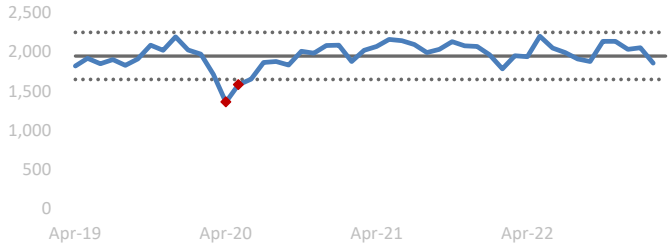
Target 0 Feb-23 **69**



Ambulance arrivals

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

Target N/A Feb-23 **1,861**



Outstanding Care

Operational Standards - Urgent & Emergency Care

Buckinghamshire Healthcare NHS Trust

Medically optimised for discharge
We continue to see c.100 patients who are medically optimised for discharge in our beds. The delays in discharging patients from hospital are due to lack of capacity in social care and other NHS / Private providers / settings.
We have agreed a transformation programme with the council and ICB to drive a reduction in waits next year. There are three key elements of this that take us forward from this year. These are:
(a) an agreed bed and domiciliary capacity base for the next two years which will enable medium-term commissioning and development of improved rehab capacity.
(b) the development of a transfer of care hub to manage this capacity jointly with the council with improved processes and data.
(c) the integration of the leadership and work of our overlapping community teams to reduce duplication and maximise the use of limited resources.

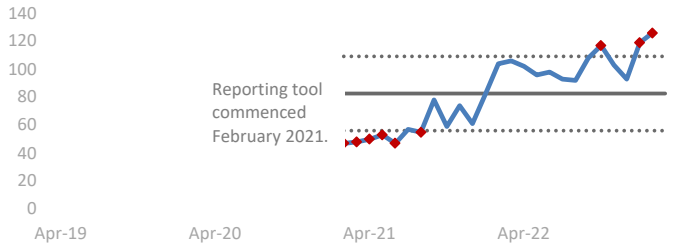
21 day LOS – Acute
We have seen an increase in patients remaining in hospital >21days on the last reporting period which is directly correlated with the MOFD numbers.

Discharges by 5pm
We have seen a slight decrease in the number of discharges by 5pm in this reporting period.
We are relaunching our internal discharge focus work as part of the Urgent and Emergency Care Improvement Programme. This will be led by the Chief Nurse.

Medically optimised for discharge

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

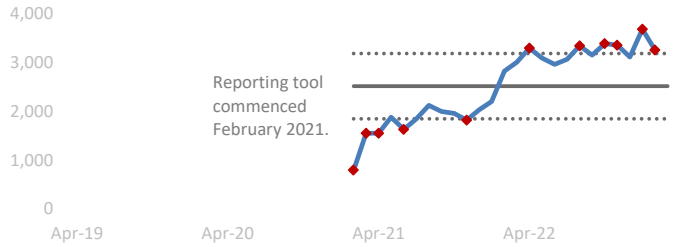
Target N/A Feb-23 **126**



MOFD Bed days lost

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

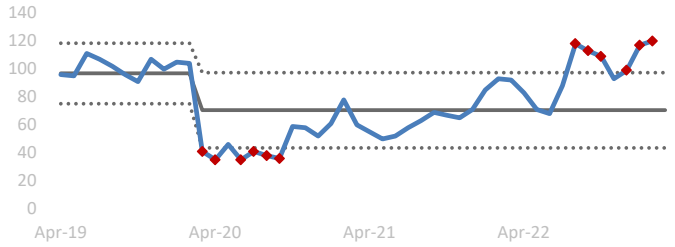
Target N/A Feb-23 **3,247**



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.

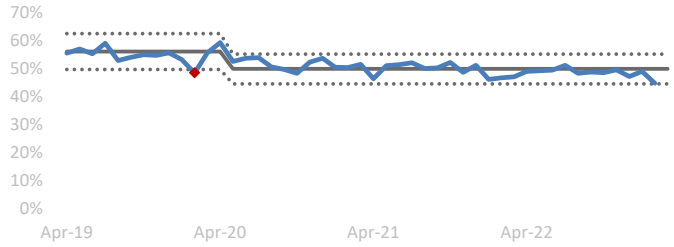
Target N/A Feb-23 **120**



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.

Target N/A Feb-23 **44.9%**



Outstanding Care

Operational Standards - Elective Recovery

Buckinghamshire Healthcare NHS Trust

Overall size of the waiting list

We are committed to ensuring all patients are treated equally and all referrals recorded on one waiting list. This means that referrals must be uploaded from the referral system to the central waiting list. Work has been carried out recently to manage the high level coming through the referral system causing an increase in the overall size of the waiting list. This is unfortunate but does ensure we are aware of all patients waiting for treatment and are able to prioritise them appropriately.

It is expected that any uploading backlog will be completed by the end of April 23 which will result in a true and stable waiting list.

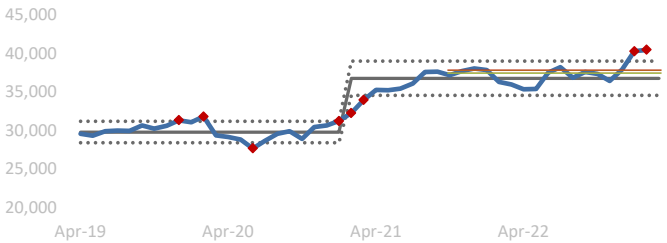
Open pathways

Open pathway performance is stable but the waiting list continues to grow. All referrals are added to the waiting list as soon as possible and then triaged appropriately. This does result in a larger waiting list during this process but ensures all patients are treated equally and dependent on clinical need

Overall size of the waiting list

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

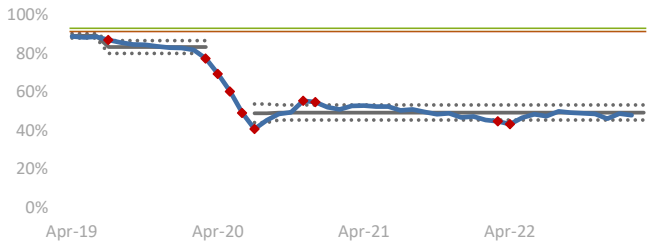
Target 37,590 Jan-23 **40,230**



Open pathway performance

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

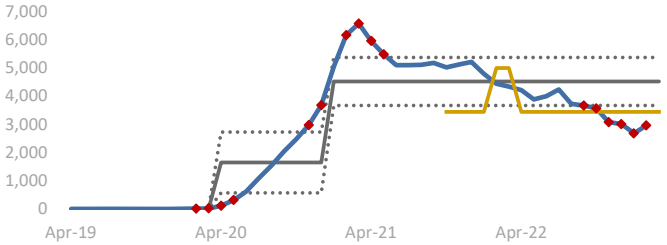
Target 92% Jan-23 **48.6%**



Open pathway 52 week breaches

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

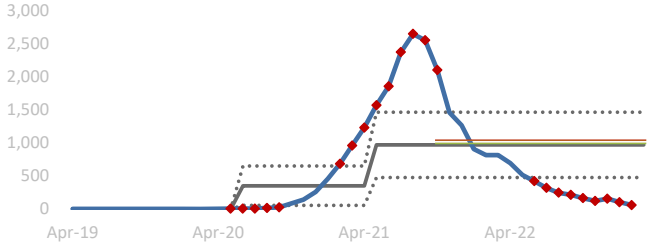
Target 3,437 Jan-23 **2,669**



Open pathway 78 week breaches

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

Target 1,018 Jan-23 **100**



Target

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

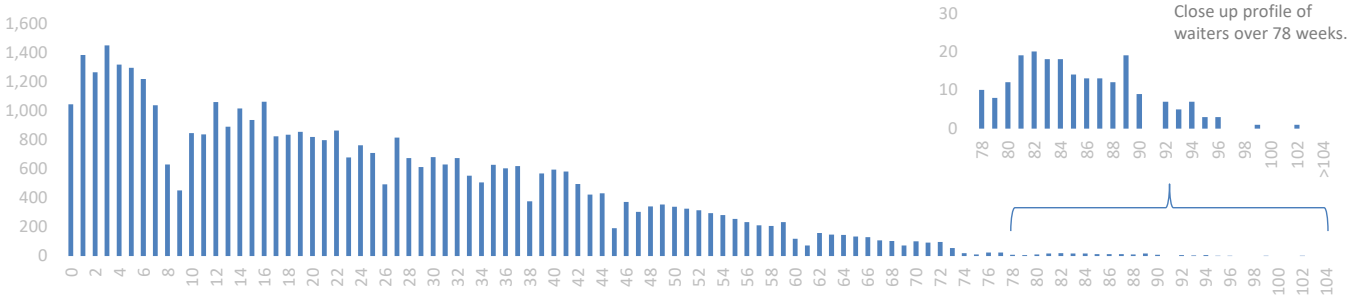
Outstanding Care

Operational Standards - Elective Recovery

Buckinghamshire Healthcare NHS Trust

Open pathways by weeks wait

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



Outstanding Care

Operational Standards - Elective Recovery

Buckinghamshire Healthcare NHS Trust

Cancelled elective operations

34 elective procedures were cancelled on the day due to non-clinical reasons:

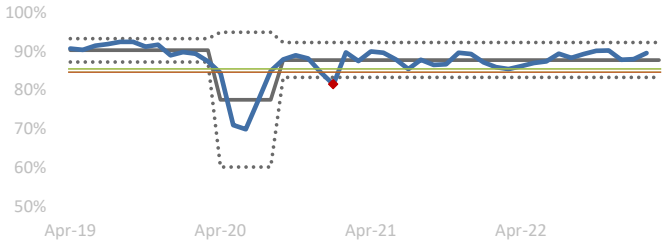
Staff-Theatre-Unavailable (Specify)	8
Session will over run-(Specify Reason)	8
Surgeon Unavailable (Initials)	4
Equipment Failure (Specify Eqp't)	4
Session over run- unforeseen Complex Case On List	3
Session overrun - Emergency Case Interrupted List	2
Equipment Unavailable	1
Bed Unavailable - HDU/ITU	1
Transport (Hospital) Not Booked	1
Admin Error - Other	1
Anaesthetist Unavailable (Initials)	1

Staff unavailable was due to staff testing positive for COVID.

Theatre utilisation

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

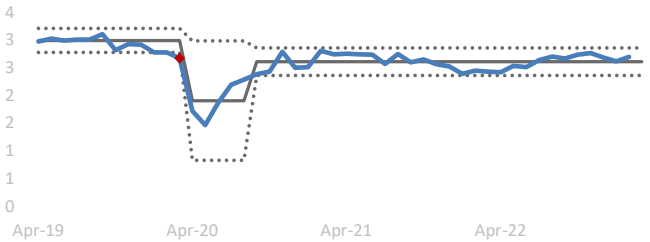
Target 85% Feb-23 **89.5%**



Theatre cases per 4 hours planned time

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

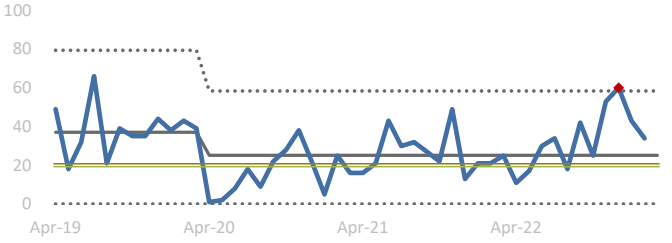
Target N/A Feb-23 **2.7**



Cancelled elective operations

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

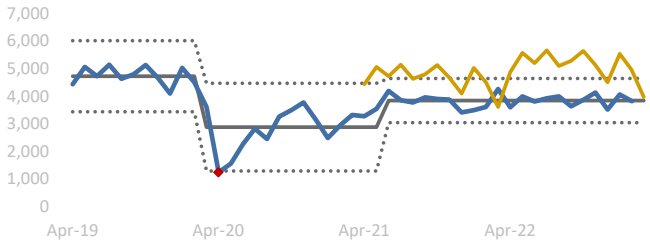
Target 20 Feb-23 **34**



Elective Activity

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

Target 4,967 Feb-23 **3,822**



Outstanding Care

Operational Standards - Elective Recovery

Buckinghamshire Healthcare NHS Trust

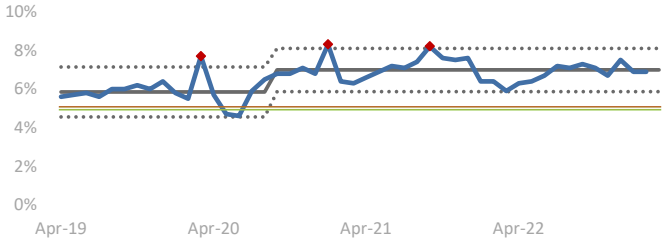
DNA
We continue to work to reduce the patient DNA rate by improving communication. This is showing improvement and further work is planned.

Outpatient activity delivered remotely
As the Trust continues to see patients waiting the longest, they do tend to require face to face appointments. This has resulted in less patients having remote consultations but we aim to resolve this with careful planning.

Outpatient DNA rate

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

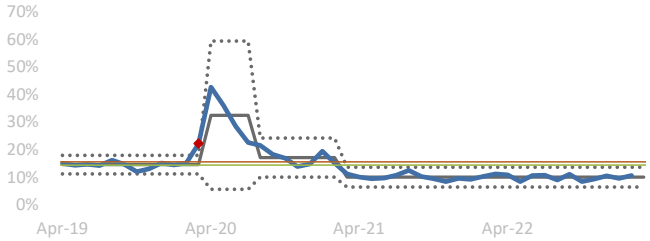
Target 5% Feb-23 **6.9%**



Outpatient appointment disruption

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

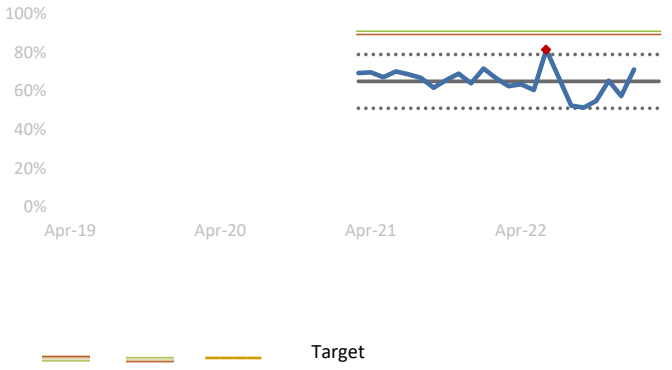
Target 15% Feb-23 **10.7%**



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.

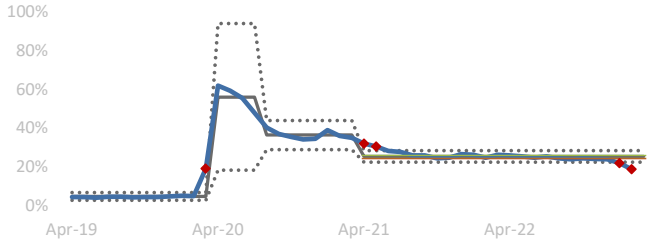
Target 90% Jan-23 **70.9%**



Outpatient activity delivered remotely

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

Target 25% Feb-23 **18.6%**



Outstanding Care

Operational Standards - Elective Recovery

Buckinghamshire Healthcare NHS Trust

62 day pathway
Performance of 55% has been reported in January (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 191 at the end of February against a trajectory of 209.
The Trust backlog position has now decreased to 7.6% of the total patient list compared to average of 12.5% in the BOB ICB.

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

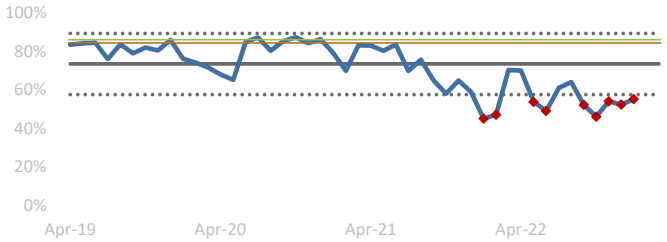
2ww
Work continue to ensure that patient have access within 14 days. The Trust achieved 96.2% compliance against a performance standard of 93% in January 2023.Work continues with TVCA to implement national best practice timed pathways which, while seeking to delivery 28 Fast Diagnosis Standard, will 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. The number of patients continues to decrease with only 2.2% of our patients waiting more than 104 days against a national target of 2%. 25% of the current long wait patients have been accepted for treatment at tertiary centres.

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.

Target 85% Jan-23 **55.0%**

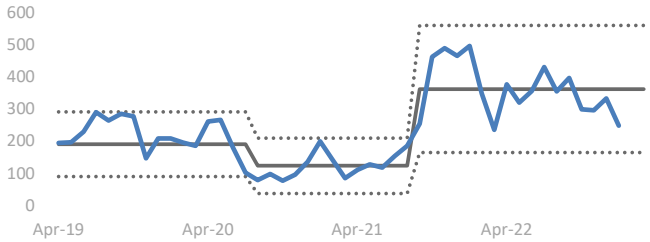


Latest data not available at time of report production

Cancer Wait Times - 62 day waiters

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

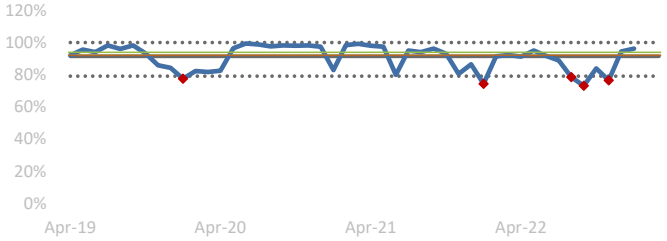
Target N/A Feb-23



Cancer Wait Times - 2WW

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

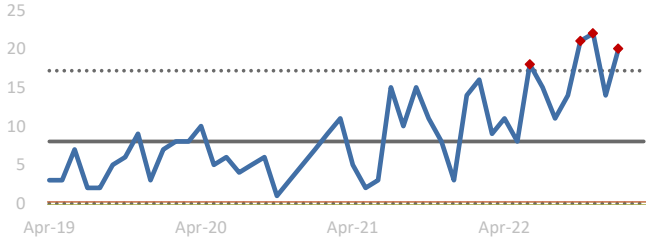
Target 93% Jan-23 **96.2%**



Cancer Wait Times - 104 days

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

Target 0 Jan-23 **20**



Target

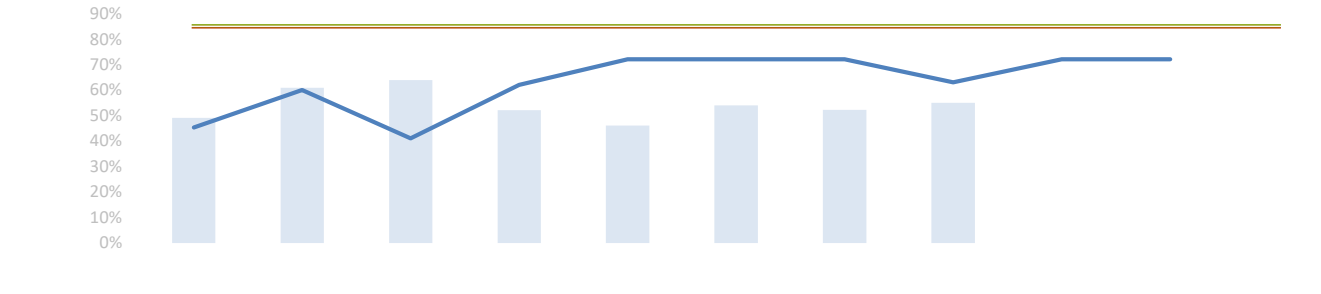
Cancer data runs one month in arrears due to processing and reporting timescales of Open Exeter.

Outstanding Care

Operational Standards - Elective Recovery

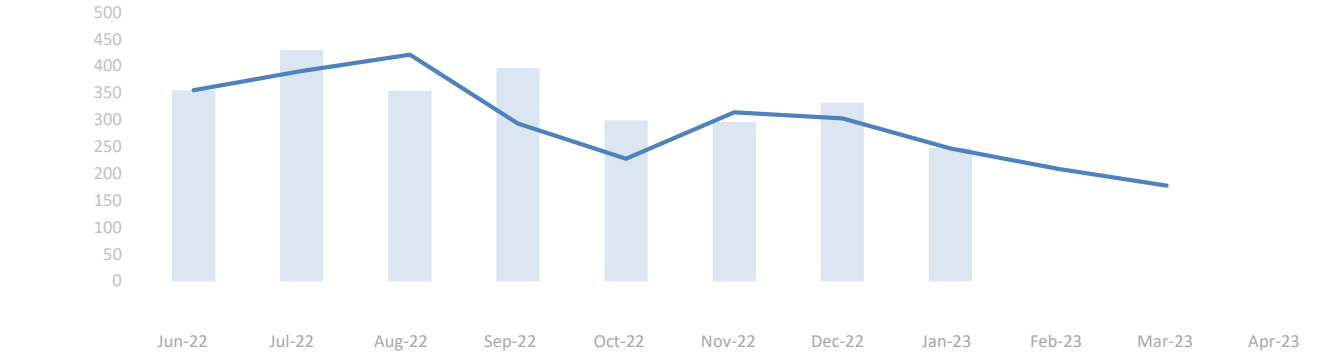
Buckinghamshire Healthcare NHS Trust

Cancer performance - 62 day trajectory



	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Actual	49.0%	60.9%	63.9%	52.1%	46.0%	53.9%	52.2%	55.0%			
Trajectory	45.3%	60.0%	41.0%	62.0%	72.0%	72.0%	72.0%	63.0%	72.0%	72.0%	
Target	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Cancer backlog - 62 day waiters trajectory



	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Actual	355	430	354	396	299	296	332	248			
Trajectory	355	391	421	293	228	314	303	247	209	178	

Outstanding Care

Operational Standards - Elective Recovery

Buckinghamshire Healthcare NHS Trust

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

Buckinghamshire Healthcare NHS Trust

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

Faster diagnostic standard
A FD programme has been developed alongside the TVCA focusing on six pathways: Urology, Gynaecology, Skin Lower GI, Upper GI and Breast.

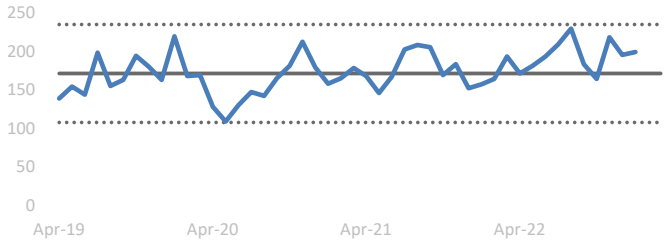
Improvement were seen in month with a reported performance of 74.8% against a target of 75%

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 88.5.%

Cancer treatment levels - 31 day treatments

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

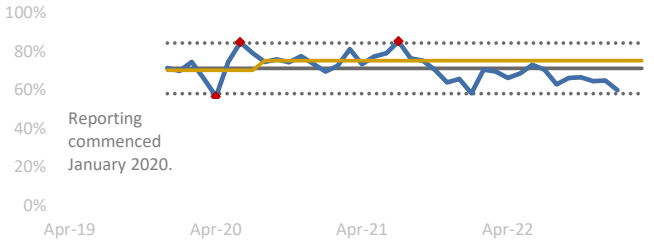
Target N/A Jan-23 **199**



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.

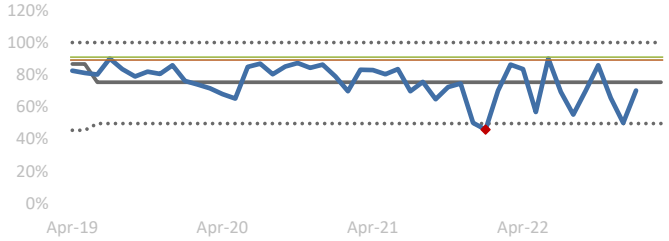
Target 75% Jan-23 **59.9%**



Cancer screening

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

Target 90% Jan-23 **70.0%**



Target

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

Outstanding Care

Operational Standards - Elective Recovery

Buckinghamshire Healthcare NHS Trust

Diagnostic compliance
Compliance against target of 99% of patients receiving their diagnostic procedure within 6 weeks continues to deteriorate. This is inspite of increasing activity levels and is due to higher demand. Plans are agreed to increase capacity in core areas in 23/24 but also manage demand with analysis of referrals levels and repeat referral requests followed by high demand pathways.

Non-endoscopic breaches
Demand for MRIs, CTs, and non-obstetric ultrasounds has risen in recent months. While cancer and urgent referrals are prioritised, this has led to routine patients waiting longer. This will be addressed with weekend activity starting at the end of March and an additional MRI scanner in place by April 23.

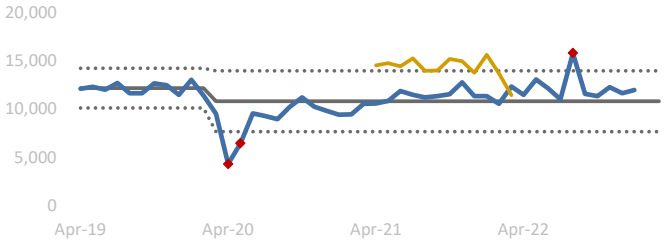
Endoscopic Patients waiting >6 weeks (breaches)
The division will continue to process our activity in line with national targets where possible.
In addition, the unit will aim to: -

- Increase drive to backfill lists
- Go live with HICSS booking system in April 2023. ICE referral system is live as of 03/03/23.
- 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
- 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 DM01 definitions.

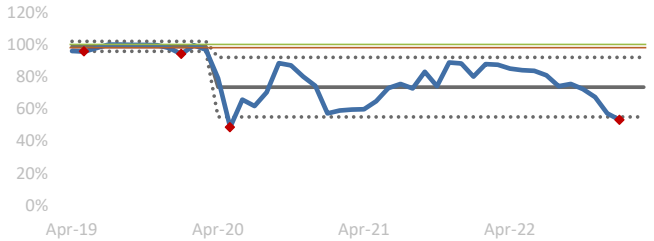
Target Awaiting target Jan-23 **11,928**



Diagnostic compliance

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

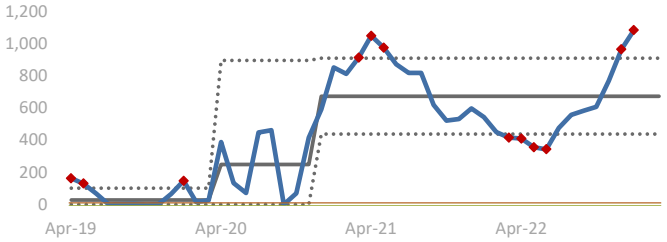
Target 99% Jan-23 **53.2%**



Endoscopic patients waiting > 6 weeks

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

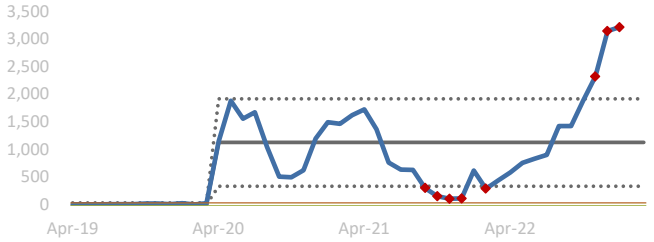
Target 0 Jan-23 **1,083**



Non-endoscopic DM01 breaches

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

Target 0 Jan-23 **3,209**



Target

Runs one month in arrears due to DM01 submission date being later than IPR production date.

Outstanding Care

Operational Standards - Quality & Safety

Buckinghamshire Healthcare NHS Trust

Incidents reported
Minimal change in the total number of incidents reported in comparison to previous month with 97.6% reported as low harm, no harm and near misses.

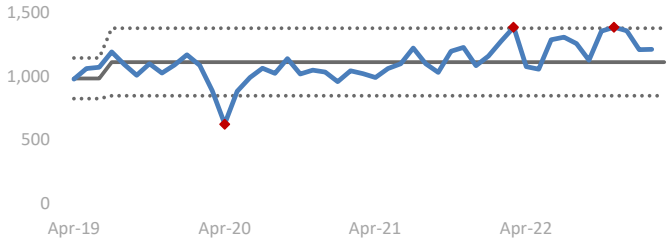
Incident themes and level or reporting at division and SDU level are monitored through the Harm Free Care group and Quality and Patient Safety Group monthly divisional report.

Excellence reporting
Slight decrease in the number of Excellence reporting in February 2023 in comparison to previous month but still higher in comparison to similar period in previous year. The team continue to promote reporting of excellence care delivered by staff.

Incidents reported

Total number of incidents reported on DATIX during the month.

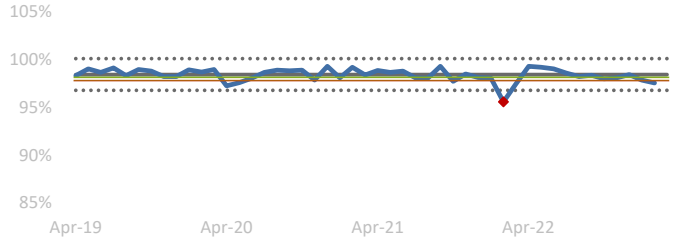
Target N/A Feb-23 **1214**



Incidents that are low/no harm

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

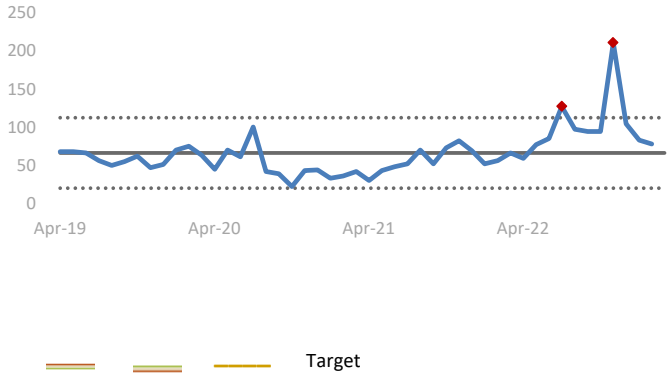
Target 98% Feb-23 **97.6%**



Excellence reporting

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

Target N/A Feb-23 **79**



Outstanding Care

Operational Standards - Quality & Safety

Buckinghamshire Healthcare NHS Trust

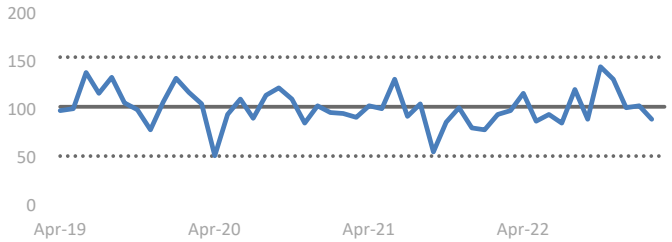
Medication Incidents
A slightly decrease in the number medication safety related incidents reported this month. One incident reported as resulting in moderate harm related to breakdown in communication between the acute Trust and community teams in the arrangements for insulin administration in the patients' homes. Issues related to Insulin medications are monitored and being addressed by the Insulin Task and Finish group which meets monthly and comprises of BHT and primary care colleagues.

Falls
Slight increase in the number of inpatient falls reported in comparison to previous month. Falls rate of 5.4 per 1,000 occupied bed days remains below the target of 6.6.

Medication incidents

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

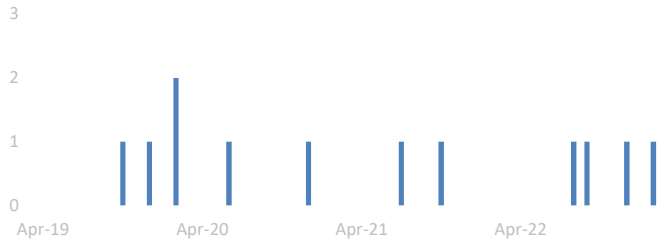
Target N/A Feb-23 **90**



Medication incidents as SIs

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

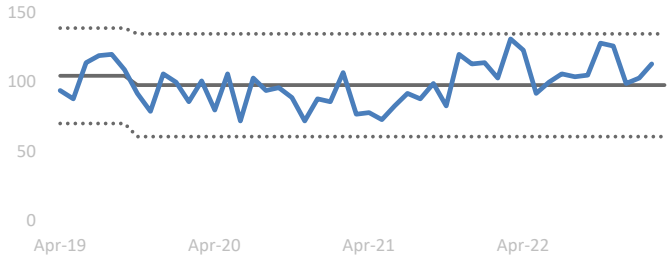
Target 0 Feb-23 **1**



Number of falls

Total number of inpatient falls reported on DATIX.

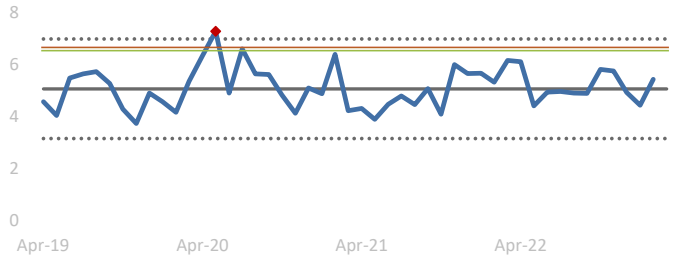
Target N/A Feb-23 **113**

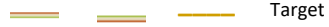


Falls per 1,000 bed days

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

Target 6.6 Feb-23 **5.4**





Outstanding Care

Operational Standards - Quality & Safety

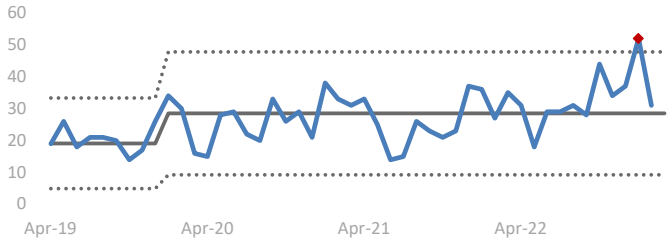
Buckinghamshire Healthcare NHS Trust

Pressure ulcers
There is a slight reduction in the overall number of Category 2 PU incidents reported in February 2023 in comparison to previous month. The Tissue Viability team continue to roll out the new Pressure Ulcer Risk Assessment (PURPOSE T) across the Trust and replacing the previous Waterlow Assessment. Patients who are at high risk of developing pressure ulcer due to long waits in ED trolley are monitored through an hourly check of pressure risk areas and being transferred to pressure relieving mattress.

Pressure ulcers - category 2

Number of acquired category 2 pressure ulcers.

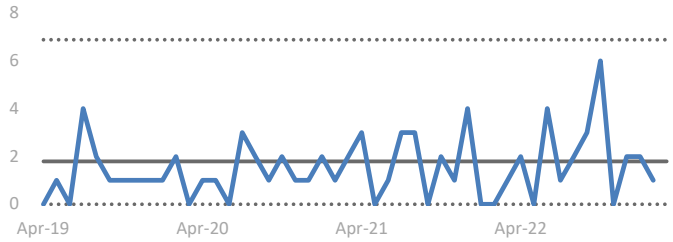
Target N/A Feb-23 **31**



Pressure ulcers - category 3

Number of acquired category 3 pressure ulcers.

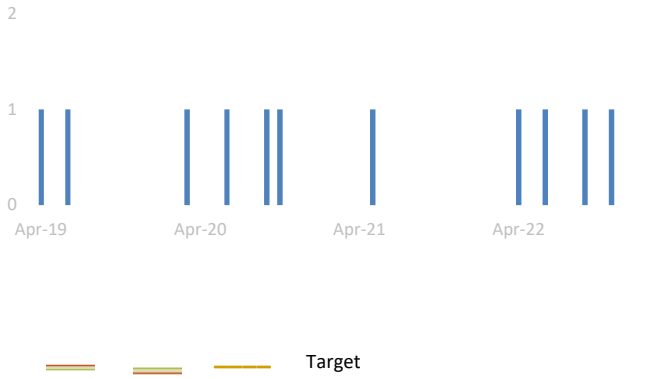
Target N/A Feb-23 **1**



Pressure ulcers - category 4

Number of acquired category 4 pressure ulcers.

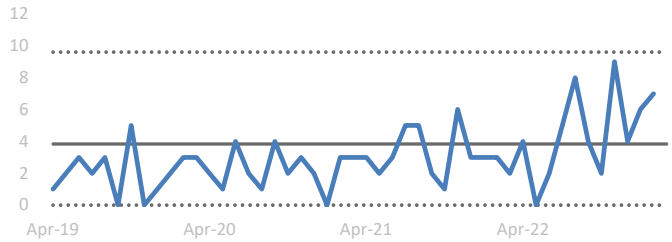
Target N/A Feb-23 **0**



Pressure ulcers - unstageable

Number of acquired unstageable pressure ulcers.

Target N/A Feb-23 **7**



Outstanding Care

Operational Standards - Quality & Safety

Buckinghamshire Healthcare NHS Trust

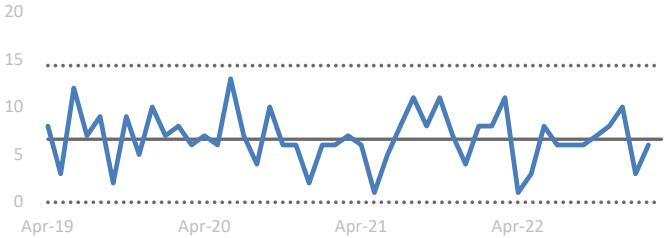
SIs confirmed
Six incidents were declared as serious incidents by the SIEDM panel in February 2023. No serious incidents declared as Never Event in February 2023.
Theming of incidents and actions are reported and monitored through the Harm Free
Care Group.

HSMR
Rolling 12 month HSMR for November 2022 is 92.7 and classified as “lower than expected”.

SIs confirmed

The total number of Serious Incidents confirmed during the month.

Target N/A Feb-23 **6**



SIs declared as never events

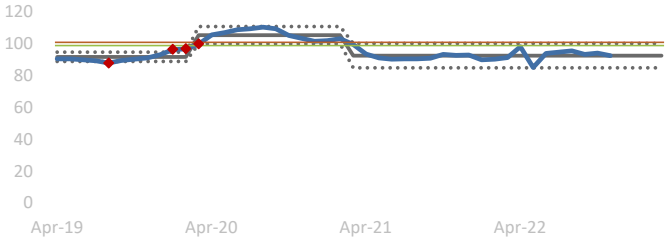
The total number of Serious Incidents declared as Never Events during the month.

Target 0 Feb-23 **0**

HSMR

Hospital Standardised Mortality Ratio (rolling 12 months).

Target 100 Nov-22 **92.7**



Target

HSMR runs in arrears due to data processing and publication times by Dr Foster.

Outstanding Care

Operational Standards - Quality & Safety

Buckinghamshire Healthcare NHS Trust

MRSA and MSSA bacteraemia
No MRSA bacteraemia reported in February 2023.

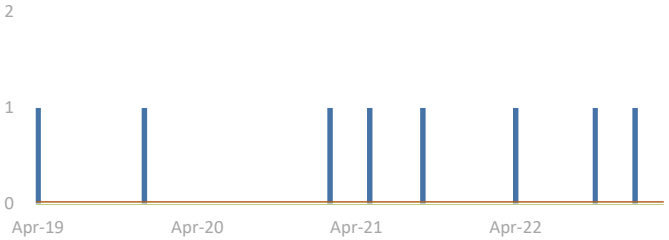
There were 3 MSSA reported. YTD total of 20 *Staphylococcus aureus* bacteraemia (SAB) cases, 17 MSSA and 3 MRSA.

C Diff
In February 2023, 0 *Clostridium difficile* infection (CDI) cases were reported, YTD 46, which is 85% of the BHT threshold.

MRSA bacteraemia

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

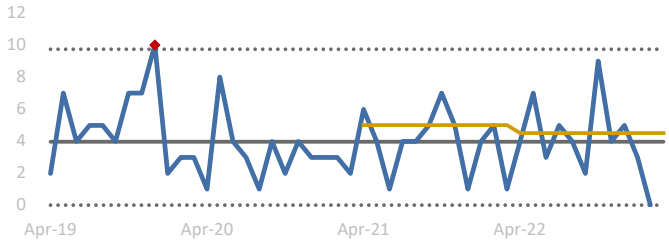
Target 0 Feb-23 **0**



Clostridioides difficile

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

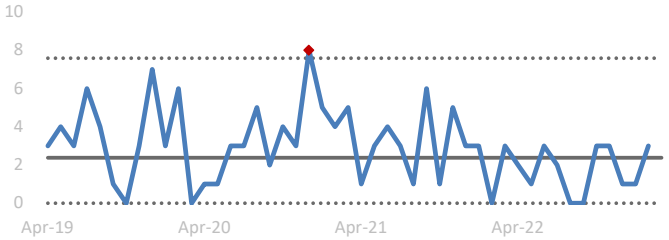
Target 4.5 Feb-23 **0**



MSSA bacteraemia

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

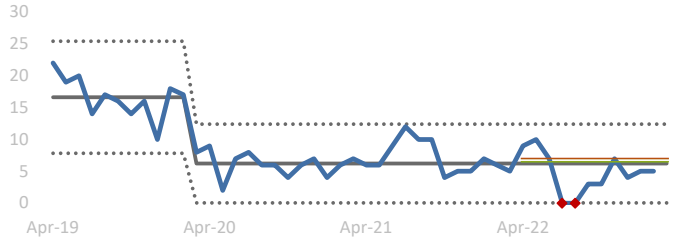
Target N/A Feb-23 **3**

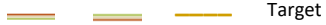


E Coli bacteraemia

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

Target 6.75 Feb-23 **5**





Outstanding Care

Operational Standards - Quality & Safety

Buckinghamshire Healthcare NHS Trust

In February 2023, 8 Gram-negative bloodstream infection cases were reported: of those 5 E. coli, YTD 75% of the national threshold given to BHT. There were 3 cases of Klebsiella, YTD 37, 109% of the BHT national threshold and 1 Pseudomonas aeruginosa case, YTD 22, which is over the BHT Threshold of 10.

Improvement actions
The application of infection prevention and control (IPC) measures is key in the prevention of HCAIs. All divisions are required to develop Healthcare Associated Infection prevention plans to ensure that systems and processes are in place and this is reported to the Trust Infection Prevention and Control Committee.

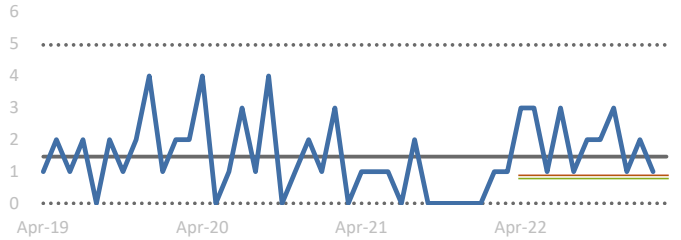
Key lines of enquiries include:

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.

Pseudomonas aeruginosa bacteraemia

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

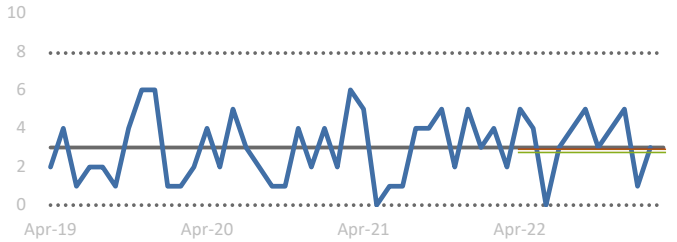
Target 0.8 Feb-23 1



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 Feb-23 3



Target

Outstanding Care

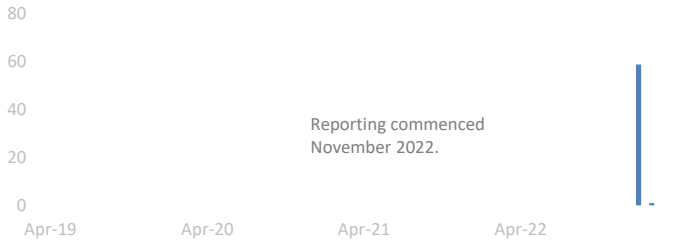
Operational Standards - Quality & Safety

Buckinghamshire Healthcare NHS Trust

Influenza cases

Total number of Flu cases.

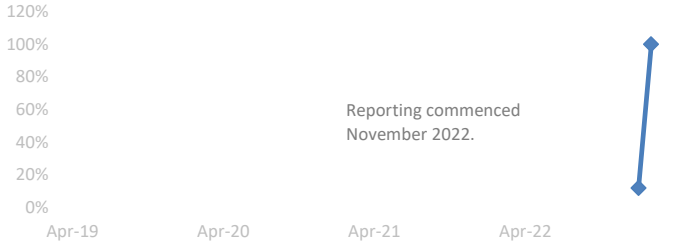
Target N/A Feb-23 **1**



Influenza cases - hospital acquired

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

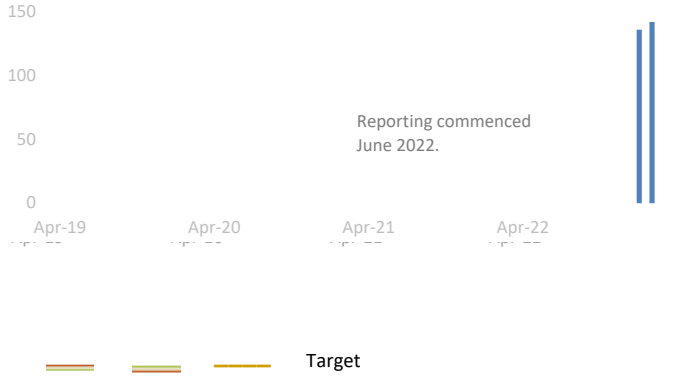
Target N/A Feb-23 **100%**



Covid cases

Total number of Covid cases.

Target N/A Feb-23 **142**



Covid cases - hospital acquired

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

Target N/A Feb-23 **54.2%**

Outstanding Care

Operational Standards - Quality & Safety

Buckinghamshire Healthcare NHS Trust

VTE assessment
VTE assessment compliance above the set target of 95%.

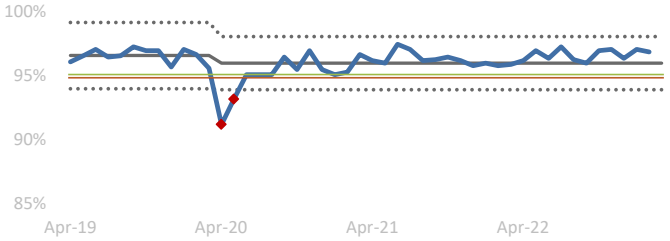
Treatment escalation plan
TEP compliance 93% with sustained compliance against the Trust target 90%

Early warning score
Continue to achieved compliance above the set target of 99%.

VTE assessment

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

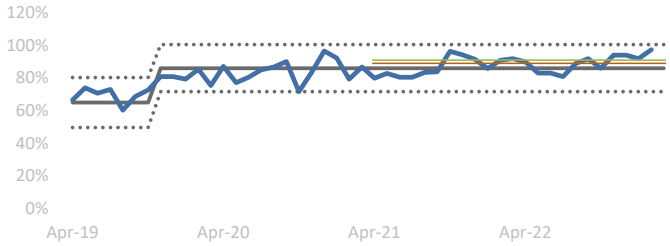
Target 95% Feb-23 **96.9%**



Treatment escalation plan compliance

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

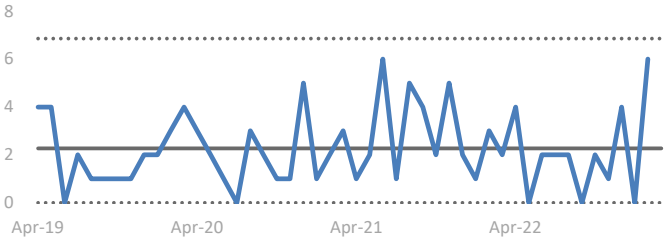
Target 90% Feb-23 **97%**



Non-critical care inpatient cardiac arrests

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

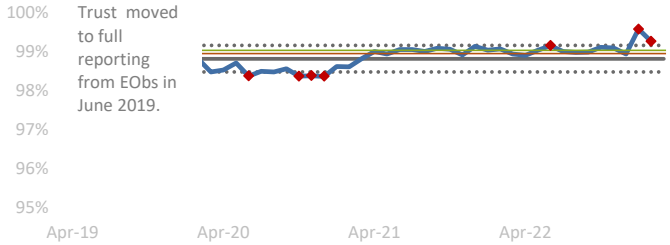
Target N/A Feb-23 **6**



Early warning score

Percentage compliance with early warning score (EWS) completion.

Target 99% Feb-23 **99.27%**



Outstanding Care

Operational Standards - Quality & Safety

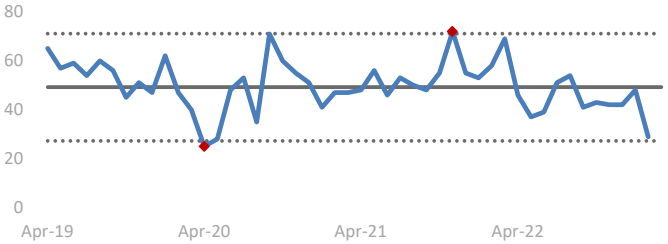
Buckinghamshire Healthcare NHS Trust

Complaints
Decrease in the number of complaints received in comparison to previous month. Reduction in the number of complaints outstanding in 90 days.
There is a decrease in compliance of 25 days response time affected by operational pressure within the hospital especially in Integrated Medicine Divisions where eight out of 23 complaints were breached (66%) in February 2023. Patient experience team continues to support the Division.

Complaints received

Number of complaints received during the month.

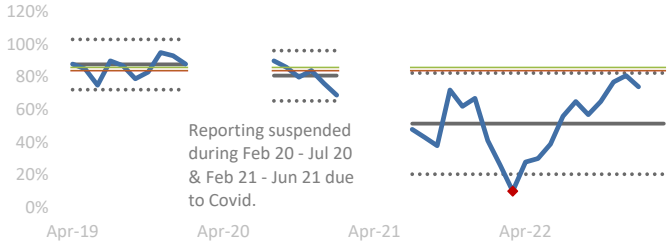
Target N/A Feb-23 **29**



Complaint response rate

Percentage of complaints responded to within 25 days of receipt.

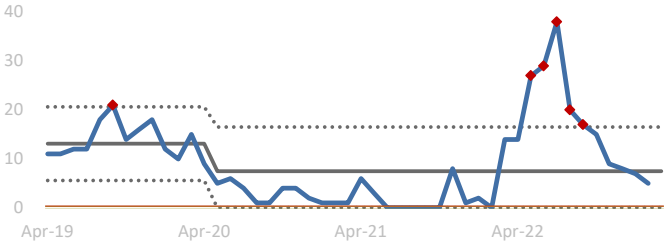
Target 85% Jan-23 **74.0%**



Complaints outstanding at 90 days

Number of complaints still open after 90 days.

Target 0 Feb-23 **5**



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

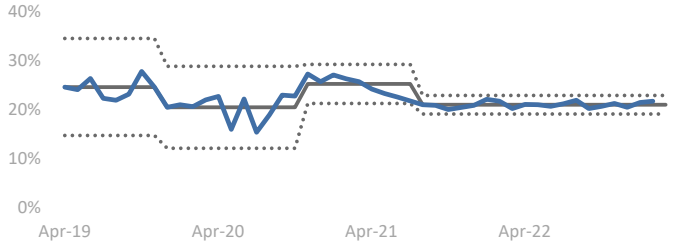
Buckinghamshire Healthcare NHS Trust

Friends and family test

Friends and family test - response rate

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

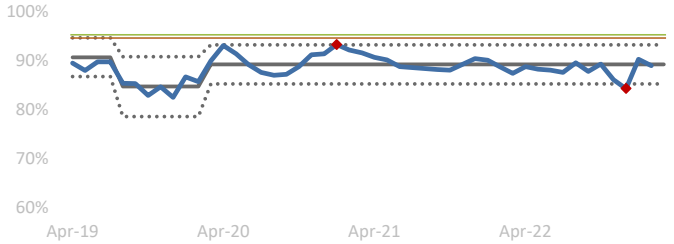
Target Awaiting target Feb-23 **21.7%**



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 95% Feb-23 **89.0%**



Target

Outstanding Care

Operational Standards - Quality & Safety

Buckinghamshire Healthcare NHS Trust

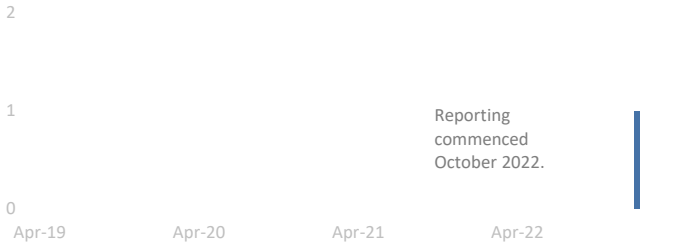
Neonatal deaths
Expected neonatal death of an infant on a palliative care plan due to abnormalities diagnosed in the antenatal period.

Stillbirths
Stillbirth at home of an un-booked, possible concealed pregnancy at approximately 31 weeks. This will be a combined investigation through the PMRT process between BHT and OUH.

Neonatal deaths

Actual number of neonatal deaths.

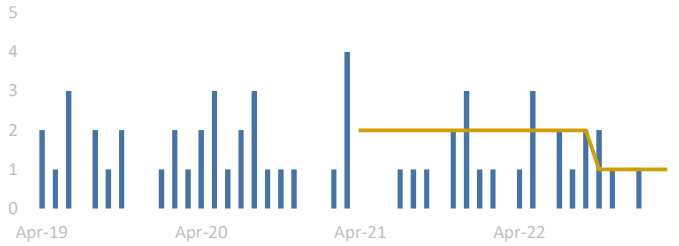
Target 0 Jan-23 1



Stillbirths - total cases

Number of cases of stillbirths at 24 weeks or later.

Target 1 Jan-23 1



Target

Outstanding Care

Operational Standards - Quality & Safety

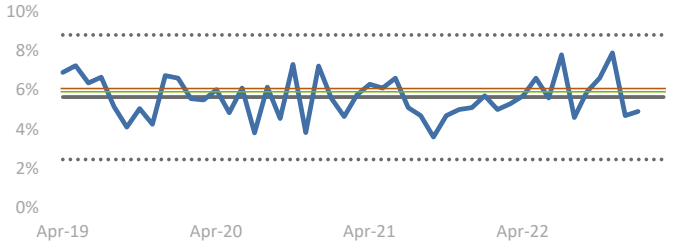
Buckinghamshire Healthcare NHS Trust

Pre term births
Preterm birth rate remains stable for this month and below the 6% threshold. Work continues on optimisation bundle with stable performance for four of the seven interventions.

Pre term births <37+0 weeks

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

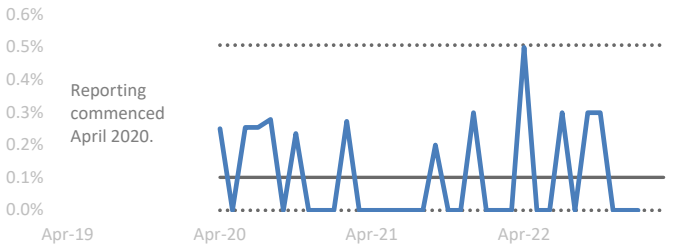
Target 6% Jan-23 **4.9%**

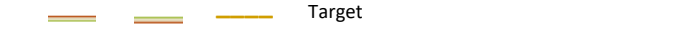


Pre term births 16 - 23+6 weeks

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

Target N/A Jan-23 **0.0%**

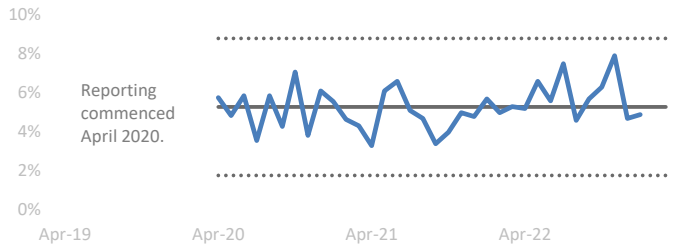




Pre term births 24 - 36+6 weeks

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

Target N/A Jan-23 **4.9%**

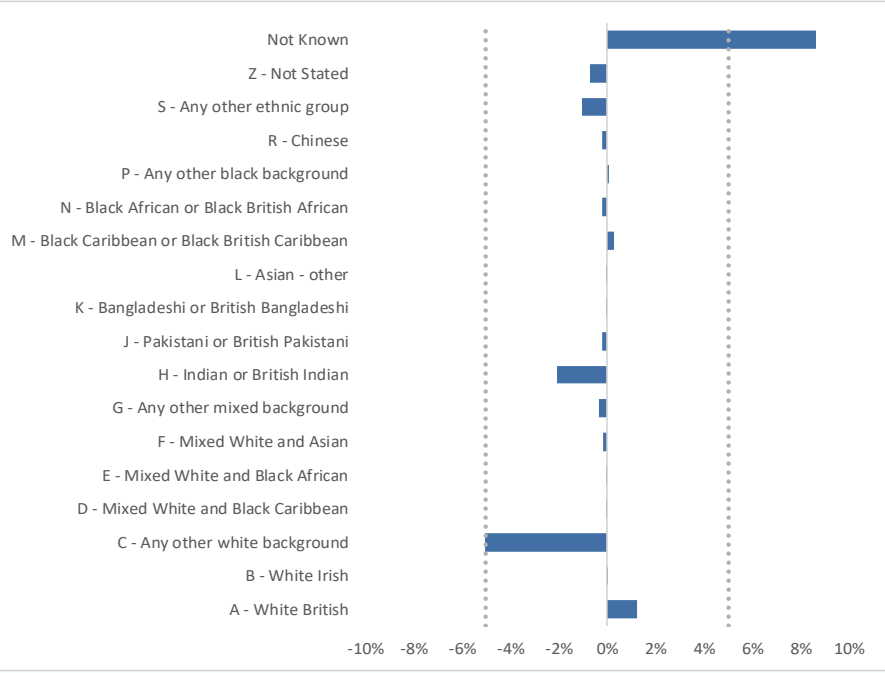


Healthy Communities

Ethnicity and deprivation

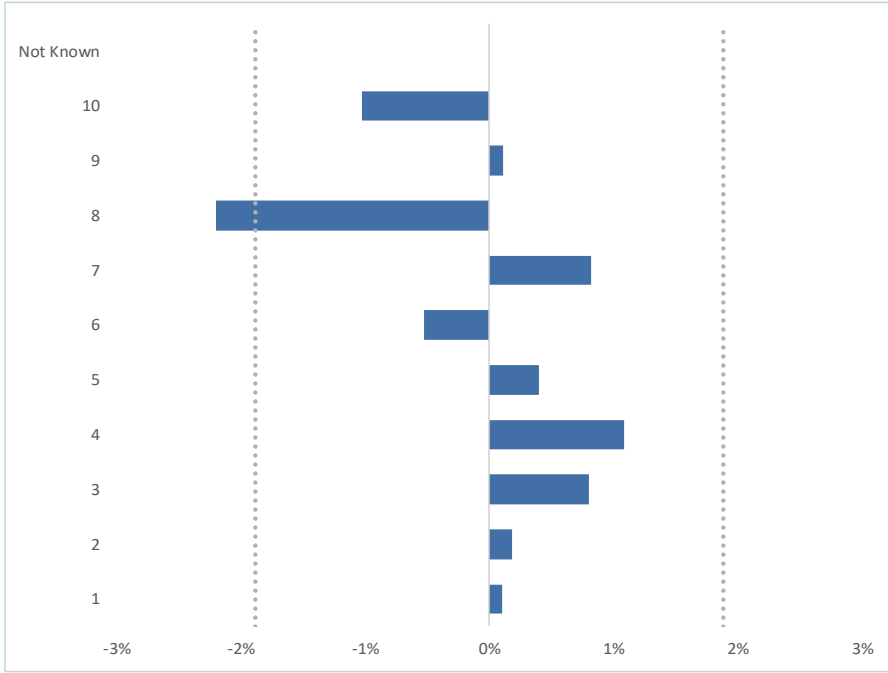
Ethnicity comparison compared to Buckinghamshire Population by waiting list

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 Deprevation (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

Buckinghamshire Healthcare NHS Trust

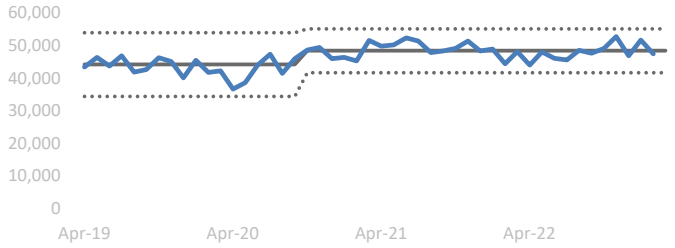
Caseload
Continue to have increasingly complex patients in the community who require a higher frequency and intensity of visits. Increase in referrals

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.

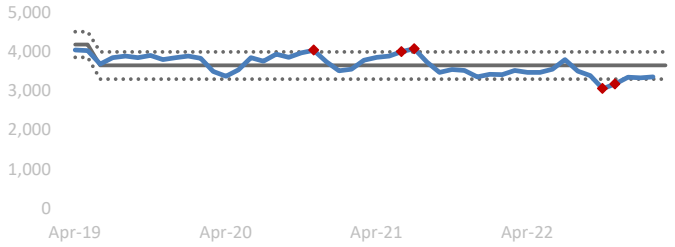
Target N/A Feb-23 **47,482**



Community District Nursing caseload

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

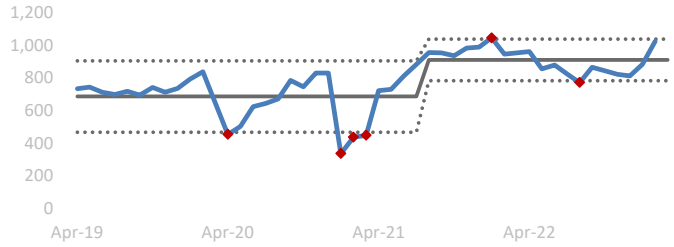
Target N/A Feb-23 **3,359**



Community RRIC caseload

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

Target N/A Feb-23 **1,025**



Target

Healthy Communities

Community Hospitals

Buckinghamshire Healthcare NHS Trust

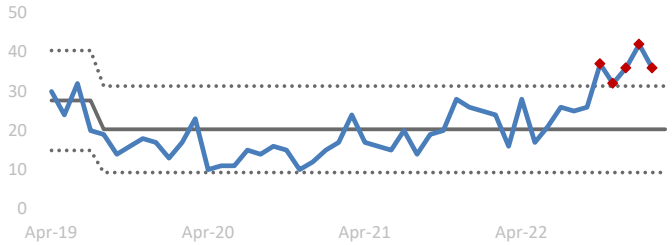
Community hospitals are Buckingham Community Hospital, Waterside Ward and Chartridge Ward (excludes Bucks Neuro Rehab Unit as this is a Tier 2 rehabilitation ward).

21 day LOS – community hospitals
Waterside reporting average 24 days ward LOS and 66 days Trust LOS
Buckingham reporting average 23 days ward LOS and 40 days Trust LOS
Chartridge reporting average 34 days ward LOS and 70 days Trust LOS

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.

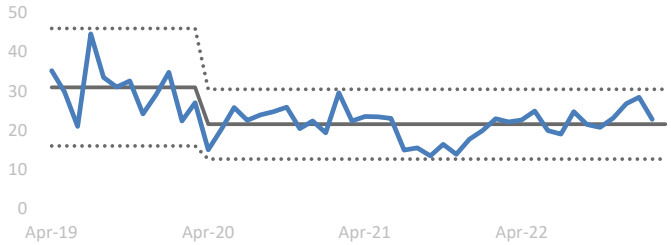
Target N/A Feb-23 **36**



Average LOS - community hospitals

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

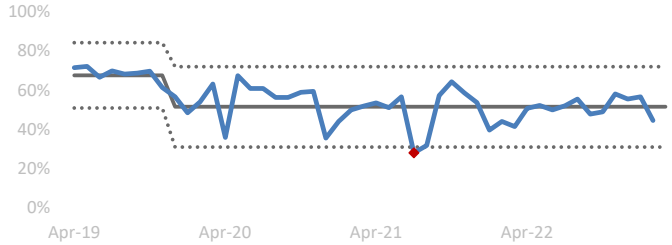
Target N/A Feb-23 **22.9**



Discharges home

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

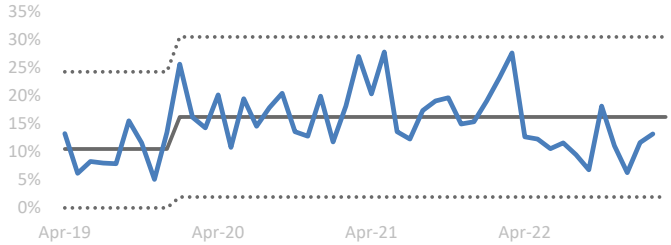
Target N/A Feb-23 **44.7%**



Discharges to residential/care home

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

Target N/A Feb-23 **13.2%**



Healthy Communities

Community Productivity

Buckinghamshire Healthcare NHS Trust

Urgent 2 hour response
Consistently achieving > 80% for 2-hour responses (national target is 70%).
Slight drop in referrals however ongoing work to drive UCR and increase referrals.
Integrated working between RRIC and Frailty Hospital @ Home with patients being seen by right person as clinically indicated

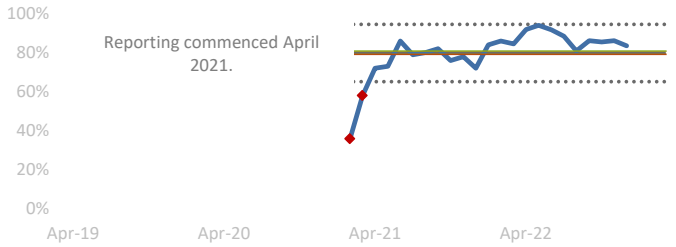
Community waiting list
Community waiting list remains at the same high percentile levels as this period last month. However, Individual services are showing great improvements and complete back log recovery in some areas.
Community Nursing mean wait time is 3 days with the longest wait at 5 weeks. This patient has already been seen.
CYP has got 21 referrals waiting over 52 weeks for OT appointments. 2, I long open referral is for a child whose family has been out of the country since Dec 22. Altogether SLT. PT and OT services, about 49% of children wait over 18+ weeks but below 62weeks. 20 future appointments have already been made which will reduce the backlog further.
Overall, both adults and paediatric community patients are seen between 18weeks and 62wks, making access to community services much faster. Monitoring and validation continue a weekly basis with clinical assessments of those at risk of Harm.

Health Visitor appointments - 14 days
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.
Exception report written in January 2022 looking at the reasons for the reduction in day 14 new birth compliance. Original report to be revised and action plan refreshed to reflect current service position, when completed to be shared with senior management and Commissioners.
Ongoing monitoring of NBV compliance data.
Validated end of February 2023 data reported that 86% of new births were completed by 14 days.

Urgent 2 hour response

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

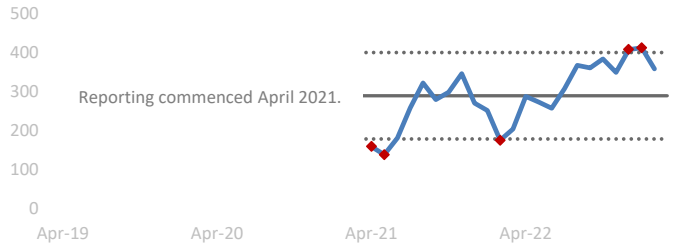
Target 80% Dec-22 **83.6%**



Urgent community response referrals

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

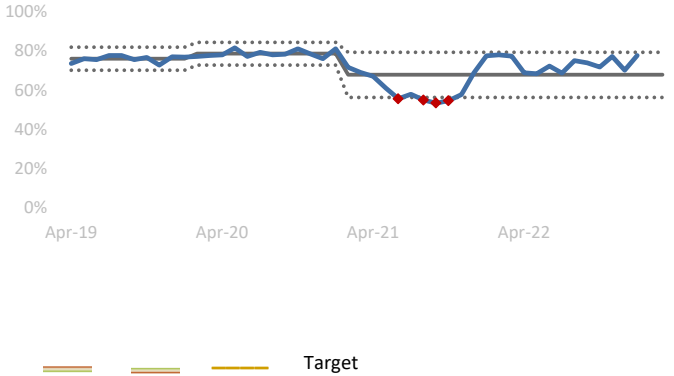
Target N/A Feb-23 **359**



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).

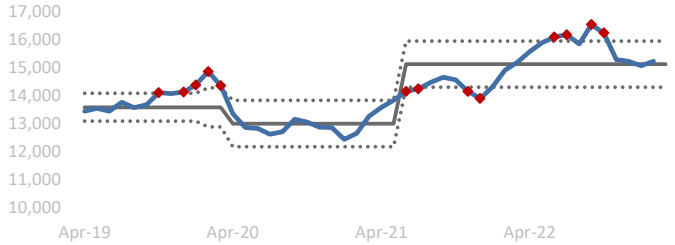
Target Awaiting target Jan-23 **77.9%**



Community waiting list size

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

Baseline 15,211 (Mar 22) Feb-23 **15,247**



Healthy Communities

Hospital at Home

Buckinghamshire Healthcare NHS Trust

The aim is to provide patients with a safe alternative to hospital care through community-based acute health care using remote monitoring and tele-health where appropriate. Two pathways (Respiratory - BIRS Team) and IV treatment (OPAT) have been operational since June 2022.

Project Development

Frailty Hospital at Home (H@H)

This model will enable pathways for referral and escalation of patients with medical needs. The aim is to work collaboratively with SDEC, emergency department, primary care, community health teams, NHS 111/999 and UCR, thus using community services support for admission avoidance. The aspiration is to fully implement with collaborative working by Oct 2023.

Pilot

- Pilot in the care homes which send people to the Emergency Department more frequently.
- Identify the themes of ED attendance and re-attendances in these care homes and provide Medical and ACP support to manage the patients within the care home.
- And/or after assessment transfer the care of these patients to other community services as appropriate, thus avoiding an acute admission.
- The pilot started in Feb 23.

Phase 1

- Learning from this pilot and adapting/changing SOPs as required
- Extend this model to all care homes within Bucks

Phase 2

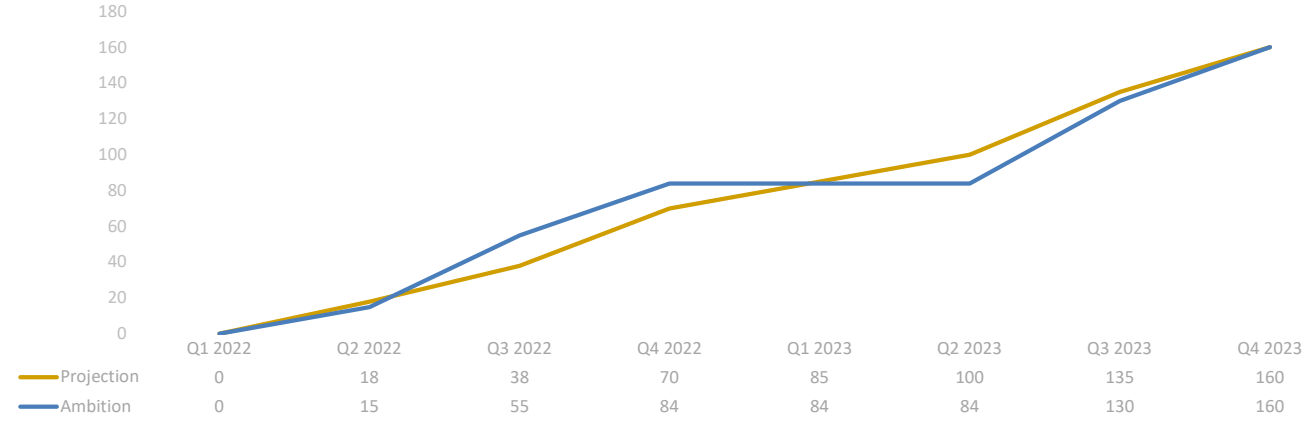
- Extend the model to include Hospital@Home providing care in patient's home, this is planned for Oct 23.
- Early supported discharge of patients with medical needs.

Palliative Hospital at Home (H@H)

Hospice@Home patients joined Hospital@Home in Jan 23.
The dedicated team of Hospice@Home were able implement remote monitoring for acutely unwell patients within 3 weeks. Thus enhancing community support to address complex symptom management and reducing carer stress in unstable phases of illness.

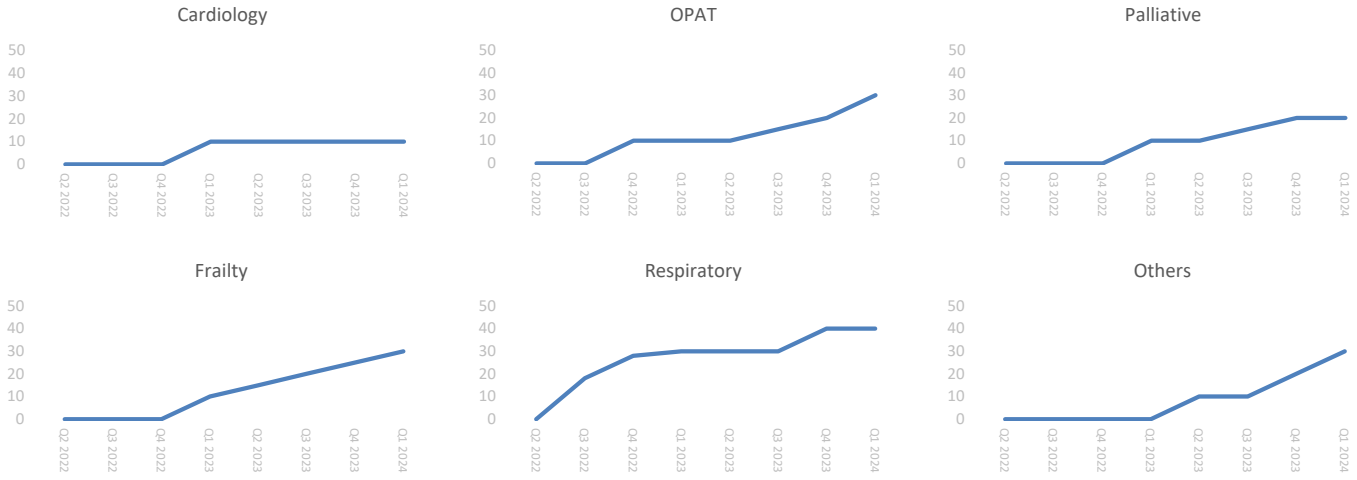
At present the team is developing the questionnaire which will be included on the remote monitoring app, so patients can choose the time of the day to provide information. The aim is for remote monitoring questionnaire to start in first week of March.

Bucks Hospital at Home capacity and ambition



	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023
Projection	0	18	38	70	85	100	135	160
Ambition	0	15	55	84	84	84	130	160

Bucks Hospital at Home actuals and projections



A Great Place to Work

Ensuring our people are listened to, safe and supported

Buckinghamshire Healthcare NHS Trust

Nursing and Midwifery Recruitment
The nursing vacancy rate reduced in month to 6.7%. 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. 135 International Nurses have now arrived and a further 50 are scheduled to arrive by end of financial year.

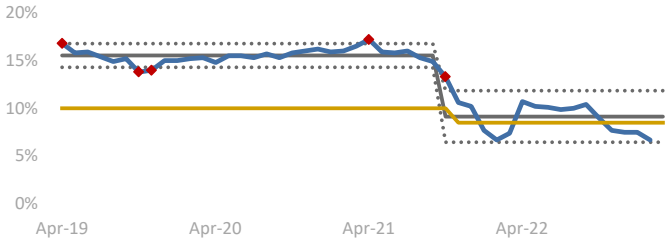
Turnover
Turnover fell again in February and is now at the lowest rate since May '22 when it was 14.9%. In February, 38 colleagues left BHT (excluding FTC). Of those that left, 18 were from Nursing and Midwifery, 6 Admin & Clerical and 5 Health Care Support Workers. 3 colleagues retired. The main reason cited for leaving was work-life balance (37%). There is a dedicated workstream in place to address this as part of our work as a People Promise Exemplar Trust, which includes flexible working and flexible retirement. We are also aware that the cost of living is impacting colleagues. We therefore continue to provide support through a number of initiatives including £1 kindness meal, BHT Emergency Domestic Support Fund and signposted Cost of Living support.

Recruitment
Candidate experience is continually being reviewed and currently investigating use of Digital ID checks, which have the ability to add an additional layer of security whilst also improving our time to hire.
The most recent Health Care Assistant Assessment Day resulted in 43 offers and the team are working through pre-employment checks - the target is for all to be booked into April induction programmes.
We continue to grow our brand in the local community and the recruitment team attended an outreach / awareness event at RAF Halton and recruitment events at Aylesbury and High Wycombe. We have also invested in digital billboard advertising to increase awareness about our vacancies. We took part in the Buckinghamshire Skills Hub's, Bucks Skills Show in March which welcomed:
- 5,200 attendees, including 500 at the evening session

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.

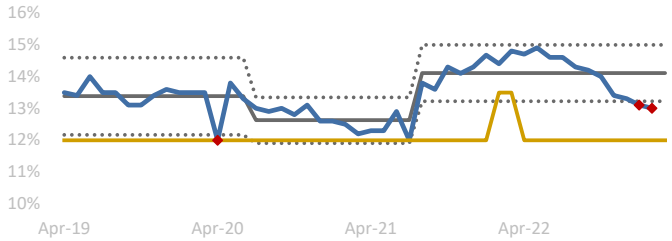
Target 8.5% Feb-23 **6.7%**



Turnover rate

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

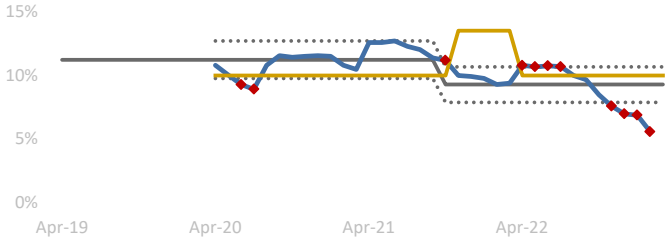
Target 12.0% Feb-23 **13.0%**



Trust overall vacancy rate

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

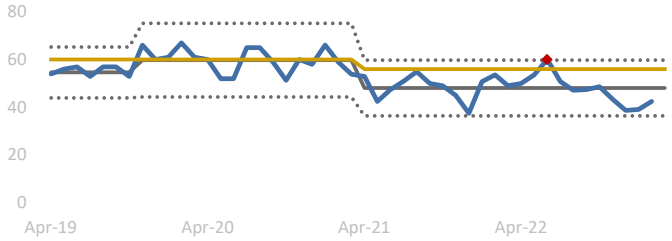
Target 10.0% Feb-23 **5.6%**



Average time to replace vacancies

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

Target 56 Feb-23 **42.5**



Target

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Sickness
Overall sickness reduced in February by 0.1 % and is continuing to stabilise on a downward trajectory coming into spring. Coughs colds and Flu are the main reasons for short term absence, with COVID levels remaining at very low levels. Colleagues are asked to test for COVID-19 if they have cold-like symptoms. The Trust provides Lateral Flow tests. Muscular Skeletal and Mental Health sickness absence has reduced. Physiotherapy and Mental health support from OH&WB is being accessed by staff causing a short waiting list that we are working on to reduce and eliminate.

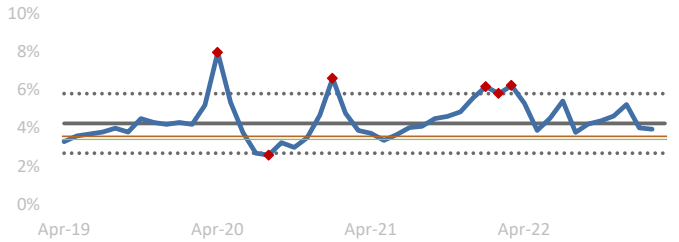
Vaccinations – COVID-19 booster and seasonal flu
COVID and Flu vaccinations are led by the Trust vaccination team. This year's campaigns have now ended, and early planning is now in place for Winter 2023/24.

Vaccination uptake this Winter has been historically low across the country with BHT faring well compared with other local Trusts. Average flu vaccination uptake across BOB was 59.6% with BHT uptake at 59.3%. Average COVID booster across BOB is 54.6% with BHT uptake better with 57.2%

Sickness

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

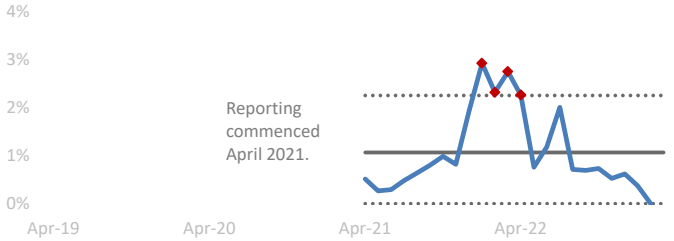
Target 3.5% Feb-23 **3.9%**



Sickness - Covid 19

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

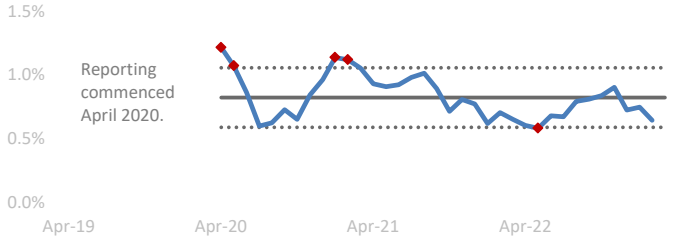
Target N/A Feb-23 **0.0%**



Sickness - mental health

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

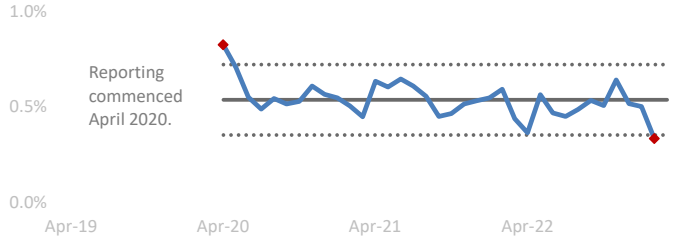
Target N/A Feb-23 **0.6%**



Sickness - musculoskeletal

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

Target N/A Feb-23 **0.3%**



Target

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Occupational Health Management Referrals
Mental Health sickness absence has shown a steady decline since its peak in November 2022 of 0.90%, to 0.65% in February 2023.

The total number of stress referrals remains high but stable at 124, indicating people are proactively seeking support via self-referral.

The wellbeing team continue to manage a waiting list for counselling of around 25 colleagues. Any urgent cases or manager referrals (assessed at triage stage) are prioritised for in-housesupport.

OH and Wellbeing
An Occupational Health Specialist Nurse is attending departmental Health Summits alongside support from HR and Senior OH nursing support to support individual cases.

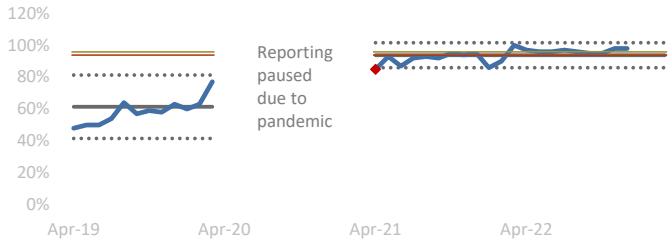
Employee Relations
Decrease in cases closed from 6.91 to 6.75 (per 1000 employees) – 1 case was closed during February 2023, across the medical and non-medical caseload.

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.

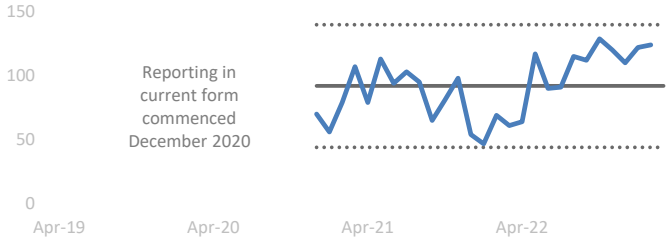
Target 95% Feb-23



Referrals into OH and Wellbeing - stress

Referrals into Occupational Health and Wellbeing for stress per month.

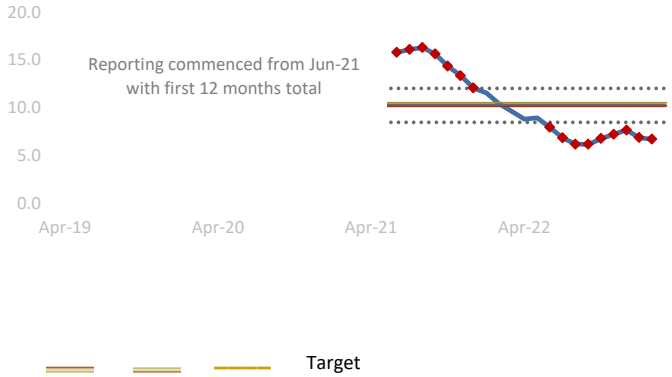
Target N/A Feb-23 **124**



Employee Relations Cases Closed

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

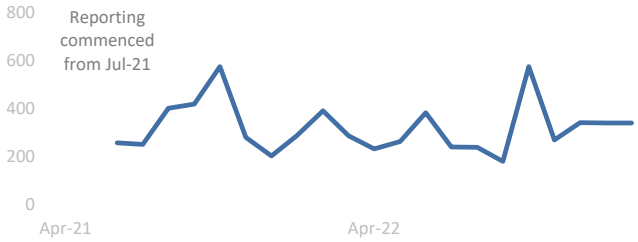
Peer Median 10.4 Feb-23 **6.8**



FTSUG outreach contacts

Freedom To Speak Up Guardian Outreach contacts within month.

Target N/A Feb-23 **341**



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Data Security awareness training
As of 7 March, Trust -wide compliance is at 90%. The Information Governance Team continue to chase non-compliant staff and send comms bulletins and newsletter reminders. On direction from the SIRO the Information Governance team will soon be running an audit of staff who have been consistently non-compliant for over nine months, for escalation.

Statutory & Mandatory training
Trust-wide compliance has improved since last month.

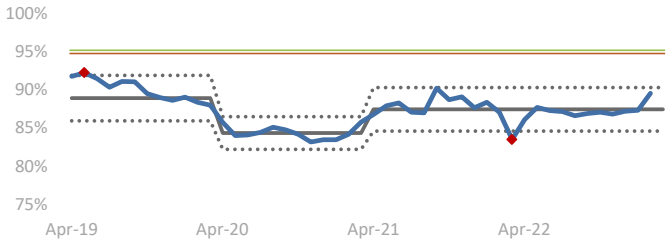
Divisional leads are receiving detailed information (by individual and module) to enable them to support their teams in gaining compliance.

Corporate induction
A 99% attendance record has been achieved at the BHT Welcome & Induction event. Positive feedback continues to be received following the event, with continuous improvement utilised to further refine and improve how the event is delivered and the content covered. A (pilot) face to face connection event for new starters to meet various teams across the Trust took place in early March 2023.
This took place on 6 March at Wycombe hospital with 20 teams represented including Quality Improvement, Chaplaincy, Freedom to Speak Up etc hosting stalls, with information for new starters. The new starters who attended provided positive feedback about how useful it had been to meet people face to face. The next connection event will be held in Stoke Mandeville in June.

Data security awareness training

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

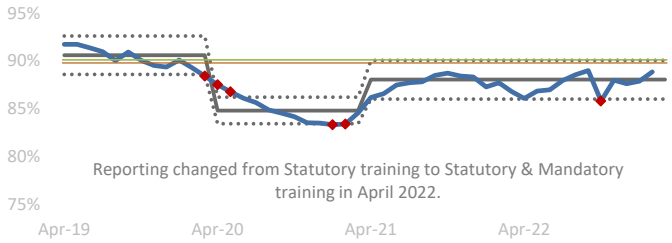
Target 95% Feb-23 **89.6%**



Statutory & Mandatory training

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

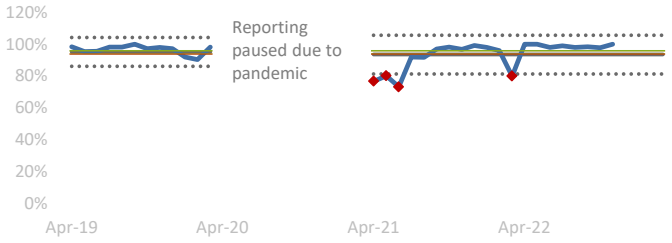
Target 90% Feb-23 **88.9%**



Corporate induction

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

Target 95% Nov-22 **100%**



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

Integrated Performance & Quality Report

Buckinghamshire Healthcare NHS Trust

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.

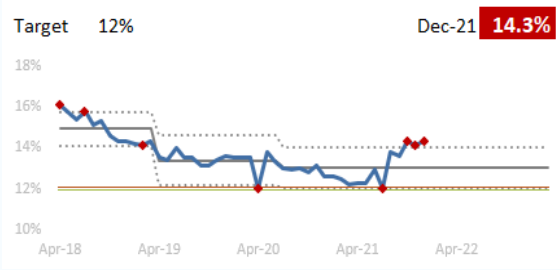
In these charts, where it looks like there has been some kind of change in the variability or average result in the reported data, the limits and the central line have been adjusted to indicate when it appears - statistically - that the change happened. This should be a prompt for users of the chart 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

Buckinghamshire Healthcare NHS Trust

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

29 March 2023

Agenda item	Month 11 2022/23 Finance Report
Board Lead	Chief Finance Officer
Type name of Author	Kish Sidhu
Attachments	Month 11 2022/23 Finance Report
Purpose	Assurance
Previously considered	EMC 14.03.2023

Executive Summary

As at Month 11 year-to-date, the Trust is reporting a £(13.0)m deficit, which is £0.1m favourable to the revised agreed £(14.3)m deficit 2022/23 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 £2.8m 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 paper was considered by the Executive Management Committee on 14 March 2023 as part of the finance workshop. A verbal update will be provided to Board following consideration of the report by the Finance and Business Performance Committee on 28 March 2023.

Decision	The Board is requested to take assurance from the report

Relevant Strategic Priority

Outstanding Care ☒	**Healthy Communities** ☒	**Great Place to Work** ☒	**Net Zero** ☒

Implications / Impact

Patient Safety	Maintaining patient safety whilst living within our financial means
Risk: link to Board Assurance Framework (BAF)/Risk Register	Principal Risk 2; Failure to deliver our annual financial plan. CRR 234; Delivery of the 2022-23 Financial Plan CRR 224; Trust capital resourcing insufficient to support objectives
Financial	Achieving our financial targets for 2022/23
Compliance Select an item. Select CQC standard from list.	Achieving the NHSE/I approved 2022/23 financial plan
Partnership: consultation / communication	Achieving our part of the BOB ICB 2022/23 Financial Plan
Equality	N/A

Quality Impact Assessment [QIA] completion required?	N/A

1 Summary financial position

1.1 As at Month 11 2022/23 the Trust Reports a £(13.0)m year-to-date deficit, this is £0.1m favourable to the revised agreed year-to-date £(13.1)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 £11.1m favourable to plan as at Month 11 year-to-date, due to Education & Training Income being £6.3m favourable to plan Month 11 year-to-date and Other Income being £4.2m favourable to plan Month 11 year-to-date due to non-recurrent project income. Contract Income is £0.4m favourable to plan as at Month 11 year-to-date, largely due to NHSE Specialised Commissioning ERF and Non Elective funding (£2.55m Month 11 year-to-date).

1.3 Pay expenditure is £(7.4)m adverse to plan Month 11 year-to-date, due to continuing 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 £(5.6)m adverse to plan Month 11 year-to-date, due to ISTC costs £(5.9)m adverse to Plan year-to-date Month 11, as the Trust works to improve patient wait times. This is partially offset by Clinical Supplies £3.1m 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 been requested to improve 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 202/23, £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.

3 Capital

3.1 The Trust has reported £20.6m Capital expenditure as at Month 11 year-to-date. The Trust is forecasting the year end 2022/23 Capital expenditure, with mitigating actions, to be £29.0m, £0.2m under the £29.2m funded 2022/23 Capital plan.

4 Balance Sheet

4.1 The value of the Trust's balance sheet is £2.3m better than plan as at Month 11 2022/23, due to the cash position being £4.9m better than plan at as Month 11 at £16.9m. This is partially offset by Other Current Liabilities being £(1.8)m worse than plan as at Month 11.

4.2 The Trust continues to closely monitor its cash position forecasts to ensure liquidity.

5 Action required from the Trust Board

5.1 The Board is requested to:

a) The Board is asked to note the report

APPENDICES
Appendix 1: Month 11 2022/23 Finance Report

Buckinghamshire Healthcare NHS Trust

Finance Report Month 11 - 28th February, 2023

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

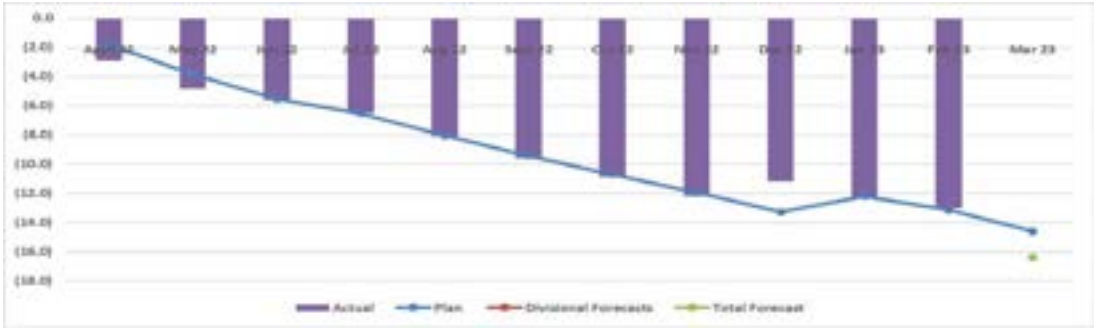
Contents

Financial performance

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	43.3	44.4	1.1	473.1	473.5	0.4	516.1
Other income	3.6	5.3	1.7	34.7	45.4	10.7	38.4
Total income	**46.9**	**49.7**	**2.8**	**507.8**	**518.9**	**11.1**	**554.5**
Pay	(28.5)	(29.4)	(0.9)	(310.9)	(318.3)	(7.4)	(339.4)
Non-pay	(16.0)	(18.0)	(2.0)	(173.8)	(179.4)	(5.6)	(189.9)
Total operating expenditure	**(44.5)**	**(47.4)**	**(2.9)**	**(484.7)**	**(497.7)**	**(13.0)**	**(529.3)**
EBITDA	**2.4**	**2.3**	**(0.1)**	**23.1**	**21.2**	**(1.9)**	**25.2**
Non Operating Expenditure	(3.3)	(3.1)	0.2	(36.2)	(35.1)	1.1	(39.5)
Retained Surplus / (Deficit)	**(0.9)**	**(0.8)**	**0.1**	**(13.1)**	**(13.9)**	**(0.8)**	**(14.3)**
Adjusted Financial Performance excluding Profit on disposal of Assets	**(0.9)**	**(0.7)**	**0.2**	**(13.1)**	**(13.0)**	**0.1**	**(14.3)**

Graph 1 - Income & Expenditure YTD position & Forecast



Executive Summary

• The Trust reports an £(13.0)m deficit position YTD Month 11, £0.1m favourable to the YTD revised 2022/23 plan as agreed with BOB ICB (£(14.3)m deficit full year 2022/23) . Profit on disposal of assets is excluded for the purposes of NHSI financial achievement reporting so excluding this, the adjusted financial performance is an £(13.0)m deficit.

• The Trust received additional Specialist Commissioning income in Month 9 relating to Elective and Non Elective ERF, totalling £2.5m for 2022/23. In addition, the Trust received £0.3m additional Non Recurrent Growth funding in Month 11 from Specialised Commissioning. £2.6m of this income is recognised in the Month 11 YTD financial position.

• The Trust has also recieved revenue to capital support totalling £1m for the year, (£0.92m YTD Month 11).

• These items form part of the ICB recovery plan and improves the Trust £(17.6)m deficit plan (as approved June 2022) to a revised deficit plan of £(14.3)m deficit for the year, £(13.0)m YTD Month 11.

• Each division has prepared and reviewed their 2022/23 FOT divisional forecast at Month 11. The overall forecast is a deficit of £(16.4)m with £2.1m of mitigations required to achieve the £(14.3)m revised 2022/23 financial plan. Clinical divisional forecasts report a £(17.2)m adverse variance to plan and corporate services a £2.7m favourable variance against plan.

• Contract Income includes ICB to ICB agreements for 2022/23 Contractual funding, with Northants agreed at PBr is a circa £(0.4)m pressure and NW Lindon PBr a circa £(1.1)m pressure. It has now been confirmed that the Frimley 2022/23 Contract is agreed at Block level for 2022/23 removing the £0.6m PBr risk for the 2022/23 contract. .

• Other income totals £45.4m Month 11 YTD, £10.7m favourable to plan. This is primarily driven by Education & Training monies, £6.3m favourable to plan Month 11 YTD and additional Other Income £4.2m favourable to plan M11 YTD, driven by non recurrent project income.

• Month 11 YTD pay costs total £(318.3)m, £(7.4)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.

• Month 11 YTD non-pay costs total £(179.4)m, £(5.6)m adverse to plan. Overspends continue on Independent Sector costs totalling £(5.9)m YTD. In addition, consultancy costs report a £(3.7)m overspend YTD however these costs are not expected to continue in the second half of the year. These overspends are partly offset with clinical supply underspends totalling £3.1m YTD. Further details are provided on page 6.

• Non operating expenditure reports a £2.0m favourable variance YTD relating to Depreciation charges and Interest Recievable favourable to plan Month 11 YTD.

Key Highlights: Income

NHS Income and Activity

• The contract income position totals £473.5m Month 11 YTD which is £0.4m favourable to plan, Asscociate Commissioner PBr Contractual risks are offset by additional Non Recurrent Elective and Non Elective funding from NHSE Specialised Commissioning.

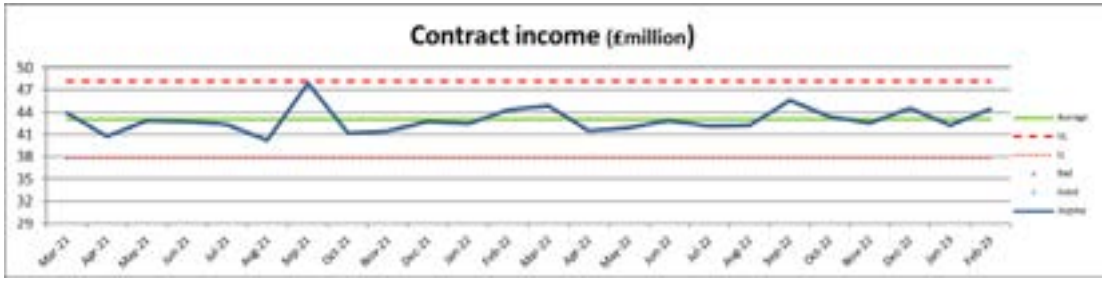
• Elective recovery funding (ERF) received by the Trust as part of our contract baseline values, are subject to repayment (income clawback) where the weighted activity levels in 2022/23 fall below the 104% and 110% targets of 19/20 levels. If the rules set out in national planning guidance were to be 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 £1.9m YTD Month 9.B22

Table 2 - Breakdown of Contract Income

Commissioner (£m)	Annual Budget Total 2022-23	YTD Budget	YTD Actuals	YTD Variance
BOB ICS (Block)	347.5	318.5	318.5	0.0
BOB ICS (Additional Inc)	38.5	35.3	35.3	0.0
Bob Block Sub Total	**386.1**	**353.8**	**353.8**	**0.0**
Associates	35.1	32.2	30.7	-1.5
Specialist Commissioners	70.9	65.0	67.2	2.2
Regional Specialist	5.5	5.2	5.1	0.0
Other NHS	3.7	3.4	3.1	-0.3
Bucks Council	14.0	12.8	12.8	0.0
Other Income	0.7	0.7	0.8	0.1
Total	**516.1**	**473.1**	**473.5**	**0.4**

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



Other Income

Table 3 - Breakdown of other income

Category (£m)	Annual Budget	YTD Budget	YTD Actuals	YTD Variance
Research	1.2	1.1	1.8	0.8
Education And Training	11.4	10.5	16.8	6.3
Non-NHS PPS & Overseas Visitors	3.5	3.2	3.0	(0.2)
Injury cost recovery scheme	1.2	1.1	0.9	(0.2)
Donated Asset Income	1.0	0.9	0.7	(0.2)
Other Income	20.1	18.0	22.3	4.2
Total	**38.4**	**34.8**	**45.5**	**10.6**

• Other Income (Table 3) is £10.6m favourable to plan YTD .

• Private Patient and Overseas work is £(0.2)m below plan Month 11 YTD at £3.0m.

• Donated Asset Income is £(0.2)m below plan Month 11 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 £6.3m favourable to plan Month 11 YTD, due to a combination of recurrent and non recurrent income, in part driven by the budget.

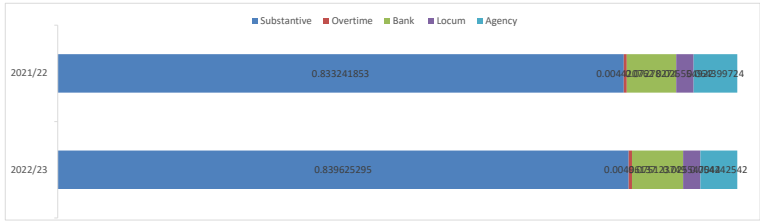
• Other income is £4.2m favourable to plan. This is largely due to non-recurrent and project income.

Key Highlights: Expenditure (Pay & Workforce)

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	309.12	267.21	41.91	84.0%	248.2	83.3%
Overtime	0.00	1.58	(1.58)	0.5%	1.3	0.4%
Bank	1.14	24.07	(22.93)	7.5%	21.6	7.3%
Locum	0.62	8.13	(7.52)	2.6%	7.6	2.6%
Agency	0.04	17.26	(17.22)	5.4%	19.2	6.4%
Total	**310.91**	**318.25**	**(7.34)**	**100.0%**	**297.9**	**100.0%**

Graph 2 - YTD pay position



• Pay expenditure totals £(318.3)m YTD Month 11, £(7.3)m adverse to plan. Key pressure areas in pay include Integrated Medicine Division, £(8.0)m adverse Month 11 YTD with key pressure areas including additional A&E Front door costs, medical and Nursing escalation costs and acuity and high sickness levels leading to high temporary staffing usage, together with unmet CIPs. In additional Surgery & Critical Care Division reports a £(1.9)m adverse variance on Pay Month 11 YTD, relating to waiting list initiative payments and Medical locum usage. Womens & Childrens Services is £(1.3)m adverse to plan M11 YTD and Secialist Services £(0.9)m adverse to plan Month 11 YTD, both largely due to unmet 2022/23 CIPs.

• The Month 11 YTD pay position includes the 2022/23 pay award and 2022/23 CEA Awards within the divisional positions and these costs have 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 totalling £(5.8)m. This has been 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 £(49.5)m for the year to date, £(4.7)m in Month 11. A large proportion of these temporary staff costs are offset by underspends against substantive budgets totalling £41.9m Month 11 YTD (See table 4 above). Agency expenditure totals £(1.7)m for the month, £(17.3)m YTD Month 11, equating to 5.4% of total pay costs in YTD Month 11

• The forecast outturn on Pay is a £(9.2)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 recatogorization of agency invoices to other spend catogories 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	Feb-23	Total YTD	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	1,680	14,000	1,495	**18,681**
Bank	1,868	1,947	1,913	1,939	2,134	1,897	3,065	2,185	2,292	2,513	2,314	20,252	2,324	**27,403**
Locum	740	772.99	816.71	571.80	873.76	756.38	780.13	670.20	812.19	683	653	6,617	717	**8,670**
Total Temporary Staffing	**4,187**	**4,404**	**4,189**	**4,356**	**4,746**	**3,779**	**5,301**	**4,709**	**4,440**	**4,703**	**4,646**	**40,870**	**4,536**	**54,755**
Substantive Spend (Includes Overtime)	24,480	23,832	24,522	24,337	23,218	25,552	23,826	24,522	24,843	24,908	24,751	220,479	25,276	**295,415**
Total Pay Spend	**28,667**	**28,236**	**28,711**	**28,693**	**27,963**	**29,331**	**29,127**	**29,231**	**29,283**	**29,611**	**29,398**	**261,349**	**29,812**	**350,170**
Plan	**27,565**	**27,823**	**27,755**	**27,461**	**27,601**	**31,263**	**28,313**	**27,874**	**28,304**	**28,430**	**28,452**	**255,453**	**28,416**	**340,751**
Variance to Plan	**- 1,102**	**- 413**	**- 957**	**- 1,232**	**- 362**	**1,932**	**- 814**	**- 1,357**	**- 979**	**- 1,181**	**- 946**	**- 5,895**	**- 1,396**	**- 9,418**

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	46.0	47.6	(1.5)
Clinical supplies	40.6	37.2	34.1	3.1
Other non-pay	99.0	90.6	97.7	(7.2)
Total Expenditure	**189.9**	**173.8**	**179.4**	**(5.6)**

Table 6 - YTD drugs position

Drug Categories (£m)	Annual Budget	YTD Budget	YTD Actuals	YTD Variance
PBR Drugs	11.3	10.4	12.3	(1.9)
PBR excluded Drugs	37.0	33.9	33.3	0.6
Other Drug Items	1.9	1.7	2.0	(0.3)
Total expenditure	**50.2**	**46.0**	**47.6**	**(1.5)**

• Non-pay expenditure totals £(179.4)m Month 11 YTD, £(5.6)m adverse to plan.

• Key drivers of the YTD Month 11 Non Pay position include:

• Independent sector usage is £(5.9)m adverse to plan YTD Month 11, with spend in Integrated Medicine and Surgery & Critical Care. This overspend is partly offset with underspends in clinical supplies totalling £3.1m Month 11 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.

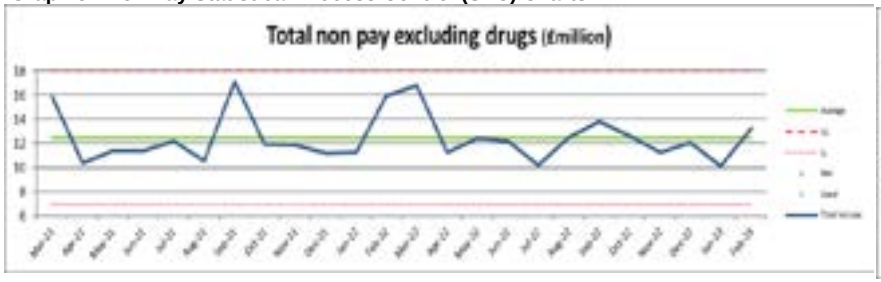
• Other non pay pressure areas include Consultancy expenditure £(3.37)m variance to Plan M11 YTD

• The YTD position includes ROE PFI credits totalling £2.9m which is in line with plan. The agreement is expected to be formally signed by all parties in the near future.

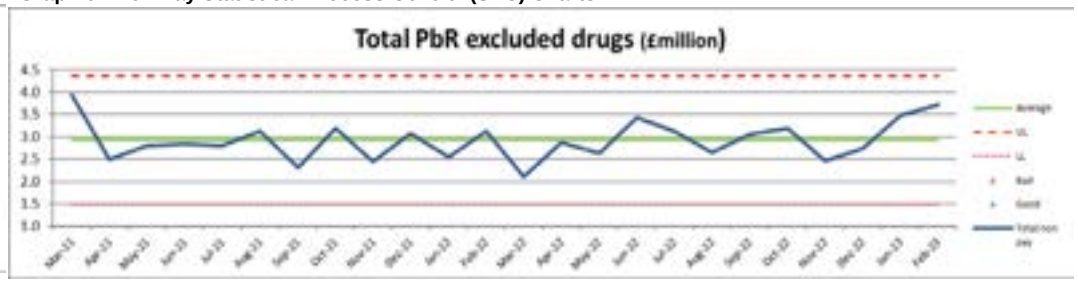
• Drugs expenditure totals £(47.6)m Month 11 YTD, which is £(1.5)m adverse to plan, Drugs Income is ahead of Plan by £1.6m Month 11 YTD . This mainly relates to Integrated Medicine and is split across PBR and non PBR drugs, and across a number of SDUs.

• 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 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				
								M07	M08	M09	M10	M11
Integrated Medicine	(86.7)	(99.1)	(12.5)	(94.5)	(108.2)	(13.8)	Yes	(9.5)	(9.2)	(8.5)	(9.1)	(8.9)
Integrated Elderly Care	(44.6)	(43.7)	0.8	(48.6)	(48.0)	0.5	Yes	(4.0)	(4.9)	(4.0)	(4.2)	(3.5)
Surgery And Critical Care	(103.7)	(105.9)	(2.2)	(113.1)	(115.5)	(2.4)	Yes	(10.3)	(9.7)	(9.7)	(9.1)	(10.0)
Women and Children	(45.2)	(45.1)	0.1	(49.4)	(49.4)	(0.1)	Yes	(4.2)	(4.2)	(4.2)	(4.2)	(4.3)
Specialist Services	(80.6)	(81.6)	(1.0)	(87.9)	(89.4)	(1.4)	Yes	(7.1)	(7.0)	(7.2)	(7.8)	(8.6)
Total Clinical Divisions	**(360.8)**	**(375.4)**	**(14.7)**	**(393.4)**	**(410.5)**	**(17.2)**		**(35.1)**	**(35.0)**	**(33.4)**	**(34.4)**	**(35.3)**
Chief Executive	(3.6)	(2.9)	0.7	(3.9)	(3.6)	0.3	Yes	(0.3)	(0.3)	(0.3)	(0.3)	(0.2)
Chief Operating Officer	(3.3)	(5.0)	(1.7)	(3.6)	(5.2)	(1.7)	Yes	(0.3)	(0.4)	(0.3)	(0.3)	(0.3)
Commercial Director Mgmt	(0.2)	0.3	0.4	(0.0)	0.3	0.4	Yes	0.0	0.1	0.1	0.0	0.0
Finance Dept.	(6.4)	(3.9)	2.5	(7.0)	(4.5)	2.5	Yes	(0.6)	(0.3)	(0.6)	1.6	(0.5)
Information Technology	(15.1)	(13.8)	1.3	(16.4)	(15.4)	1.0	Yes	(1.2)	(1.2)	(1.2)	(1.0)	(1.5)
Property Services	(52.2)	(53.3)	(1.1)	(56.9)	(58.3)	(1.5)	Yes	(4.9)	(3.8)	(5.3)	(4.7)	(5.7)
Human Resources	(0.7)	3.0	3.7	(0.7)	2.8	3.5	Yes	0.7	0.4	0.8	0.3	0.2
Medical Director	(0.5)	(0.2)	0.3	(0.5)	(0.2)	0.3	Yes	(0.1)	0.0	(0.1)	(0.0)	0.0
Nursing Director	(16.3)	(16.3)	(0.0)	(17.8)	(17.8)	0.0	Yes	(1.5)	(1.5)	(1.5)	(1.5)	(1.5)
PDC And Depreciation	(26.5)	(25.6)	0.9	(29.0)	(27.5)	1.5	Yes	(2.4)	(2.8)	(2.5)	(2.3)	(2.2)
H2 Investments	0.1	0.1	(0.0)	0.0	(0.0)	(0.0)	Yes	0.0	0.0	0.0	(0.0)	0.0
Total Corporate	**(124.5)**	**(117.5)**	**7.0**	**(135.8)**	**(129.4)**	**6.4**		**(10.5)**	**(9.7)**	**(10.8)**	**(8.3)**	**(11.7)**
Contract Income	473.1	473.5	0.4	516.1	517.1	1.1		43.4	42.6	44.5	42.2	44.4
Corporate Services / Provisions	(0.9)	5.7	6.6	(1.2)	6.3	7.5		0.8	0.7	0.6	(0.8)	1.7
Donated Asset Reporting Adj	0.0	0.8	0.8	0.0	0.1	0.1		0.1	0.1	0.1	0.1	0.1
Mitigations Required	0.0	0.0	0.0	0.0	2.1	2.1						
Retained Surplus / (Deficit)	**(13.1)**	**(13.0)**	**0.1**	**(14.3)**	**(14.3)**	**0.0**		**(1.3)**	**(1.3)**	**1.0**	**(1.1)**	**(0.7)**
Adjusted Financial Performance excluding Profit on disposal of Assets	**(13.1)**	**(13.1)**	**0.1**	**(14.3)**	**(14.4)**	**(0.1)**						

Key reasons for YTD Month 11 Divisional variances are as follows:

Integrated Medicine (£(12.5)m overspend YTD)
Pressure areas include recovery insourcing costs for Dermatology £(2.0)m adverse, A&E Front door Pressures, £(2.4)m adverse, Drugs spend above last year's levels, £(1.4)m adverse, Escalation pressures £(1.4)m adverse, Nursing Acuity pressures £(1.0)m, SMH UTC pathway additional costs, £(2.1)m adverse, and CIP under delivery £(2.9)m.

Integrated Elderly Care (£0.8m underspend YTD)
Areas of overspend include Home First Project, £(0.9)m adverse and additional medical staffing costs driven by activity pressures and locum and agency usage, £(0.5)m adverse year to date. These overspends are partially offset by vacancies in Therapies and the Locality Teams and the aging well project.

Surgery & Critical Care (£(2.2)m overspend YTD)
Independent sector spend of £(2.5)m is the key issue driving the YTD adverse position, supporting additional activity. In addition, Waiting List Initiative (WLI) spend is £(0.5)m overspent YTD and other Medical staffing overspends total £(0.9)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 (£1.8m).

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. High 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. Income is over achieving by £1.4m, offsetting £(0.9)m CIP target.

Specialist Services (£(1.0)m overspend YTD)
The YTD position is £(1.0)m adverse, driven by £(1.6)m Clinical Supplies and Services, but offset with CDC income favourability of £0.7m (21/22 Deferred balance). The Clinical Supplies pressures are - £(0.3)m mobile MRI scanners; £(0.8)m Outsourcing; £(0.3)m Pathology sendaway and £(0.2)m Pathology Lab Reagent.

Property Services (£(1.1)m overspend YTD)
Over spend position to date relating to further costs associated with maintenance. Increase in the month relating to electricity & gas costs at Stoke due to ending of the price deal. Price much higher than expected.

Information Technology (£1.3m underspend YTD)
Significant underspend on pay, offset by consultancy & additional non pay expenditure, Significant vacancies within BI & performance.

Chief Operating Officer (£(1.7)m overspend YTD)
Pay costs of senior bank and agency staffing and consultancy costs from drive the YTD overspend.

Corporate Services & Provisions (£6.6m 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	345.7	348.0	(2.4)	(0.2)
Cash and cash equivalents	12.1	16.9	(4.9)	(3.0)
Trade and other current assets	37.5	31.2	6.3	2.5
Total Assets	**395.2**	**396.2**	**(0.9)**	**(0.7)**
Current Borrowing	(0.4)	(0.6)	0.1	0.4
Other Current liabilities	(68.1)	(66.3)	(1.8)	(0.5)
Non Current Borrowing	(43.9)	(44.2)	0.3	0.0
Other Non-current liabilities	(1.5)	(1.5)	(0.0)	0.0
Total Liabilities	**(114.0)**	**(112.6)**	**(1.4)**	**(0.1)**
TOTAL NET ASSETS	**281.3**	**283.6**	**(2.3)**	**(0.8)**
PDC and Revaluation reserve	410.0	410.0	(0.0)	0.0
Income and Expenditure Reserve	(128.7)	(126.3)	(2.3)	(0.8)
TOTAL EQUITY	**281.3**	**283.6**	**(2.3)**	**(0.8)**

- Non Current assets are higher by £2.4m due to higher capital additions than planned. These have been funded through donations and additional PDC allocations.
- The closing cash balance is higher by £4.9m 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.
- Remaining changes in the statement of financial position are consistent with the reported £13.9m (£13.1m in month 10) deficit prior to technical adjustments.

Accounts Receivable

Table 10 - Accounts Receivable

Month 11

(£m)	Current	31-60 days	61-180 days	6 mths - 1 year	1 year - 2 years	More than 2 years	Total
NHS	0.9	0.9	2.6	1.1	0.2	0.2	5.9
Non-NHS	0.6	1.7	0.5	0.3	0.2	0.8	4.1
Total	**1.5**	**2.6**	**3.1**	**1.4**	**0.4**	**1.0**	**10.0**
% of total	15%	26%	31%	14%	4%	10%	100%

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
Total	**4.3**	**2.3**	**2.3**	**2.2**	**0.4**	**1.0**	**12.5**
% of total	34%	18%	18%	18%	3%	8%	100%

- Debtors have decreased by £2.5m from £12.5m in month 10 to £10.0m in month 11.
- The majority of this decrease is due to on time collections during February from Buckinghamshire Council £2.0m, the University of Buckingham £340k and Shelburne Hospital £180k respectively.
- Oxford University Hospitals NHS FT debtors decraesed by £0.4m.
- Overdue has increased by £0.5m from £8.1m in month 10 to £8.6m in month 11.
- Top 5 overdue debts at month 11 are:
  1 - Oxford University Hospitals NHS FT £1.6m
  2 - NHS England £1.0m.
  3 - Buckinghamshire Council £0.9m
  4 - Buckinghamshire CCG £0.7m
  5 - Oxford Health NHS Foundation Trust £0.7m

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	0.1	0.1
Non-NHS	0.4	0.2	0.0	0.0	-0.1	0.5

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
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
Month 11	2.3	425	0.2	82	0.9	51	0.6	123	0.3	77	0.2	56	0.1	36

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
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
Month 11	10.9	2,789	6.4	697	1.3	343	1.8	711	0.7	526	0.5	334	0.1	178

Total M11	13.2	3,214	6.6	779	2.2	394	2.4	834	1.0	603	0.8	390	0.2	214

Non NHS register - Although there was a net reduction in invoice count by 609, in month 11 the register value has increased by £1997k. This is due to 2 invoices - One received on the 27th Feb for 1300k and the other received 15th Feb but not receipted for £542k. Pressures made on the wider organisation continue to slow down the flow of non-compliance invoices around receipting but AP are actively working to contact departments to remind them to follow the process which is starting to see improvement in compliance. AP continue 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.

NHS register - The AP team continues to work 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 is moving in the right direction and we would expect to see the downward trend both in value and count in month 12.

Better Payment Practice Code

Table 12 - Better Payment Practice Code

	Count Total	Count Pass	% Pass	Total (£m)	Pass (£m)	% Pass
NHS	2,347	1,791	76%	61.2	56.0	92%
Non-NHS	60,223	54,273	90%	294.0	262.4	89%
Total	**62,570**	**56,064**	**90%**	**355.2**	**318.5**	**90%**

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.

From M8 - M11, we have seen a decline in the "Pass" rate and a corresponding rise in the "Fail" rate, largely caused by the progress AP are making in clearing old invoice backlog. As the work is still ongoing we expect the BPPC to be around 85% - 90% for another 1-2

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
INCOME													
Clinical Income	40,875	42,070	43,021	43,106	42,645	43,249	42,387	45,617	43,923	44,795	44,497	42,771	**518,955**
Clinical Income top up / Covid / Growth			1,802	0	0	1,829	0	0	0	0	0	0	**3,631**
Education and Training	229	3,175	0	0	3,259	0	0	5,858	0	0	2,534	0	**15,054**
Other Income	2,355	1,916	1,018	1,045	873	1,583	757	2,531	307	363	1,760	600	**15,108**
HMRC vat reclaim	2,144	3,693	0	1,198	2,029	160	1,678	2,974	0	2,418	2,380	1,600	**20,274**
Payroll Support						2,850	1,014	492	0	1,566	552	555	**7,029**
PDC capital	0	0	0	0	0	0	0	0	0	0	0	4,200	**4,200**
Revenue PDC												5,300	**5,300**
Other Receipts	630	2,759	781	444	1,331	847	460	756	616	545	666	650	**10,485**
TOTAL RECEIPTS	**46,232**	**53,612**	**46,622**	**45,793**	**50,137**	**50,518**	**46,296**	**58,228**	**44,846**	**49,687**	**52,389**	**55,676**	**600,036**
PAYMENTS													
Pay Costs - Substantive	(25,133)	(24,338)	(24,209)	(24,112)	(24,233)	(26,664)	(27,741)	(25,635)	(25,245)	(25,430)	(26,087)	(25,306)	**(304,132)**
Pay Costs - Temporary Staffing	(4,916)	(3,575)	(4,354)	(3,287)	(3,809)	(1,567)	(5,409)	(7,222)	(1,568)	(6,174)	(2,157)	(6,350)	**(50,390)**
Creditors	(17,421)	(15,791)	(14,221)	(15,501)	(9,656)	(14,934)	(13,252)	(12,390)	(13,114)	(12,308)	(19,568)	(16,556)	**(174,712)**
Creditors - Capital Spend	(9,274)	(2,785)	(1,901)	(2,229)	(577)	(2,321)	(1,061)	(1,322)	(7,237)	(1,593)	(598)	(8,000)	**(38,898)**
NHSLA	(1,324)	(1,324)	(1,324)	(1,324)	(1,324)	(1,324)	(1,324)	(1,324)	(1,324)	(1,315)	0	0	**(13,230)**
PDC Dividends	0	0	0	0	0	(2,566)	0	0	0	0	0	(3,726)	**(6,292)**
PFI CHARGE	(5,097)	(4,426)	(4,451)	(4,473)	(4,728)	(4,230)	(4,461)	(4,466)	(4,573)	(2,955)	(6,929)	(2,650)	**(53,440)**
TOTAL PAYMENTS	**(63,164)**	**(52,239)**	**(50,460)**	**(50,926)**	**(44,327)**	**(53,606)**	**(53,247)**	**(52,360)**	**(53,062)**	**(49,775)**	**(55,339)**	**(62,588)**	**(641,093)**
NET CASH FLOW IN PERIOD	(16,932)	1,373	(3,838)	(5,133)	5,810	(3,088)	(6,951)	5,868	(8,216)	(88)	(2,950)	(6,912)	(41,058)
OPENING CASH BALANCE	51,046	34,114	35,487	31,649	26,516	32,325	29,237	22,286	28,154	19,939	19,851	16,900	**51,046**
CLOSING CASH BALANCE	**34,114**	**35,487**	**31,649**	**26,516**	**32,325**	**29,237**	**22,286**	**28,154**	**19,939**	**19,851**	**16,900**	**9,988**	**9,988**

- Clinical Income receipts forecast has been aligned to the Income and expenditure assumptions as per the operating plan.
- Total Receipts in month 11 increased from £49.6m to £52.4m. This is due to Oxford University Hospitals settling invoices to the value of £0.8m and a £2.5M payment from Health Education England.
- VAT includes benefit arising from quarterly VAT reviews conducted by KPMG in January 2023. The February 2023 receipt are for December 2022 and January 2023 claims.
- Pay costs are higher than in February due to clinical excellence awards payments made to consultants.
- Temporary staffing pay costs were lower in month 11 due the timing of invoices payments. Substantial payments were made on the 1st in March 2023. This is included in the higher forecast figure.
- The March PDC dividend payment is forecast based on NHSI/E notification. The PDC dividend payment in month 6 was reduced by the year end closing receivable of £1.3m.
- PDC receipts in March 2023 are £4.2m for ringfenced capital scheme and £5.3m for system capital support.

Capital Position

Table 14: Capital Overview - M11 2022-23 YTD

Capital Expenditure (£M)	YTD Actual (£m)	Prior Month YTD Actual (£m)	Movement In Spend
Medical Equipment	2.8	2.8	- 0.0
Property Services	15.1	13.8	1.4
Information Technology	1.9	1.8	0.0
General	0.8	0.7	0.1
Total Capital Expenditure	**20.6**	**19.1**	**1.5**

Table 15: Capital Overview - M11 2022-23 Full Year

Capital (£m)	Full Year Forecast
Funding Streams	
Funded By Trust	**21.0**
Funded By PDC	**4.1**
PFI	**1.8**
ERF	**0.0**
Funded by Donations / Grants	**2.4**
Total Capital Funding	**29.2**
Expenditure	
Medical Equipment	**3.2**
Property Services	**18.5**
Information Technology	**5.4**
General	**1.9**
Total Capital Expenditure	**29.0**
Total	**0.2**
Other	
Retentions Release	0.1
Adjusted Total	**0.3**

Table 16: Capital Detail

	£000's									
Capital Expenditure Plan	BOB/ICS	Lifecycle	PDC Plan	ERF	Donated	NHSx	TIF	Salix	Grant Pathlake	2022/23 Total
Medical Equipment	1,091		662		1,750					3,503
Property Services	10,622		1,938					498		13,058
Information Technology	8,287		2,321						117	10,725
General		1,640	278							1,918
Total	20,000	1,640	5,199	0	1,750	0	0	498	117	29,204

£000's			
YTD Expend	Forecast M12	Full Year Forecast	Full Year Variance
2,831	388	3,249	254
15,142	4,110	18,460	(5,402)
1,857	4,694	5,450	5,275
762	1,099	1,861	57
20,591	10,291	29,020	184

YTD position: The capital programme is reporting a spend of £20.6m (compared to £19.1 prior month).
Forecast Outturn: The programme forecast has been prepared following discussions with project managers. The Trust is forecasting a small underspend by the end of the year.

Total CRL Funding of £26.5m includes BOB/ICS £21m, PFI Lifecycle £1.6m, Donated £1.7m, Salix Grant 0.5m and Pathlake Grant £0.6m. PDC allocations of £4.2m have been received to support IT and diagnostic projects.

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

29 March 2023

Agenda item	BHT 2023-24 Operating Plan
Board Lead	Duncan Dewhurst, CDIO Kish Sidhu, CFO Raghuv Bhasin, COO Bridget O'Kelly, CPO
Type name of Author	Debbie Hawkins, Head of QI &Transformation
Attachments	BHT 2023/24 Operating Plan
Purpose	Approval
Previously considered	F&BPC 20.03.2023 F&BPC 28.03.2023

Executive Summary

The NHS 2023/24 Operational Planning Guidance was published on 23/12/2022.

This paper sets out the key headlines for the BHT 23/24 Operating Plan, taking into account national requirements and our BHT 2025 Strategy.

It also sets out the Trust's medium-term strategic goals, and the Trustwide areas of focus for 2023/24. The areas of focus for 2023/24 is a small set of organisation-wide priorities which are understood and owned by everyone.

Work is underway to establish the key transformation initiatives which will help deliver these priorities.

The final national submission deadline for the Operating Plan is 30/03/2023, with plans due to the ICB on 27/03/23.

The final Operating Plan, including the transformation priorities, will be presented to Trust Board in April 2023.

A verbal updated will be provided to Board following discussion at the Finance & Business Performance Committee meetings.

Decision

The Committee is requested to

- **APPROVE** the BHT 2023/24 Financial Plan, Activity Plan and Workforce Plan
- **NOTE** the full Operating Plan including transformation priorities will be presented to Trust Board in April for approval.

Relevant Strategic Priority

Outstanding Care ☒	**Healthy Communities ☒**	**Great Place to Work ☒**	**Net Zero ☒**

Implications / Impact

Patient Safety	As business plans are developed, any impacts on patient safety will be identified and addressed as part of the QIA process.
Risk: link to Board Assurance Framework (BAF)/Risk Register	1. Failure to provide care that consistently meets or exceeds performance and quality standards including safety, experience and outcome. 2. Failure to deliver our annual financial and activity plans. 3. Failure to work effectively and collaboratively with external partners 4. Failure to provide consistent access to high quality care for Children and Young People (CYP) 5. Failure to support improvements in local population health and a reduction in health inequalities 6. Failure to deliver on our people priorities related to recruitment & resourcing, culture & leadership, supporting our staff, workforce planning & development and productivity. 7. Failure to provide adequate buildings and facilities. 8. Failure to learn, share good practice and continuously improve.
Financial	This report sets out the Trust's draft Financial Plan for 2023/24.
Compliance Select an item. **Good Governance**	This report provides assurance on the development of the Trust's annual business planning process.
Partnership: consultation / communication	Business planning is being undertaken collaboratively by corporate and divisional teams.
Equality	As business plans are developed, any equality impacts of plans will be identified and addressed as part of the EQIA process.
Quality Impact Assessment [QIA] completion required?	Not required for this report. As business plans are developed, QIAs will be completed for specific plans in line with the Trust's QIA process.

2024-24 Operating Plan

F&BPC 20/03/2023

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

Overview

The NHS 2023/24 Operational Planning Guidance was published on 23/12/2022, with priorities summarised below.

Headline national priorities

1. Recover our core services and productivity
2. Make progress in delivering the key ambitions in the Long Term Plan (LTP)
3. Continue transforming the NHS for the future.

Recover our core services and productivity

1. Improve ambulance response and A&E waiting times
2. Reduce elective long waits and cancer backlogs, and improve performance against the core diagnostic standard
3. Make it easier for people to access primary care services, particularly general practice.

This paper sets out the key headlines for the BHT 23/24 Operating Plan, taking into account national requirements and our BHT 2025 Strategy.

It also sets out the Trust's medium-term strategic goals, and the Trustwide areas of focus for 2023/24. These have been developed iteratively with input from senior colleagues and have been tested and refined at a senior leadership workshop, and also against NHS Planning Guidance to ensure alignment.

The areas of focus for 2023/24 is a small set of organisation-wide priorities which are understood and owned by everyone. This provides a shared focus around which to energise teams to drive improvements and support achievement of our medium-term goals linked to our BHT 2025 Strategy.

Work is underway to establish the key transformation initiatives which will help deliver these priorities.

The final national submission deadline for the Operating Plan is 30/03/2023, with plans due to the ICB on 27/03/23.

The final Operating Plan, including the transformation priorities, will be presented to Trust Board in April 2023.

National NHS objectives 2023/24

	Area	Objective
Recovering our core services and improving productivity	Urgent and emergency care*	Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25
		Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25
		Reduce adult general and acute (G&A) bed occupancy to 92% or below
	Community health services	Consistently meet or exceed the 70% 2-hour urgent community response (UCR) standard
		Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals
	Primary care*	Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need
		Continue on the trajectory to deliver 50 million more appointments in general practice by the end of March 2024
		Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024
		Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels
	Elective care	Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)
		Deliver the system- specific activity target (agreed through the operational planning process)
	Cancer	Continue to reduce the number of patients waiting over 62 days
		Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days
		Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028
	Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
		Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition
	Maternity*	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury
		Increase fill rates against funded establishment for maternity staff
	Use of resources	Deliver a balanced net system financial position for 2023/24
	Workforce	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise
	Mental health	Improve access to mental health support for children and young people in line with the national ambition for 345,000 additional individuals aged 0-25 accessing NHS funded services (compared to 2019)
		Increase the number of adults and older adults accessing IAPT treatment
		Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services
		Work towards eliminating inappropriate adult acute out of area placements
		Recover the dementia diagnosis rate to 66.7%
		Improve access to perinatal mental health services
	People with a learning disability and autistic people	Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024
		Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit
	Prevention and health inequalities	Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024
		Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%
		Continue to address health inequalities and deliver on the Core20PLUS5 approach

**ICBs and providers should review the UEC and general practice access recovery plans, and the single maternity delivery plan for further detail when published;*

2024-24 BHT Strategic Priorities

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

BHT Strategic Priorities

Vision	Outstanding Care	Healthy Communities	Great Place to Work
What we want to ACHIEVE by 2025	We will **see people as early as possible** when they need our services, to improve outcomes. We will continuously improve our services and use of resources to **deliver value for our residents.**	We will **prevent people dying earlier than they should**, with a particular focus on addressing inequalities in access and outcomes.	Our people will feel **motivated, able to make a difference and be proud** to work at BHT. We will attract and retain talented people to build **high performing teams with caring and skilled people.**
How we'll MEASURE progress	Eliminate corridor care. Improve productivity to be in the top quartile nationally.	Play our part in ensuring that more children in the most deprived communities are ready for school Increase proportion of people over the age of 65 years who spend more years in good health. Improve outcomes in cardiovascular disease.	Improve staff engagement score to be in the top quartile in the National NHS Staff Survey. Improve overall Trust vacancy rate to be no more than 8%.
Our FOCUS for next year 2023/24	**Improve waiting times**, with less than 4% of patients waiting more than 12 hours in the Emergency Department (ED). **Improve safety**, with 80% of acute and community services having a clinical accreditation assessment by 1 April 2024, and 40% of those assessed achieving silver accreditation. **Improve productivity** in every service, with overall Trust improvement of at least 5%.	**Improve access** and effectiveness of our services **for communities experiencing the poorest outcomes**, with priorities to: • **Reduce smoking in pregnancy**, with less than 5% of women smoking at the time of delivery. • Increase % of people being referred to **cardiology services** from the most deprived areas. • Improve the **early identification of frailty**, with more than 30% of patients in ED having a documented frailty score.	**Improve the experience of our new starters**, with the number of people who leave in the first year less than 12% (improvement also measured through quarterly pulse surveys). **Develop operational and clinical management and leadership skills in key roles**, so 300 managers are equipped with enhanced technical, management and leadership skills (impact measured by quarterly pulse surveys and national staff survey).

2024-24 Operating Plan - Activity

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

Activity Plan

Focus on delivery of core standards set out in NHS Operational Planning Guidance

- 76% A&E performance by March 2024
- Zero 65 week waiters by the end of March 2024
- Delivery of 28 Day Faster Diagnosis Standard (75% target) and 62-day First Definitive Treatment standard (85% target)

Activity type	Plan as % of 19/20	This year as % of 19/20
New Outpatient	115%	110%
Outpatient follow-up	95%	100%
Elective	90%	80%

Enablers of activity plan

- Investment in key specialties that have been reliant on Independent Sector/WLI/Locum spend this year – this will mean some use of the Independent Sector whilst recruitment takes place
- Relentless focus on outpatient follow-up reduction through clinical validation, pathway change and template review
- Increasing cases per list in theatres and theatre estate plan to reduce the amount of time theatres are out of action

Risks

- Diagnostic capacity (particularly MRI and Endoscopy) means we will not achieve diagnostic targets
- Capital constraints may inhibit delivery of productivity improvement from estate and digital changes

2024-24 Operating Plan - Workforce

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

Workforce Planning

First Submission

Our first submission was based on the following assumptions:

1. **Establishment** at April 2023 for the year is M7 establishment with 4% Efficiency applied.
2. **Total Staff in post, Bank and Agency** = Establishment as at April 2023.

   Baseline staff in post numbers = Substantive SIP as at M9 adjusted for international nurse arrivals between M10—12
3. **Agency threshold** – calculated on basis of 3.7% cap (£12.5m). Seasonal variances are factored in.
4. **Substantive numbers**

   Registered nursing
   - Growth in substantive nursing workforce is through improved retention, domestic and international recruitment.
   - 23/24 Resourcing plan includes recruitment of 100 International Nurses and recruitment of 60% of students (c40) and 100% of apprentices

   HCA recruitment
   - Net increase between Apr and Dec ‘23 of 25 fte per month through enhanced recruitment and onboarding

   Other staff groups
   - Focussed work with key areas e.g. pharmacy

Workforce Planning cont'd

Workforce profile

At M11, we reported the following profile:

	Month 11- WTE
Total WTE Substantive Staff	5,886.60
Bank Staff	521.13
Agency Staff (including, agency and contract)	250.13
Total WTE all Staff	6,657.86

The updated draft budget for 2023/24 is set out in the table below. Our submission will break this down further by staff group, bank and agency, month by month

Staff Group	23/24 Draft WTE Budget
Admin & Clerical - Total	1,335.07
Exec+ Non-Exec Dirs.	8.90
Medical Staff - Total	849.51
Nursing - Total	3,274.56
Other Staff - Total	261.37
Professional & Tech - Total	1,177.33
Grand Total	**6,906.73**

Final submission - assumptions

The next iteration is due on 27/03/2023. This will reflect

- Updated budgeted establishment which incorporates:
  - 2022-23 acuity reviews
  - Approved cost pressures
  - Agreed investments to meet 62 day and 65 week compliance
- Further work on the reduction of temporary staffing (Bank and Agency),which will take into account sickness absence management

It will not reflect the following:

- Any future in-year acuity reviews
- Additional capacity which is external funded
- Any pandemic related sickness absence

Actions to deliver our plan

1. Recruitment of substantive staff (linked to 2023/24 priority to Improve experience of new starters)
2. Retention (dedicated Retention Programme linked to People Promise exemplar site status)
3. Maximising use of bank temporary staff working with our partners, NHSP (non-medical) and Patchwork (medical)
4. Reducing use of agency temporary staff – to thresholds in the table below

BHT Agency FTE 2023/24

FTE 2022/23	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Total	226	190	158	165	167	135	132	141	156	152	145	150

2024-24 Operating Plan - Finance

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

Finance - Summary

Lead commentary

The trust and system have a shared understanding of risks to the financial plan and have agreed mitigations in place

- As part of the BOB ICB 2022/23 Financial recovery Plan agreed with NHSE/I, the Trust Board agreed a revised 2022/23 Financial Deficit Plan of £(14.3)m.
- The Month 11 updated 2022/23 Year End forecast is to achieve the £(14.3)m revised deficit plan.
- The last remaining external risk to the financial position (NWL ICB) has been mitigated

BHT 2022/23 Income and expenditure (deficit) forecast M11

- Current Forecast £28.9m, with Gross recurring 4.3% CIP and 1% non recurring.
- External review jointly with ICB on what has happened with income being received and expense since 2019/20 to 2023/24

ICS comparative position

			M 9		M10		
Plan	Original Plan		22-23 Forecast	Support	22-23 Forecast		Variance from Plan
Oxford University NHS FT	1.3		-10.8	5.5	-5.3		-6.6
Oxford Health NHS FT	-6.1		-3.1	1.6	-1.5		4.6
Berkshire NHS FT	-0.9		1.1	0.8	1.9		2.8
Royal Berkshire NHS FT	1.2		-16.7		-16.7		-17.9
Buckinghamshire Helathcare	-17.7		-14.6	0.3	-14.3		3.4
ICB	22.2		0.2		0.2		-22.0
Total	0.0		-44.0	8.2	-35.8		-35.8

Productivity Challenge

22/23 YTD Activity by PODs	YTD Activity	Growth vs 19/20	Growth vs 21/22
Elective inpatient (inc day cases)	37,938	(17.7%)	4.0%
Outpatient New	114,373	13.0%	13.1%
Outpatient Follow Up	169,377	0.5%	4.5%
Non-elective inpatient (inc short stays)	37,125	4.1%	6.5%
A&E type 1 & 2	68,955	0.2%	(12.4%)

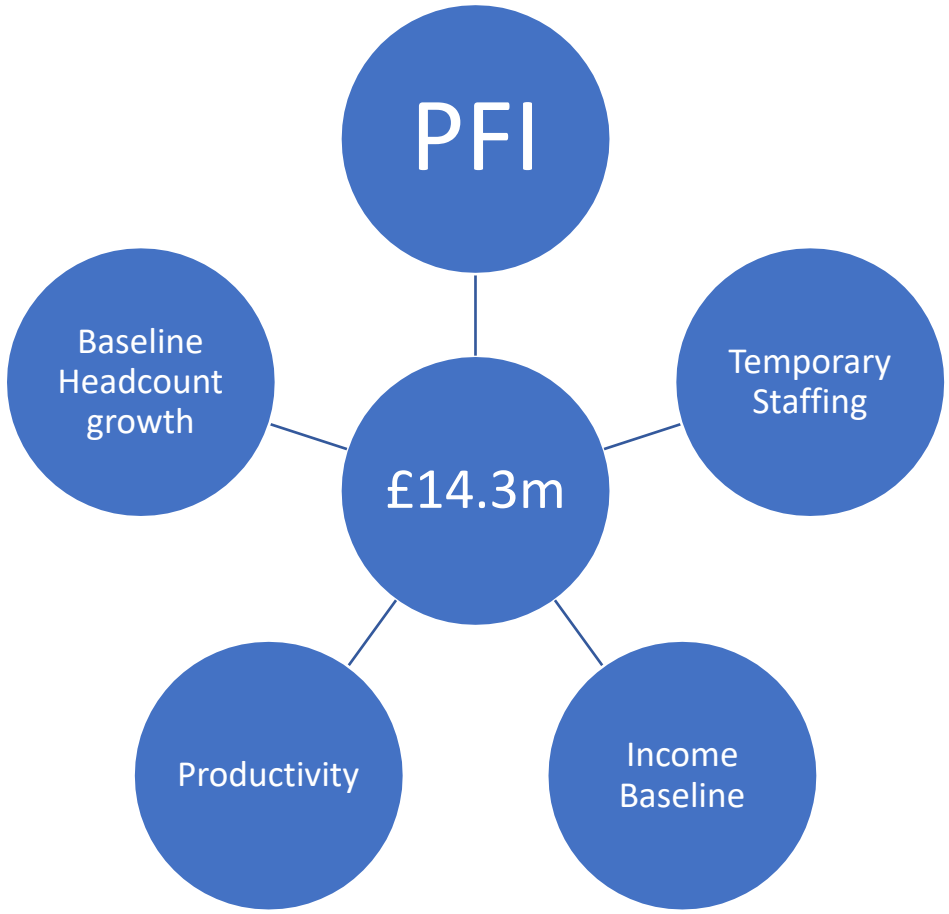
<u>Strategic operational priorities:</u>

- Develop alternatives to admission
- Integrate pathways around the patient across acute and community
- Improve elective productivity and resilience of services
- Reduce requirement for ISTC capacity

<u>Enablers</u>

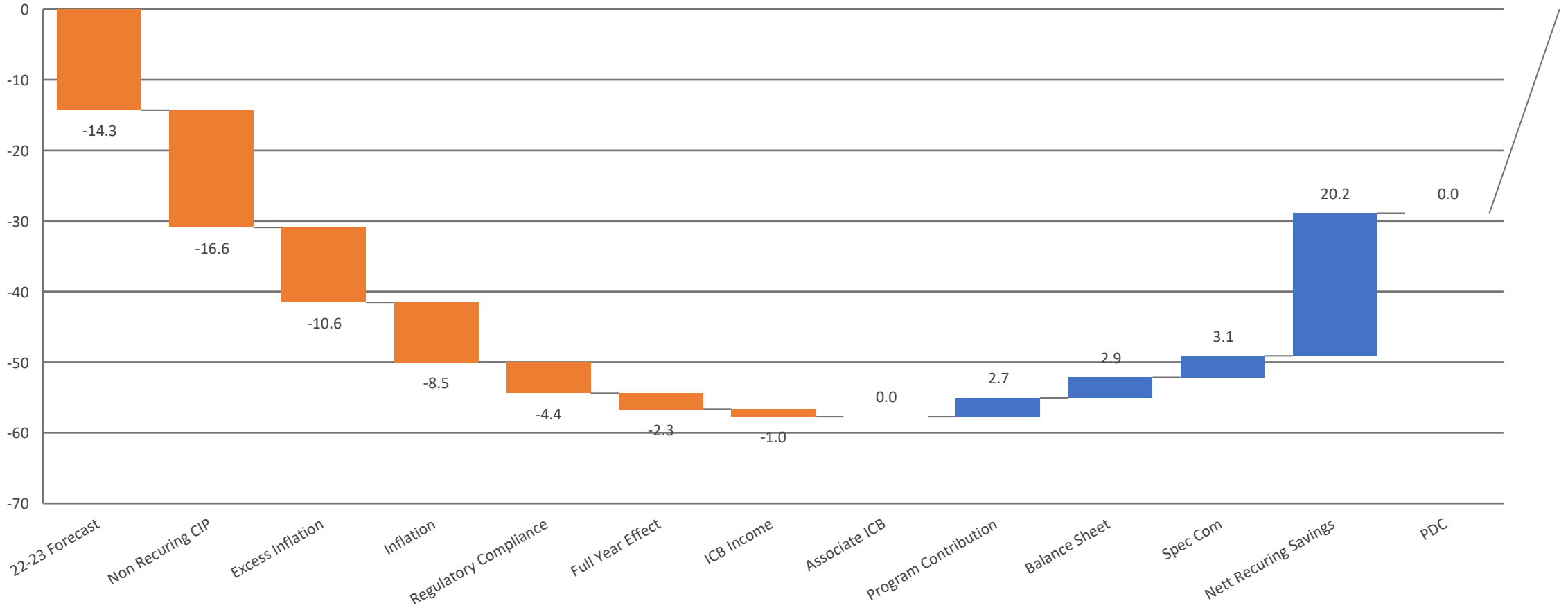
- Digitisation/digital enablement of services/work
- MDT workforce models
- Estate and equipment
- Creating an empowering culture

Key Drivers



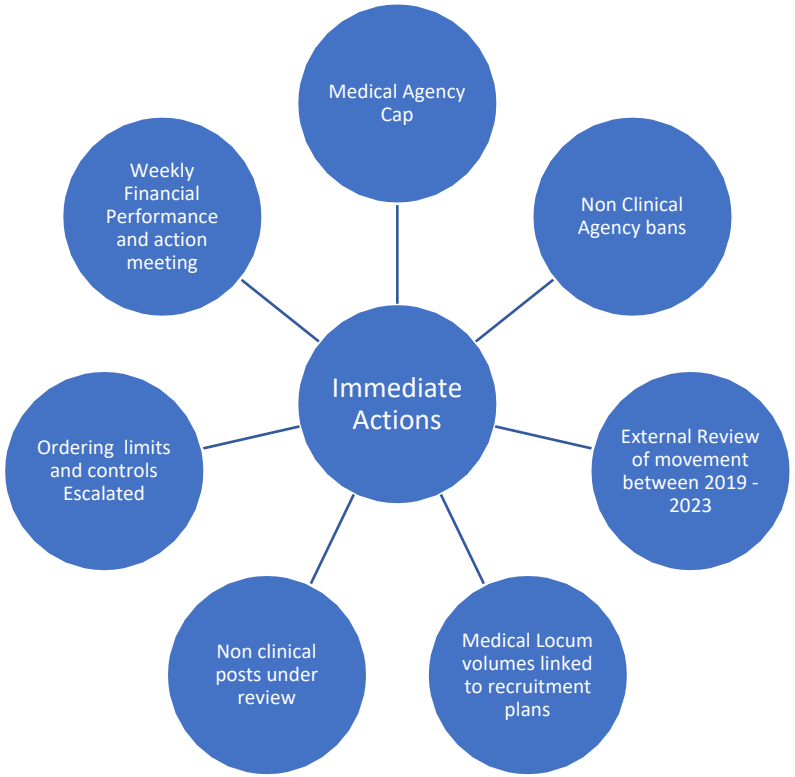
- Estates
  - The PFI features consistently in external reports (£5.9m). Negotiations provide non-recurring benefits
  - Wycombe – staffing pathways and productivity as well as infrastructure
  - Revenue implications of backlog
- Temporary staffing is running higher than targets
  - Bank effective at rates and transfer, but still opportunity although at 10% of spend (£1.5m).
  - Change efficiency / effectiveness in medical pathway and A&E front door
  - Difficult to recruit medics requires changes in workforce models
- Baseline Staffing
  - Review non-medical WTE growth
  - Switch to emergency pathway
    - Review skill mix and introduced new ways of working
- Productivity opportunity
  - Reviewing new lines of work since 2019 -20
  - Convert Follow up clinics
  - Theatres down average of 26 sessions a week across all sites
- Income
  - There is something here, whether its community and / or baseline. Needs a joint investigation and plan
- Use of Non recurrent

Financial Plan 23-24

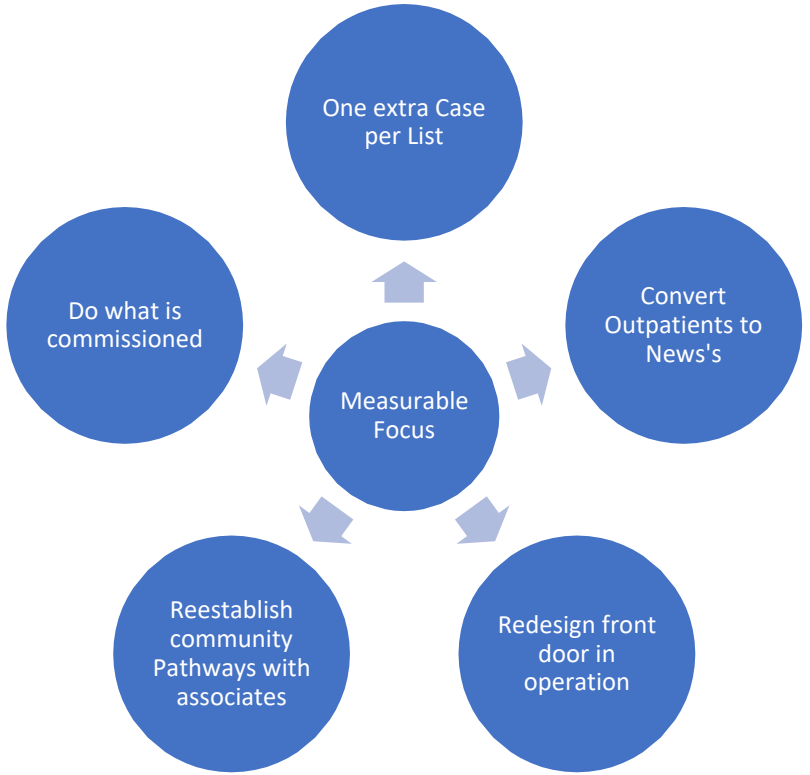


M1 Actions Already Taken – don’t build on sand

Grip and Control



Productivity reinvigorated



Transformation

Elective

- Digital productivity
  - epre-op, econsent, eoutcoming, other automation – e.g. digital dictation, RPA
- Estates productivity
  - Wycombe Tower
  - SMH infrastructure
  - Community facilities
- Multi Clinician Clinics
- Community Clinics – re-establish pathways
- Outpatient Scheduling / Mix

Non Elective

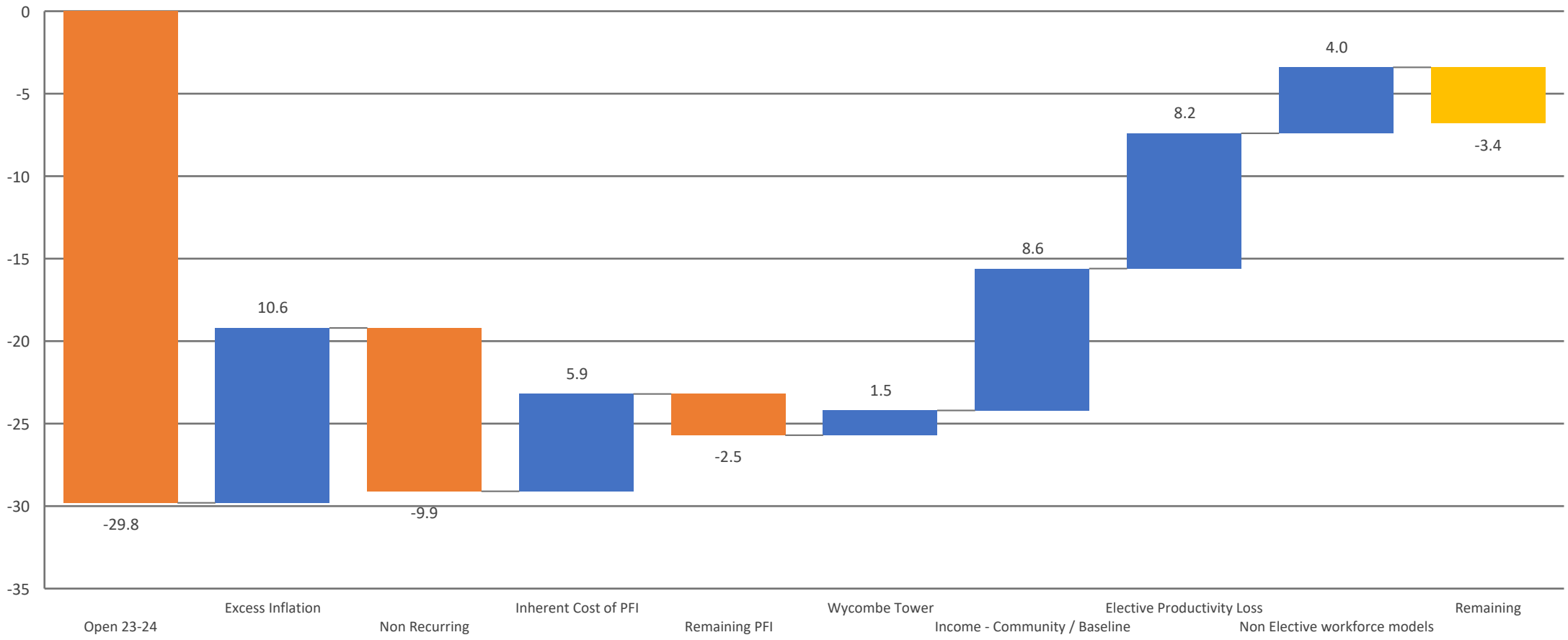
- Nursing Skill Mix
- Medical Skill Mix

Remove roles to reduce agency

- Recruitment Metrics
- Sickness Metrics

Volume of Shifts in roles

Future Plan 24/25 plus.



Capital 23/24

	23/24
Carried Forward	5.0
Equipment	2.0
IT	5.0
Estates	6.0
Flow	2.0
Total	20.0

- Estimated ICB envelope £20m
- Having to manage known and regulatory risks.
- Capital gain from three disposals not yet been included and potential in year

2024-24 Operating Plan – Cost Improvement

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

Efficiency Plan 23-24

Portfolio	Plan identified
01. UEC	38
02. Planned Care	100
03. Integrated Community	50
04. Diagnostics	155
05. Service Re-design	149
07. Digital	100
08. Medicines Optimisation	170
09. Non-Pay	2,236
10. Income	4,464
11. Commercial Plan	2,539
12. Medical Workforce	363
13. AHP & Nursing Workforce	-
14. Agency Reduction	588
16. Good Financial Governance	10,553
20. Establishment Review	518
21. Estates	783
Total	**22,805**

- The aim is to identify £23.4m of recurrent efficiencies.
- The current plan includes non-recurrent savings to provide mitigations while recurrent savings are implemented. The full recurrent target saving will be required to take effect before end 2023/24.
- Productivity & efficiency proposals are currently being developed for Medical Workforce, and Nursing & AHP. Further work is also underway re financial benefits linked to Transformation Programmes – UEC, Planned Care, Integrated Community.
- Productivity savings (non-cash-releasing) are not included in the plan presented, however these will be tracked and reported.

Meeting: Trust Board Meeting in Public

29 March 2023

Agenda item	General Practice Vocational Training Scheme (GPVTS) Purchase Order Approval
Board Lead	Bridget O'Kelly, Chief People Officer
Type name of Author	Karen Avery, Business Information Lead, ELDI
Attachments	N/A
Purpose	Approval
Previously considered	EMC 3 March 2023

Executive Summary

This paper provides financial details of the General Practice Vocational Training Scheme (GPVTS)

- HEE provides part funding to BHT for these training roles with the balance being funded from Trust budgets.
- The lead employer (St Helens & Knowsley) bill BHT for the pay costs relating to the GPVTS trainees on a monthly basis.
- Our clinical divisions hold the pay budget for these trainee posts and therefore absorb the cost from the lead employer's monthly invoice.

BHT are required to provide a purchase order number to the lead employer to comply with the Trusts SFIs and allow for smooth procurement/finance transactions.

EMC considered this paper on 7 March 2023 and supports the recommendation to Board

The Board is requested to approve this purchase order (£1,800k) for the purposes of paying the annual GPVTS invoices.

Decision	The Board is requested to approve the purchase order.

Relevant Strategic Priority

Outstanding Care ☒	**Healthy Communities** ☐	**Great Place to Work** ☒	**Net Zero** ☐

Implications / Impact

Patient Safety	These qualified doctors have completed FY1 and 2 training and are in a 2-year training programme to become GPs, working in acute Trusts (such as BHT) on our rotas.
Risk: link to Board Assurance Framework (BAF)/ Risk Register	6. Failure to deliver on our people priorities related to recruitment and resourcing, culture and leadership, supporting our staff, workforce planning and development and productivity.
Financial	Purchase Order Approval – required so billing, matching and remitting is not delayed
Compliance Select an item. **Good Governance**	HEE has mandated this process for the centralised payment of GP trainees nationally and it has been in place for a number of years

Partnership: consultation / communication	All medical workforce issues are considered at the Trust Joint Consultative and Negotiating Committee.
Equality	Equality, Diversity and Inclusion is central to our people processes.
Quality Impact Assessment [QIA] completion required?	N/A

General Practice Vocational Training Scheme Trainees

1. Background

In October 2018, Health Education England (HEE) changed how individuals on the General Practice Vocational Training Scheme (GPVTS) were managed, moving several responsibilities from individual Trusts to a lead employer model.

The lead employer is responsible for all employment checks, and for paying staff salaries, and is responsible for all other associated employment costs. BHT issues GPVTS trainees with honorary contracts.

The current national lead employer is St Helens and Knowsley NHS and the established processes for GPVTS salary payments continue.

In BHT there are currently 28.00WTE GPVTS Trainees, which has reduced from last year (37.40WTE)

- 22 posts are 50% HEE funded
- 6 posts are 100% Trust funded

2. Problem

GPVTS Salary costs in 2022/23 were £1,901k. A purchase order of £1,800k is required for 23/24 which takes account of the reduced trainee numbers but also allows for salary cost of living increase, apprenticeship levy cost, in-year processing delays and end of year adjustments. This amount requires Board approval.

3. Solution

In order to ensure that there are no payment delays to staff, St Helens and Knowsley NHS Trust will be invoicing BHT on a monthly basis and will need to quote a PO number on their invoices. The estimated payroll value is up to £150k per month and therefore the annual call off order being requested is £1,800k, which will require Board approval.

As the Trust is informed of and holds details of the trainees that are working at the Trust on rotation, staff lists are reconciled monthly by Medical Staffing & Medical Education colleagues. Finance then reconcile the invoice(s) and transfer the costs to the relevant divisions.

4. Recommendation

The Board is requested to approve the purchase order limit of up to £1,800k.

Meeting: Trust Board Meeting in Public

29 March 2023

Agenda item	NHS Staff Survey 2022 Update
Board Lead	Bridget O'Kelly, Chief People Officer
Type name of Author	Head of Engagement, Culture and OD Deputy Director of OD & Education
Attachments	1. IQVIA Presentation – BHT Results 2. Breakdown Reports – Divisions and Occupational Groups 3. Benchmarked Results – Organisation level (Reading Room)
Purpose	Assurance
Previously considered	EMC 07.03.2023 SPC 13.03.2023

Executive Summary

This paper provides an update on our weighted results from the National Staff Survey 2022, which was published on 9 March 2023. The Board is requested to note the results and endorse the next steps

Overall, this is a positive set of results for BHT with improvements from our 2021 results and our results being better than the national average for similar Trusts (acute and acute/community). However, the results do also show differences in experiences for colleagues and some key areas where we need to improve. The completion rate was 56% against a target of a completion rate of at least 60%. This was the same as last year and 12% better than average response rate in our comparator group. Improving our uptake further is an area of focus for us and will be monitored through the Strategic People Committee.

Key highlights:

The following results are areas which have shown particular improvement either from the previous year or in comparison to other Trusts.

- Staff engagement: 7.0 (up from 6.9 last year and an average of 6.8 in comparator group)
- We achieved significant improvements in all 7 People Promise themes
- We significantly improved in all the questions about "Development" scoring 6.6 against 6.3 in comparator group and only 0.2 away from best performing Trust in the country at 6.8
- Over three quarter of our colleagues (75.4%) reported that "I am able to make suggestions to improve the work of my team / Department", a significant improvement against last year and comparator group (72%)
- 92.1% of colleagues reported that "I am trusted to do my job", a significant improvement over last year and our comparator group (90%)
- We achieved a huge improvement in the question "my organisation takes positive action on health and wellbeing" – 71.1% (up from 67.4% last year a, 16% better than our 55.1% comparator group response of 55.1% and only 0.3% away from best performing Trusts in the country

Areas for improvement and focus:

As highlighted above, there are a number of key areas for improvement, which we will focus on in the coming year as an integral part of our people objectives. These were discussed at the Strategic People Committee and Executive Management Committee.

- There are still differences in experiences between BME and White colleagues and those with a long-term condition (LTC) and those without.

- Reduction in the percentage of colleagues saying they would recommend the Trust as a place to receive treatment – 64.6% (from 6.9% last year), however the national average is 61%
- The number of colleagues experiencing violence & aggression from patients, their relatives or members of public (12.2% compared to 8.7% last year)
- Building on the improvement in our 'We are always learning' to focus on the quality of appraisal conversations

The staff survey results were discussed by the Executive Management Committee on 7 March 2023 who noted the results and the importance of clearly defining next steps. The results were presented to the Strategic People Committee on 13 March 2023 who recognised the areas of improvement since the previous survey results and identified broad areas for ongoing focus including increasing response rates, those individuals feeling unable to speak up and colleague retention. The importance of appreciate inquiry was acknowledged in action planning going forwards.

Decision	The Board is requested to note the report and endorse the next steps.

Relevant Strategic Priority			
Outstanding Care ☒	**Healthy Communities** ☐	**Great Place to Work** ☒	**Net Zero** ☐

Implications / Impact	
Patient Safety	There is evidence of the link between colleague engagement and patient care
Risk: link to Board Assurance Framework (BAF)/Risk Register	6. Failure to deliver on our people priorities related to recruitment & resourcing, culture & leadership, supporting our staff, workforce planning & development and productivity.
Financial	Risk of disengaged staff which impacts retention & sickness absence leading to increase temp staff spend
Compliance	NHSE, CQC, NHS National Staff Survey & the People Plan
Partnership: consultation / communication	Staff networks are involved and inform and direct this work. The Trust Feedback & Engagement Group includes members from operational teams across the trust
Equality	Staff surveys are one of our key sources of data both on break down of our number of staff with protected characteristics and their feedback about their experience.
Quality Impact Assessment [QIA] completion required?	No

1 Introduction

The Trust received its weighted and benchmarked 2022 Staff Survey results on 21 February and The Senior Director of IQVIA presented our results at a Leadership Brief on 23 February, prior to the national publication of results on 9 March 2023.

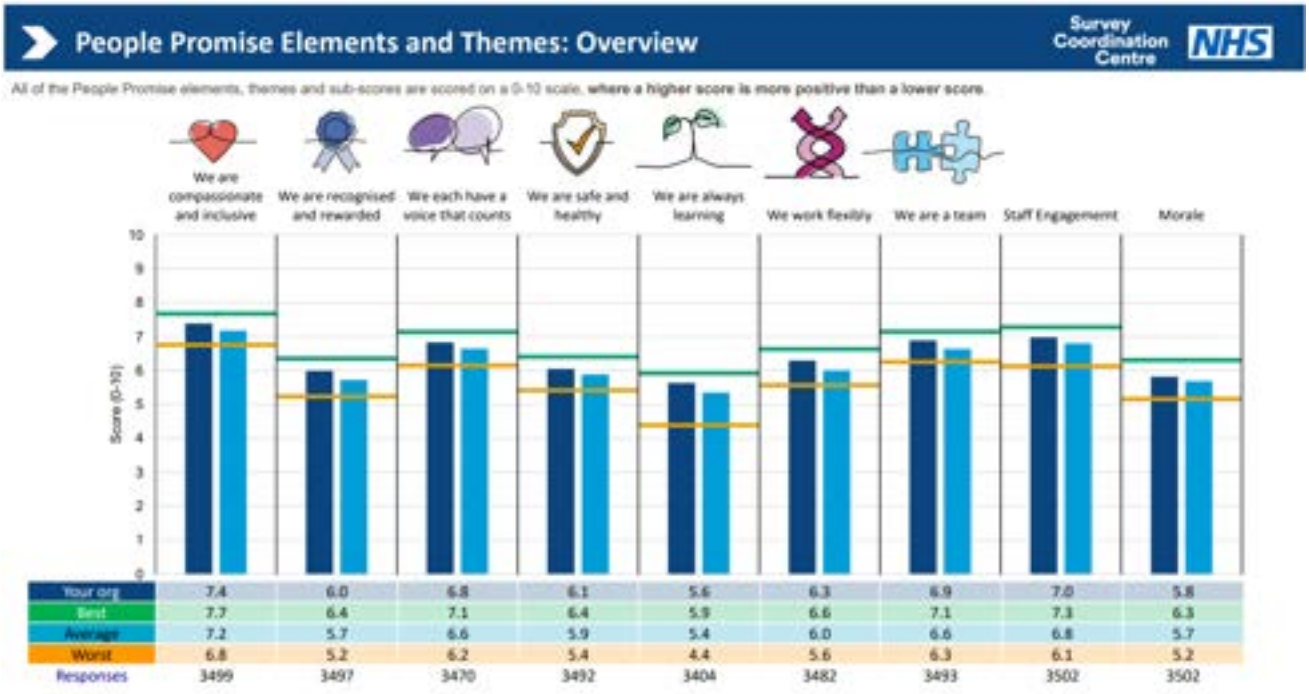
Our overall response rate was 56% against a target of 60%. This was the same as our response rate in 2021 but 12% higher compared to the response rate in our benchmarking group Acute and Acute & Community Trusts at 44%.

The Trust has scored above average for all nine of the indicators in the staff survey (7 people promises and staff engagement and morale themes). In six out of these nine indicators the Trust has achieved statistically significant improvements when compared with our scores in 2021. This is something to celebrate, acknowledging the focussed work that has gone into support an organisation under significant operational pressures during 2022.

There are two areas of significant concern; the first is the number of colleagues experiencing violence or aggression or abuse from patients or members of the public. The second is, that despite the overall positive set of results, fewer colleagues said they would be happy with the standard of care provided by the organisation. While we still scored above the national average of 61.9%, our score decreased by 3% since 2021 to 64.6%. In contrast 59.4% of staff said they would recommend the Trust as a place to work, up from 56.7% in 2021. Further work is required to understand why this is the case.

2 2022 Staff Survey responses

The graphic below provides an overview of our People promises, staff engagement and morale theme scores. We are compassionate and inclusive continues to be the highest scoring people promise score. We are always learning is the people promise which has seen the largest improvement compared with 2021, moving from below average in 2021 at 5.0 to 5.6.



The graphic below shows significance testing and highlights the improvement in the scores for the Trust between 2021 and 2022 and confirms that out of the 9 indicators, 6 scored significantly better than 2021.

Appendix B: Significance testing – 2021 vs 2022

Survey Coordination Centre NHS

The table below presents the results of significance testing conducted on the theme scores calculated in both 2021 and 2022*.

People Promise elements	2021 score	2021 respondents	2022 score	2022 respondents	Statistically significant change?
We are compassionate and inclusive	7.3	3451	7.4	3499	Significantly higher
We are recognised and rewarded	5.9	3435	6.0	3497	Not significant
We each have a voice that counts	6.8	3435	6.8	3470	Not significant
We are safe and healthy	6.0	3436	6.1	3492	Not significant
We are always learning	5.0	3278	5.6	3404	Significantly higher
We work flexibly	6.1	3418	6.3	3482	Significantly higher
We are a team	6.7	3439	6.9	3493	Significantly higher
Themes					
Staff Engagement	6.9	3450	7.0	3502	Significantly higher
Morale	5.7	3451	5.8	3502	Significantly higher

When the results are analysed at a divisional and occupational group level there is clear variation of the staff experience across the organisation (please see appendices). Across each of the nine themes, colleagues working in the Integrated Medicine and Specialist Services Divisions are reporting a less positive staff experience than those in all the other divisions. In terms of occupational groups; estates and facilities, medical and dental and healthcare scientists report a less positive experience than their colleagues in other occupational groups.

3 Areas of good practice

The following results are areas which have shown particular improvement either from the previous year or in comparison to other Trusts.

- Staff engagement: 7.0 (up from 6.9 last year and an average of 6.8 in comparator group)
- We achieved significant improvements in all 7 People Promise themes
- We significantly improved in all the questions about “Development” scoring 6.6 against 6.3 in comparator group and only 0.2 away from best performing Trust in the country at 6.8
- Over three quarter of our colleagues (75.4%) reported that “I am able to make suggestions to improve the work of my team / Department”, a significant improvement against last year and comparator group (72%)
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- We achieved a huge improvement in the question “my organisation takes positive action on health and wellbeing” – 71.1% (up from 67.4% last year a, 16% better than our 55.1% comparator group response of 55.1% and only 0.3% away from best performing Trusts in the country

4 Areas for improvement

As highlighted above, there are a number of key areas for improvement, which we will focus on in the coming year as an integral part of our people objectives. These were discussed at the Strategic People Committee and Executive Management Committee.

- Reduction in the percentage of colleagues saying they would recommend the Trust as a place to receive treatment – 64.6% (from 6.9% last year), however the national average is

61%, we will be looking to unpack the main reasons behind this response and again leverage the positive outcomes to improve perception and use engagement with improvement projects to drive up outcomes.

- The number of colleagues experiencing violence & aggression from patients, their relatives, or members of public was12.2% compared to 8.7% last year. We have already started to tackle this point using several initiatives as referenced in our CEO brief in February. We relaunched our violence, aggression, and unacceptable behaviour policy to reinforce the measures in place to protect not only our healthcare and support worker colleagues but all patients and visitors who access Trust services who expect to be treated in a safe and respectful environment. Trust is very clear that such behaviour will not be tolerated. We are using the yellow and red card system which also includes helping educate patients who make demands, for example, only to be cared for by people of a certain gender, race, or seniority.

4.1 Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES)

- The WRES data shows that the experience of BME colleagues compared with White colleagues across two of the standards; staff experiencing harassment, bullying or abuse from patients, relatives or the public or indeed colleagues has deteriorated. This has increased by 5% for abuse of BME staff from the public, relatives or the public compared to 2021.
- The percentage of staff experiencing discrimination at work from managers or colleagues in the last 12 months has improved for white colleagues and deteriorated for BME colleagues compared to the previous year.
- More colleagues with a Long-Term Condition (LTC) or illness are experiencing harassment, bullying or abuse from patients/service users, their relatives or the public, than those without a LTC, they also are less satisfied with the extent to which their organisation values their work and report lower levels of staff engagement 6.7 compared with colleagues without LTC 7.01.
- Fewer colleagues with or without a LTC or illness experienced harassment, bullying or abuse from managers when compared with 2021, however more colleagues from both groups are reporting these unwanted behaviours from patients & families compared with 2021.

5 Next steps

These actions are focused on analysing and sharing our staff survey data to all teams and Divisions across the Trust, enabling them to build on their strengths while addressing the gaps in a systematic way to ensure improved outcomes for our people and our patients.

Date	Action
By 31 March	• Organisational level free text comments report received • Analysis of report to find themes • Sharing with Divisional leadership teams

Throughout April	• Further updates to SOLAR (e.g., WRES/WDES)
	• Heat maps received and shared with Divisional teams
	• Supporting, Divisional level and team level actions with a toolbox/suite of interventions:
	  ○ Focused sessions with each Divisional team
	  ○ Action learning sets for managers to understand data and develop local improvement plan
	  ○ Presentations to Divisional boards
	  ○ Toolbox/suite of resources in place

April/May	• CEO and CPO to meet teams who have shown the most improvement in results and those teams with the most deteriorated scores to explore areas for improvement and share best practice

	• Divisions to support teams with improvement plans and to share best practice
Q1 April - June	• Incorporate Divisional Engagement scores in the People Dashboard • Divisions to set up peer support groups to share good practice
Quarterly – April, July, January	• Use NHS Quarterly People Pulse surveys (NQPS) to track engagement scores at a Divisional level • Introduce up to five local questions to explore areas of concern
Throughout year	• Organisational, Divisional, and team level actions and programmes of work to link directly to the NSS, referencing and acknowledging this in communications and marketing of programmes.

6 Action required from the Board

The Board is requested to note the results and endorse the direction of travel on the next steps.

Contents (1)

Survey Coordination Centre NHS

Contents (2)

This directorate report for Buckinghamshire Healthcare NHS Trust contains results by breakdown for People Promise element and theme results from the 2022 NHS Staff Survey. These results are compared to the unweighted average for your organisation.

Please note: It is possible that there are differences between the 'Your org' scores reported in this directorate report and those in the benchmark report. This is because the results in the benchmark report are weighted to allow for fair comparisons between organisations of a similar type. However, in this report comparisons are made within your organisation so the unweighted organisation result is a more appropriate point of comparison.

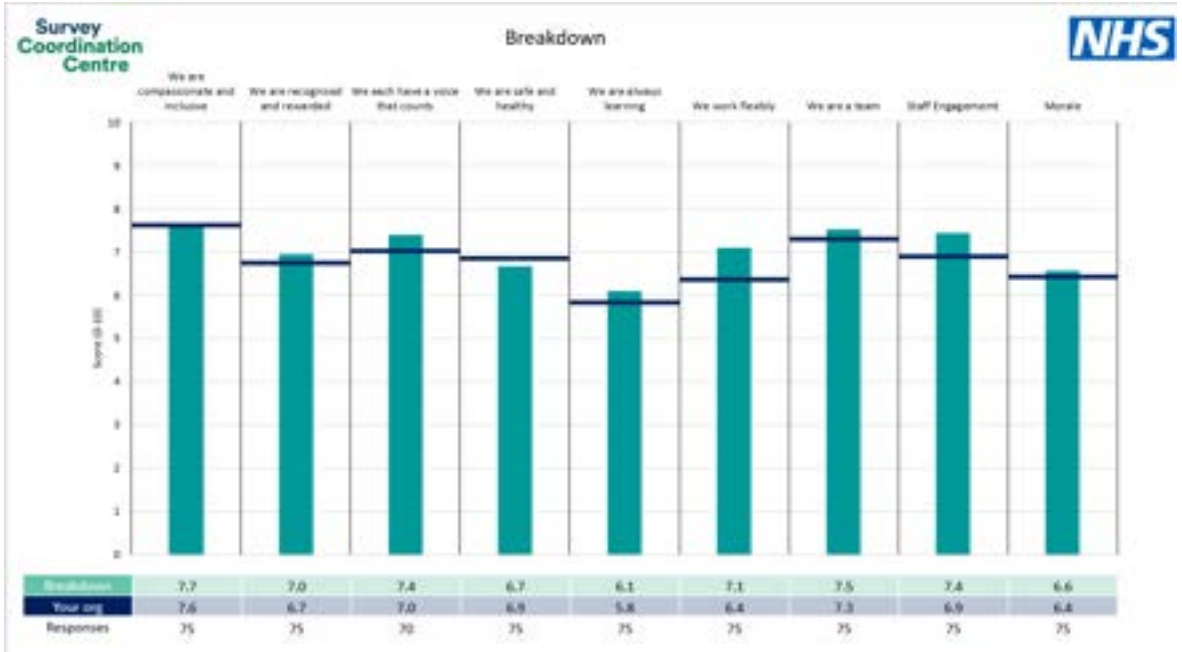
The breakdowns used in this report were provided and defined by Buckinghamshire Healthcare NHS Trust. Details of how the People Promise element and theme scores were calculated are included in the Technical Document, available to download from our results website.

Key features

Breakdown type and **breakdown name** are specified in the header.

Breakdown results are presented in the context of the (unweighted) **organisation average ('Your org')**, so it is easy to tell if a directorate is performing better or worse than the organisation average. For all People Promise element and theme results, a higher score is a better result than a lower score

The **number of responses** feeding into each measures and sub-scores for the **given breakdown** is specified below the table containing the directorate and trust scores.



! Note: when there are less than 11 responses in a group, results are suppressed to protect staff confidentiality, for some organisations this could mean that all breakdown results are suppressed.

Survey Coordination Centre

NHS

Breakdowns 1

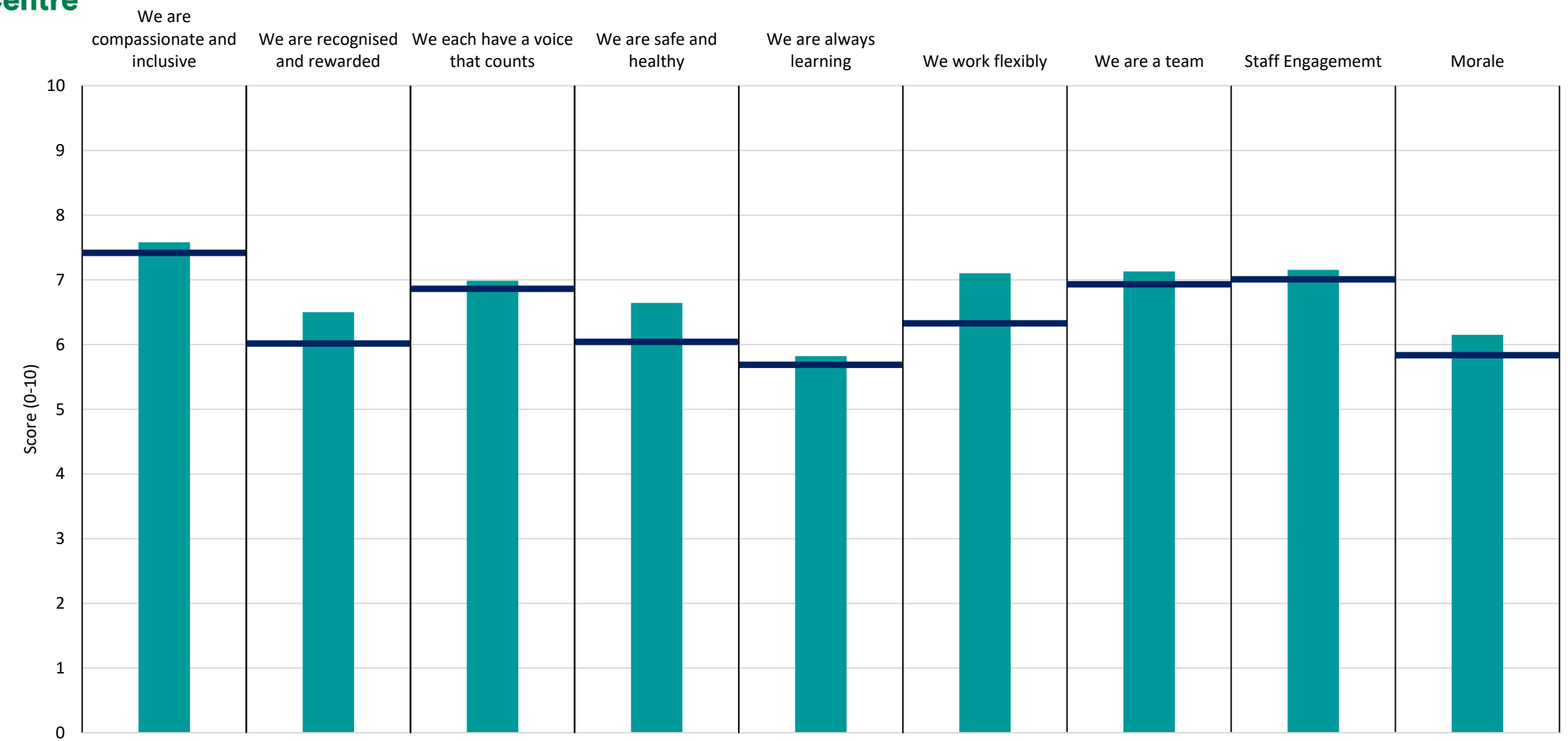
Buckinghamshire Healthcare NHS Trust

2022 NHS Staff Survey

Survey Coordination Centre

Corporate

NHS

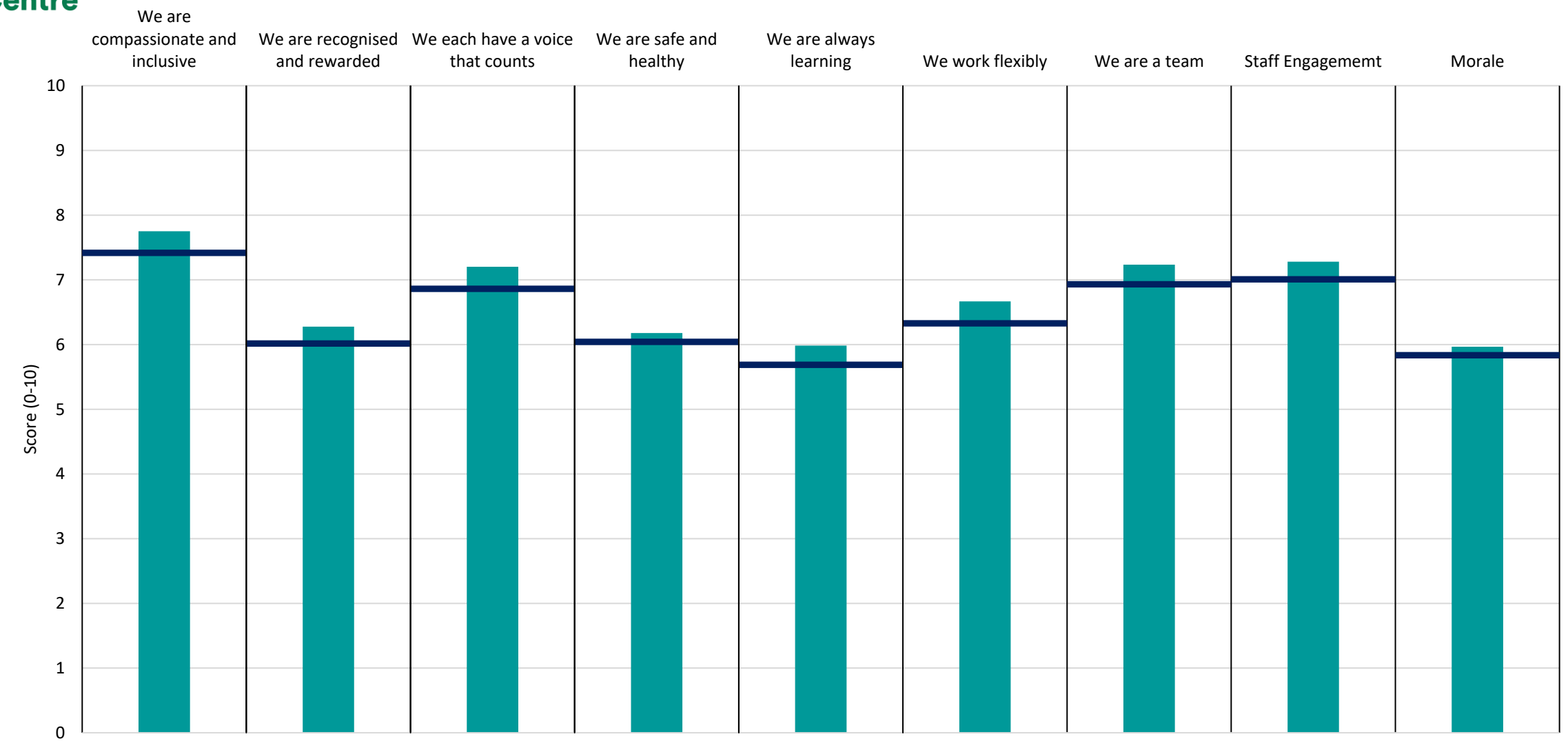


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.6	6.5	7.0	6.6	5.8	7.1	7.1	7.2	6.2
Your org	7.4	6.0	6.9	6.0	5.7	6.3	6.9	7.0	5.8
Responses	587	587	581	588	574	586	587	588	588

Survey Coordination Centre

Integrated Elderly Care

NHS

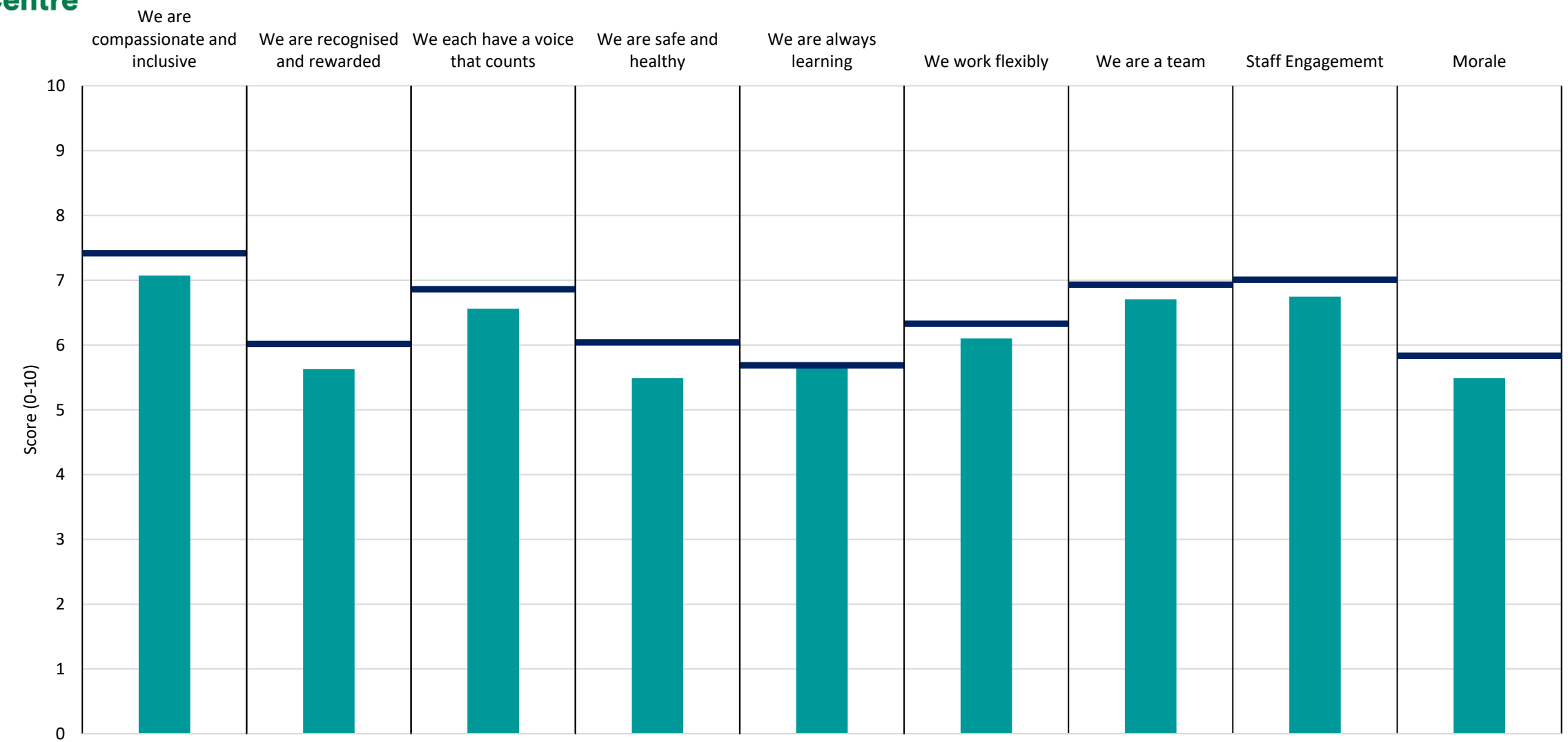


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.8	6.3	7.2	6.2	6.0	6.7	7.2	7.3	6.0
Your org	7.4	6.0	6.9	6.0	5.7	6.3	6.9	7.0	5.8
Responses	615	614	610	613	599	611	614	615	615

Survey Coordination Centre

Integrated Medicine

NHS

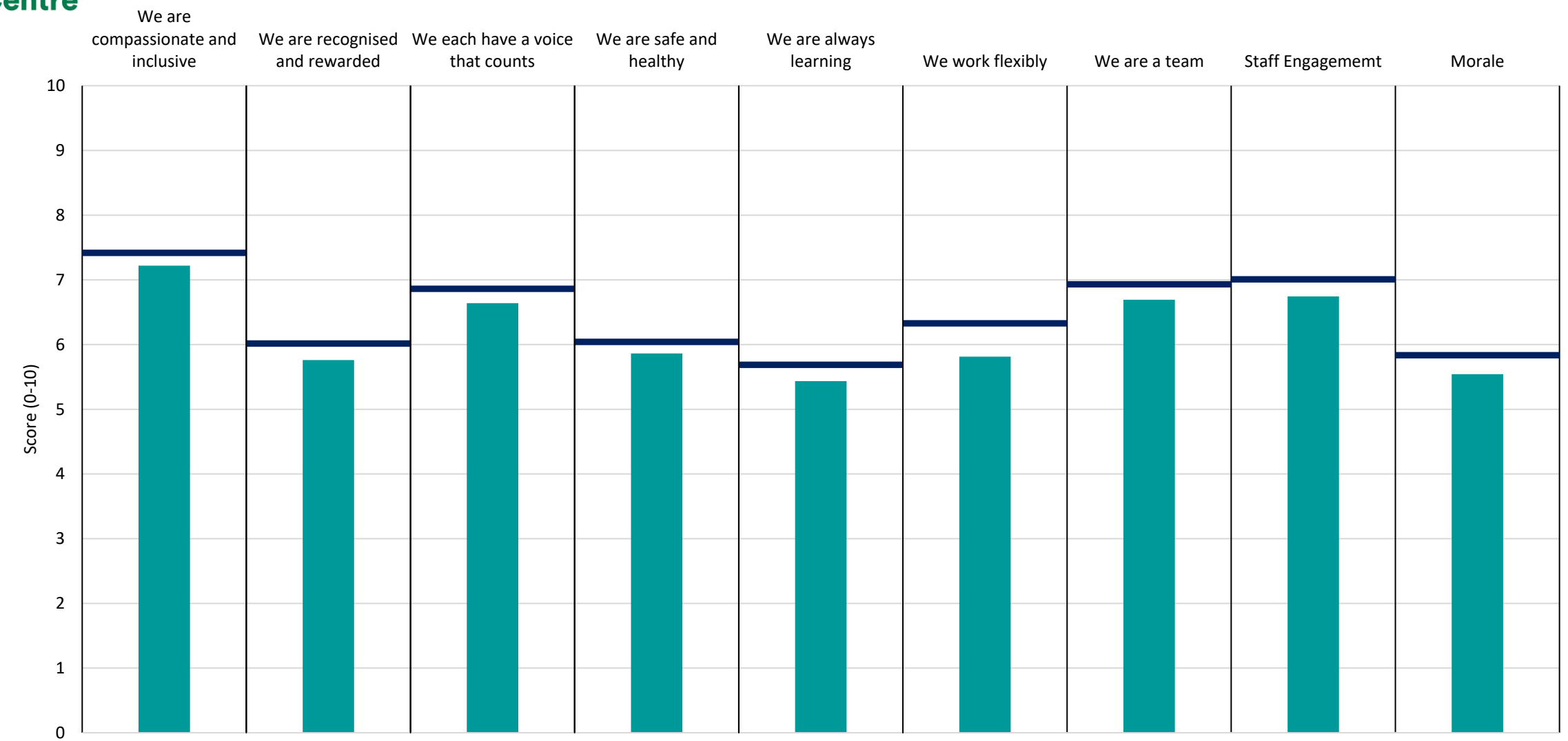


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.1	5.6	6.6	5.5	5.7	6.1	6.7	6.7	5.5
Your org	7.4	6.0	6.9	6.0	5.7	6.3	6.9	7.0	5.8
Responses	550	550	543	547	532	550	549	550	550

Survey Coordination Centre

Specialist Services

NHS

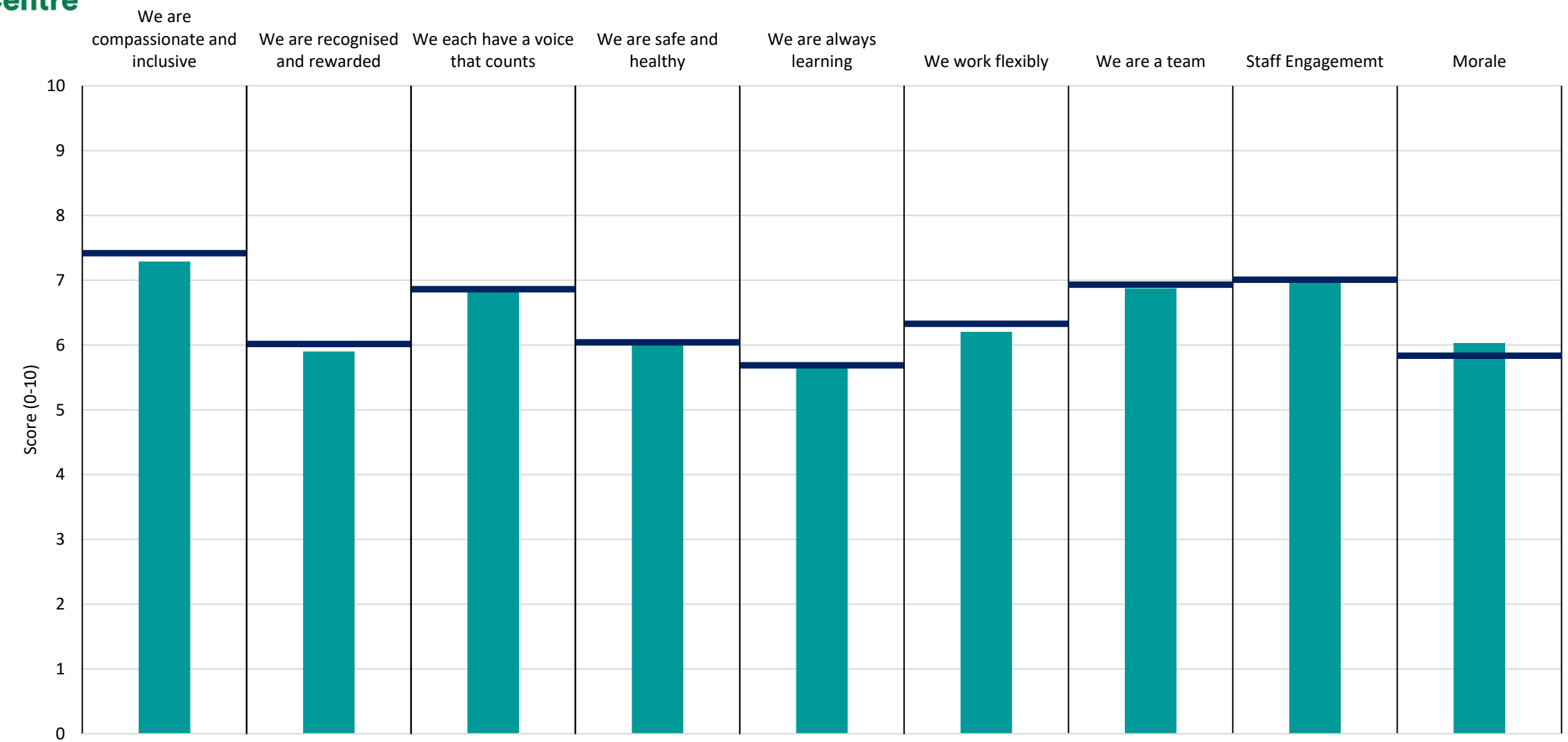


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.2	5.8	6.6	5.9	5.4	5.8	6.7	6.7	5.5
Your org	7.4	6.0	6.9	6.0	5.7	6.3	6.9	7.0	5.8
Responses	626	626	620	624	608	620	624	627	627

Survey Coordination Centre

Surgery & Critical Care

NHS

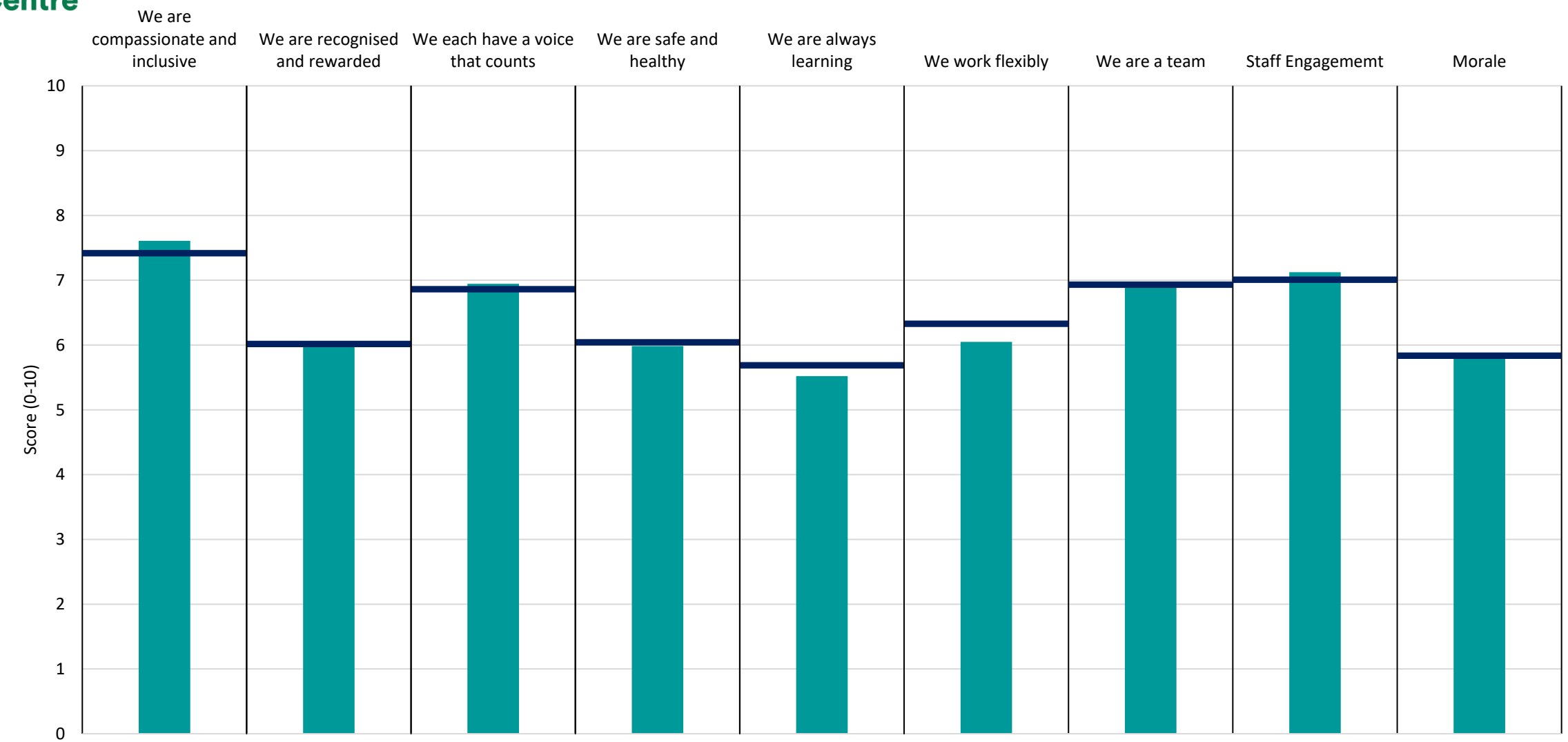


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.3	5.9	6.8	6.1	5.7	6.2	6.9	7.0	6.0
Your org	7.4	6.0	6.9	6.0	5.7	6.3	6.9	7.0	5.8
Responses	624	623	620	623	603	620	622	625	625

Survey Coordination Centre

Women & Children & Sexual Health Services

NHS



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.6	6.0	6.9	6.0	5.5	6.0	6.9	7.1	5.8
Your org	7.4	6.0	6.9	6.0	5.7	6.3	6.9	7.0	5.8
Responses	497	497	496	497	488	495	497	497	497

Survey Coordination Centre

NHS

Breakdowns 2

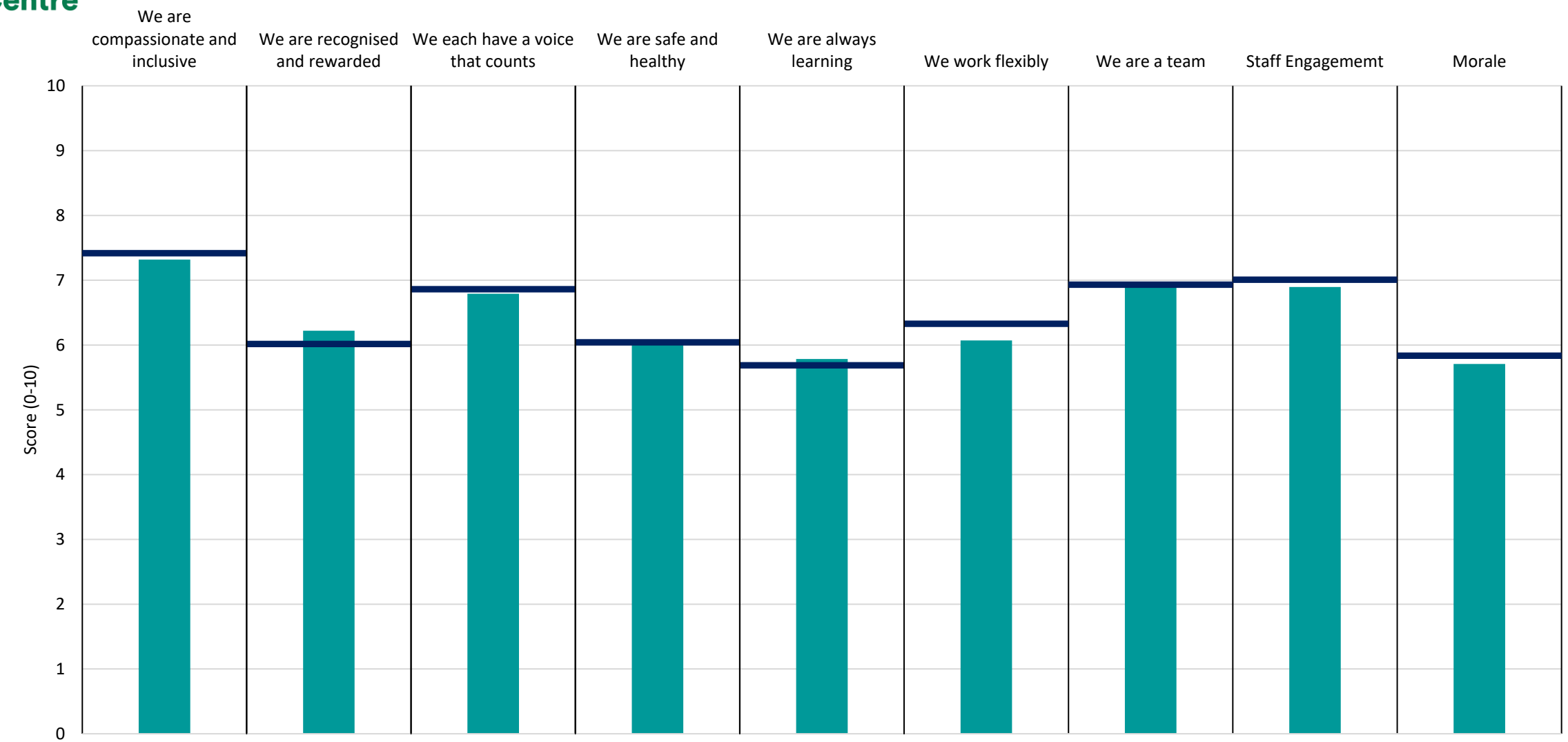
Buckinghamshire Healthcare NHS Trust

2022 NHS Staff Survey

Survey Coordination Centre

Add Prof Scientific and Technic

NHS

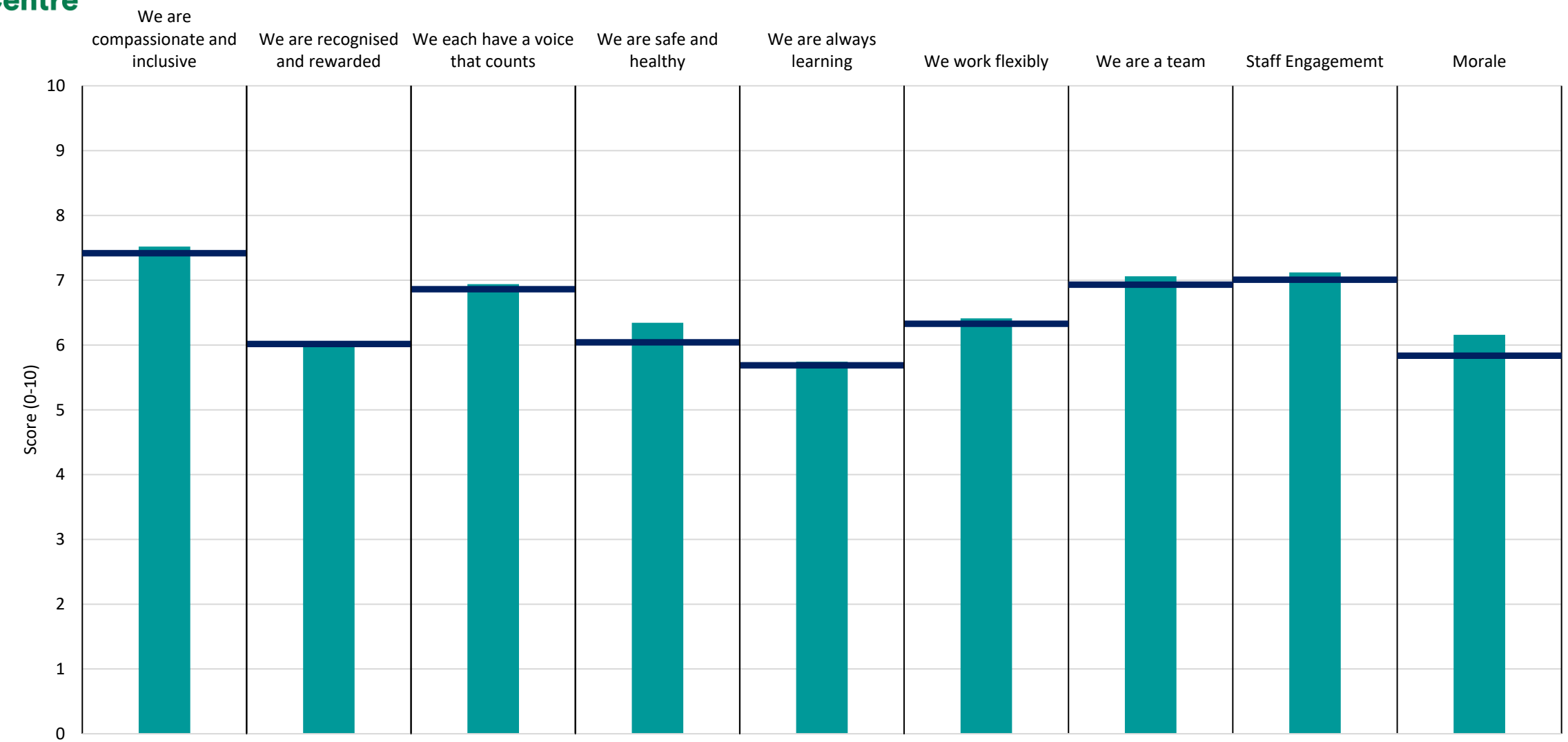


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.3	6.2	6.8	6.1	5.8	6.1	6.9	6.9	5.7
Your org	7.4	6.0	6.9	6.0	5.7	6.3	6.9	7.0	5.8
Responses	93	93	93	93	92	93	93	93	93

Survey Coordination Centre

Additional Clinical Services

NHS

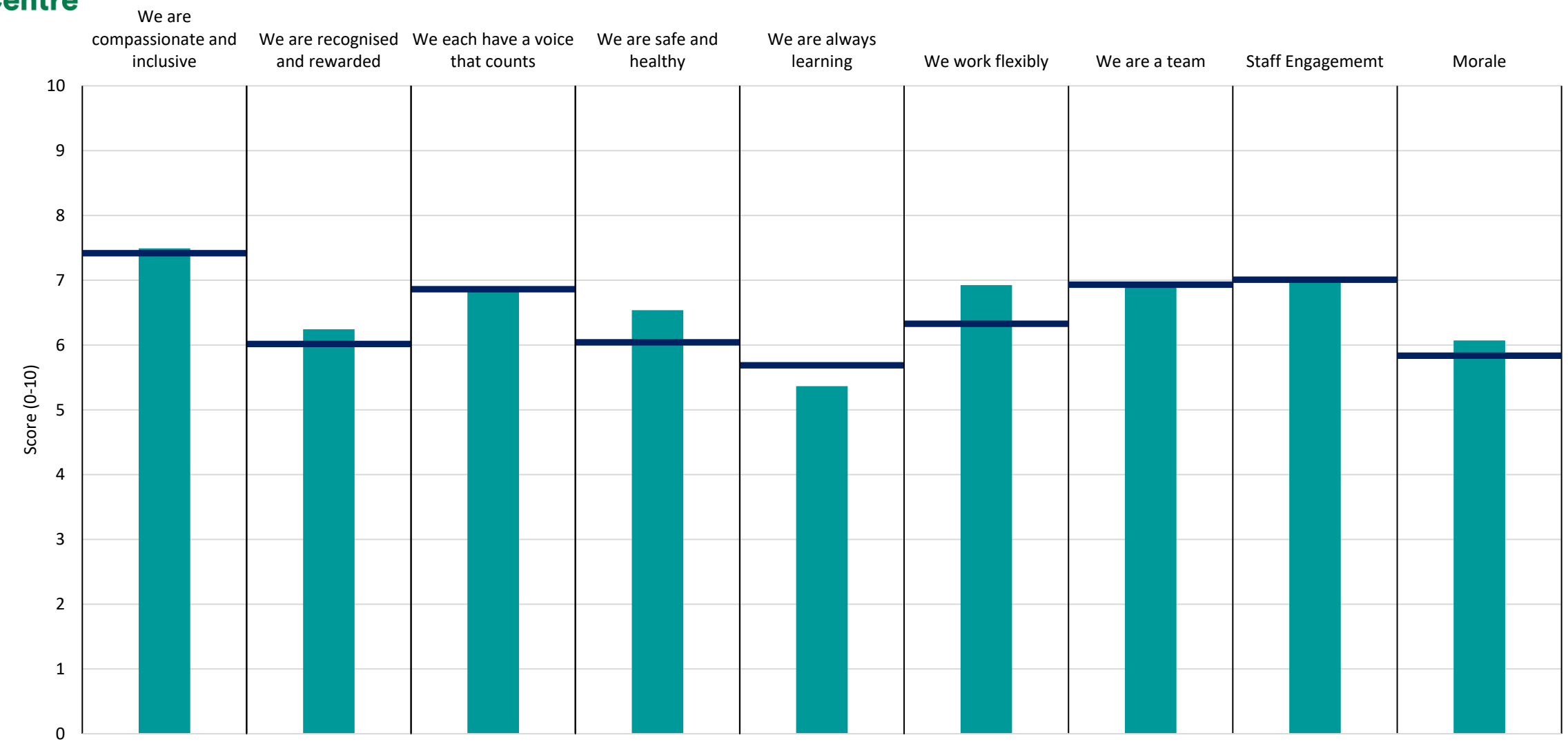


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.5	6.0	6.9	6.3	5.7	6.4	7.1	7.1	6.2
Your org	7.4	6.0	6.9	6.0	5.7	6.3	6.9	7.0	5.8
Responses	566	567	558	562	545	565	566	566	566

Survey Coordination Centre

Administrative and Clerical

NHS

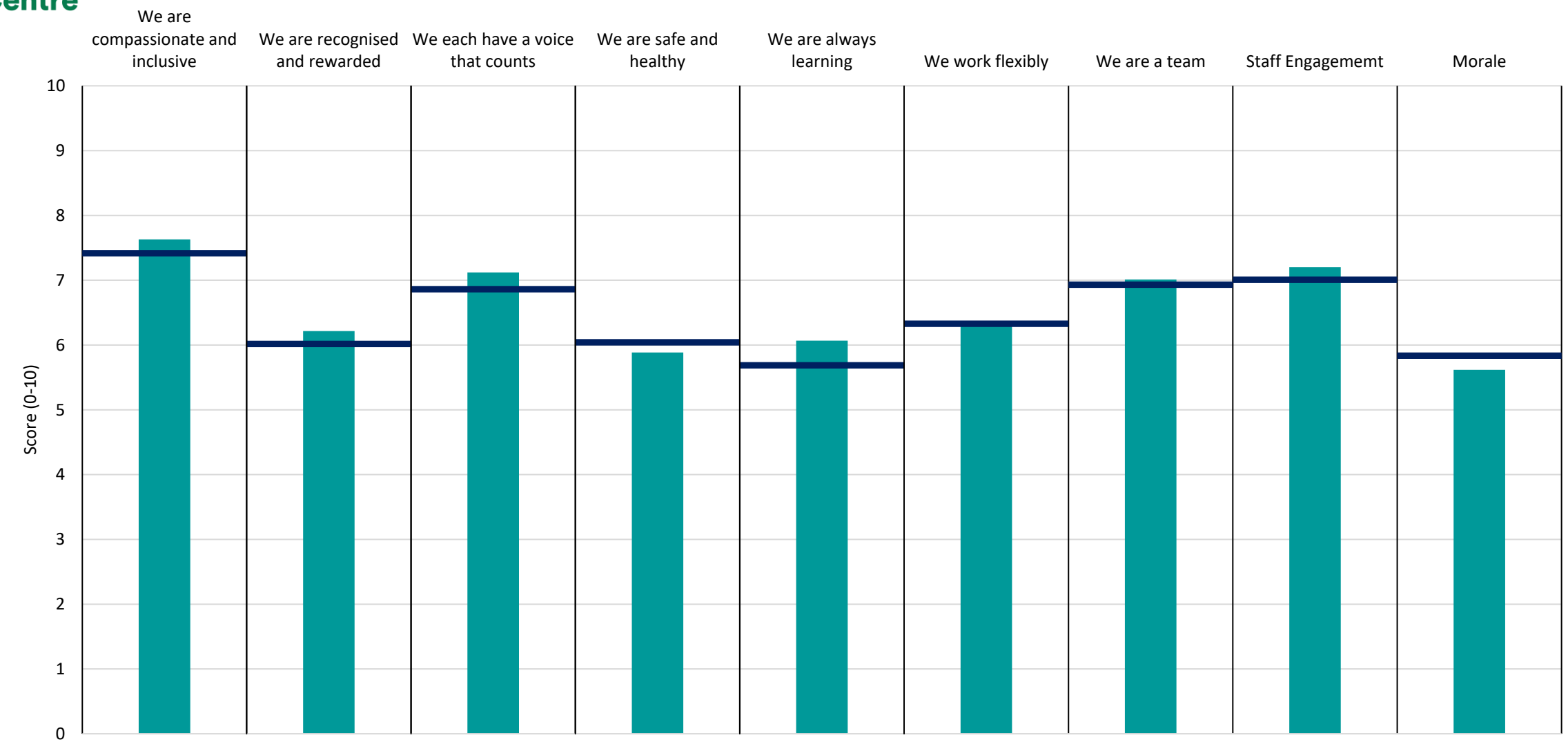


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.5	6.2	6.9	6.5	5.4	6.9	6.9	7.0	6.1
Your org	7.4	6.0	6.9	6.0	5.7	6.3	6.9	7.0	5.8
Responses	902	902	895	902	876	899	903	904	904

Survey Coordination Centre

Allied Health Professionals

NHS

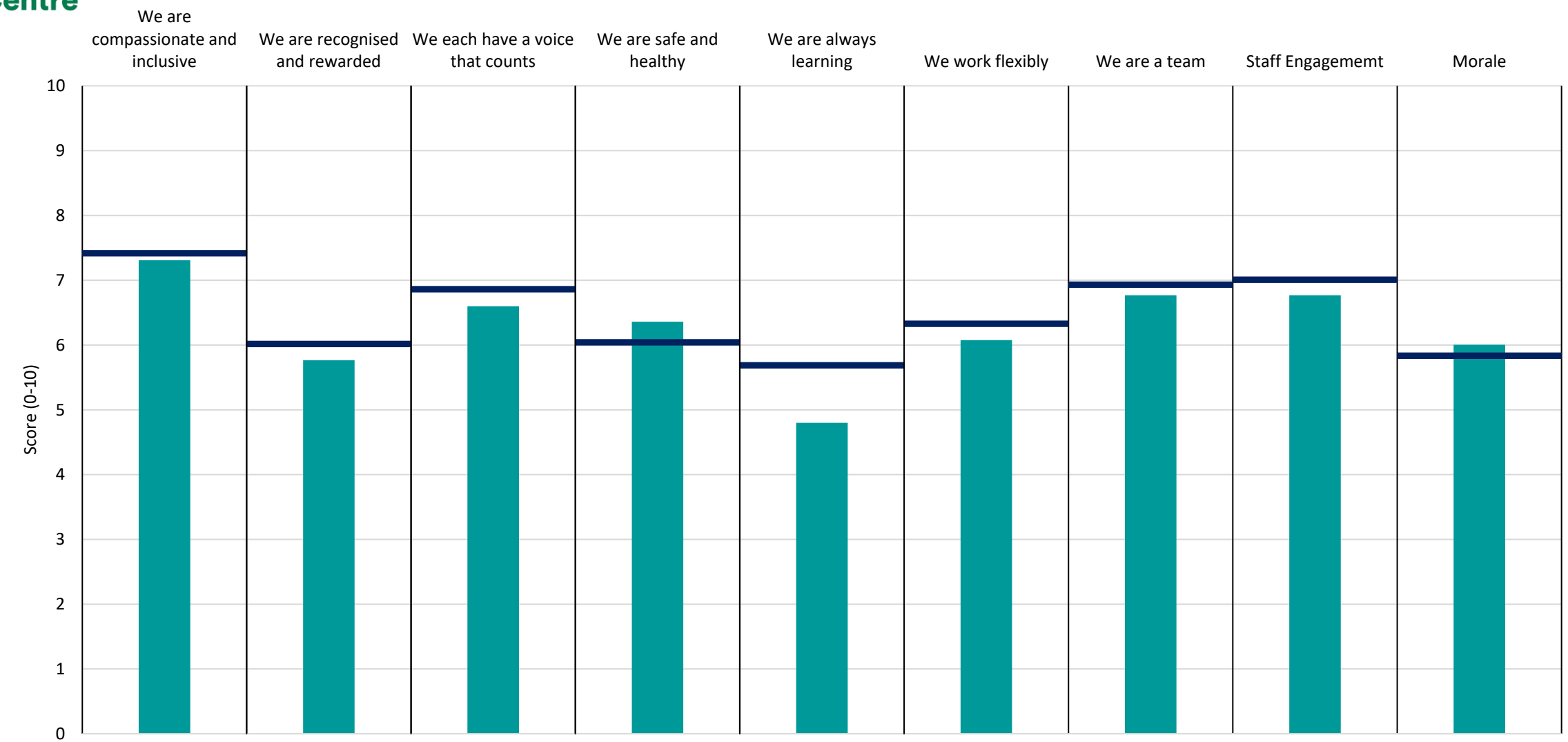


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.6	6.2	7.1	5.9	6.1	6.4	7.0	7.2	5.6
Your org	7.4	6.0	6.9	6.0	5.7	6.3	6.9	7.0	5.8
Responses	373	372	371	373	366	369	373	373	373

Survey Coordination Centre

Estates and Ancillary

NHS

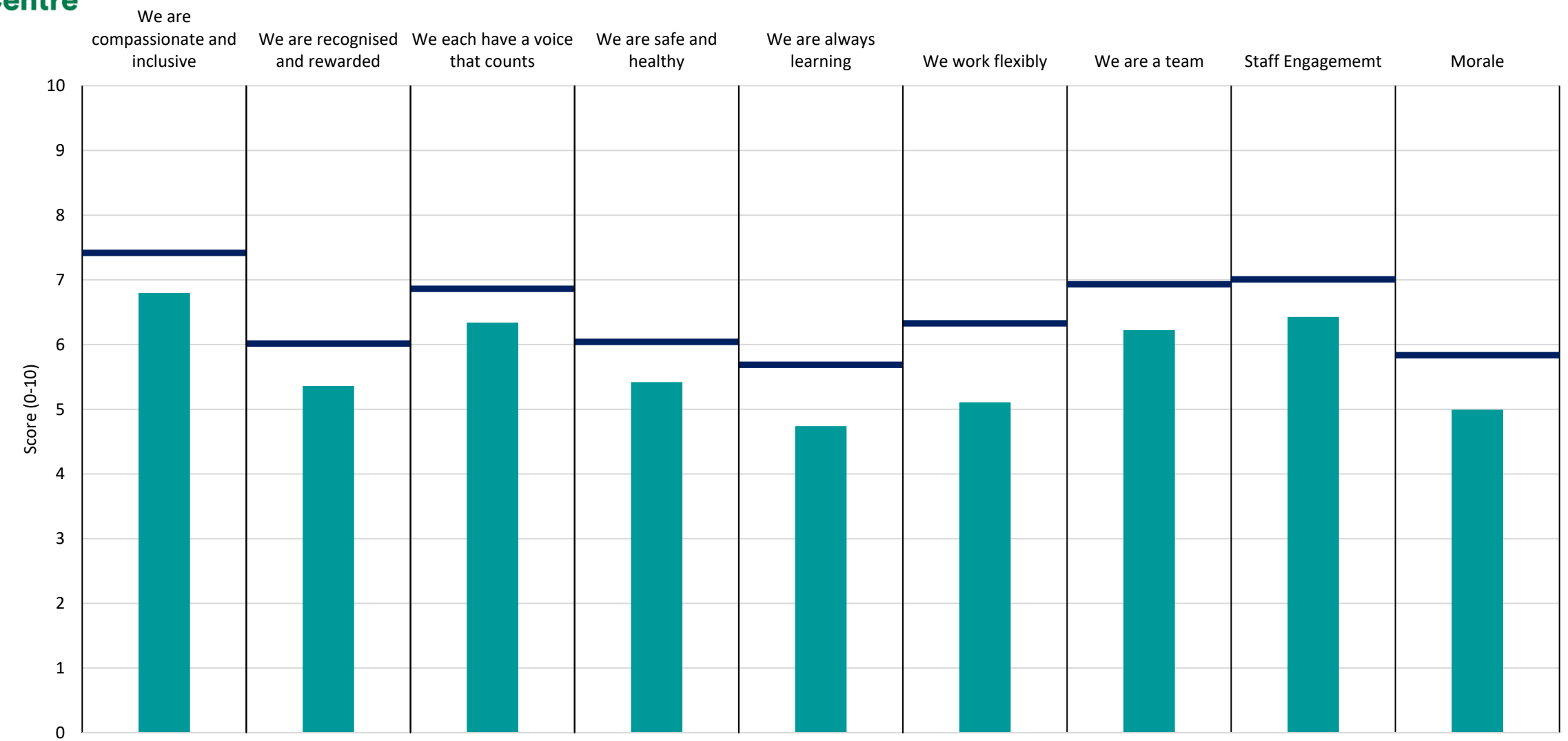


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.3	5.8	6.6	6.4	4.8	6.1	6.8	6.8	6.0
Your org	7.4	6.0	6.9	6.0	5.7	6.3	6.9	7.0	5.8
Responses	56	55	55	56	54	56	56	56	56

Survey Coordination Centre

Healthcare Scientists

NHS

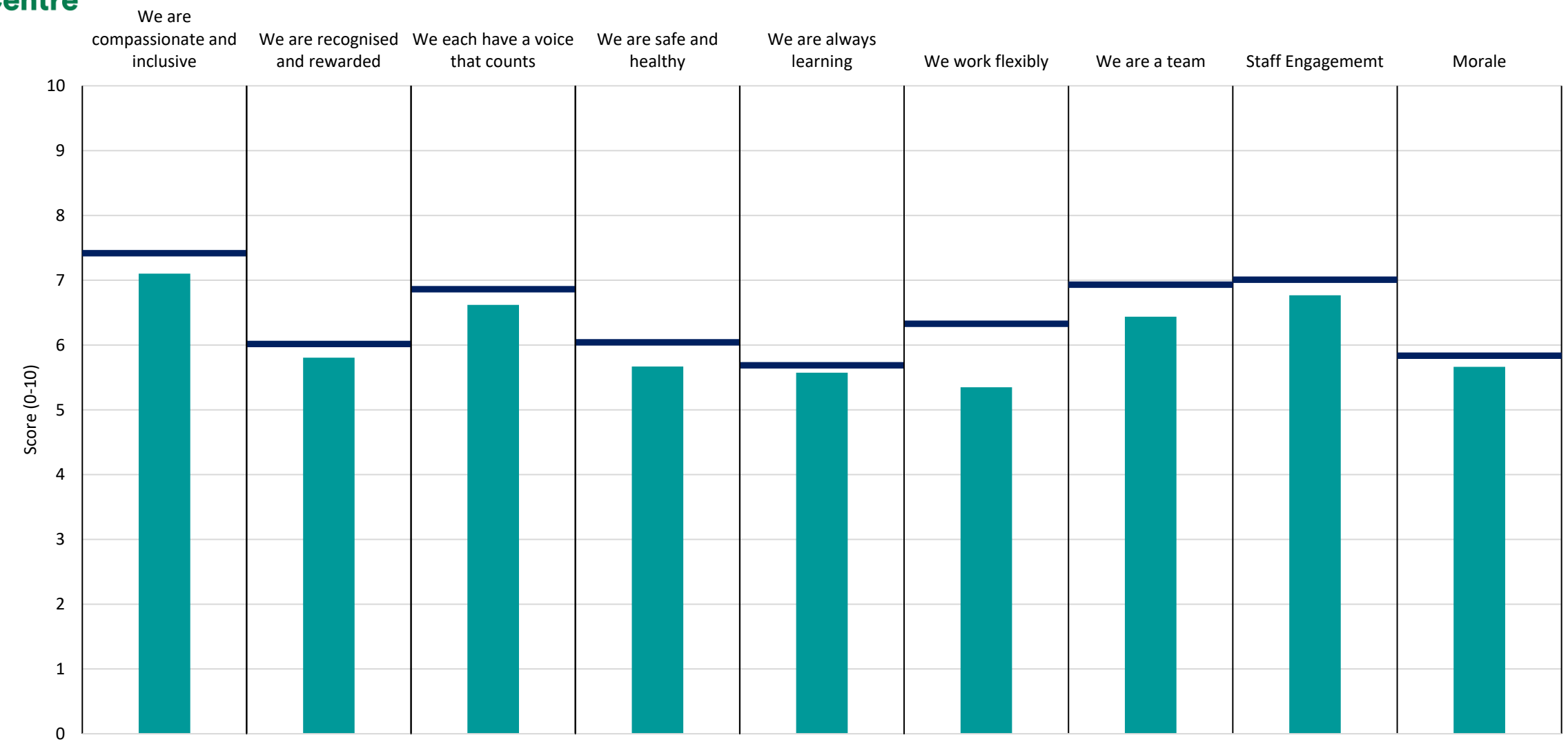


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	6.8	5.4	6.3	5.4	4.7	5.1	6.2	6.4	5.0
Your org	7.4	6.0	6.9	6.0	5.7	6.3	6.9	7.0	5.8
Responses	86	86	86	86	84	85	86	86	86

Survey Coordination Centre

Medical and Dental

NHS

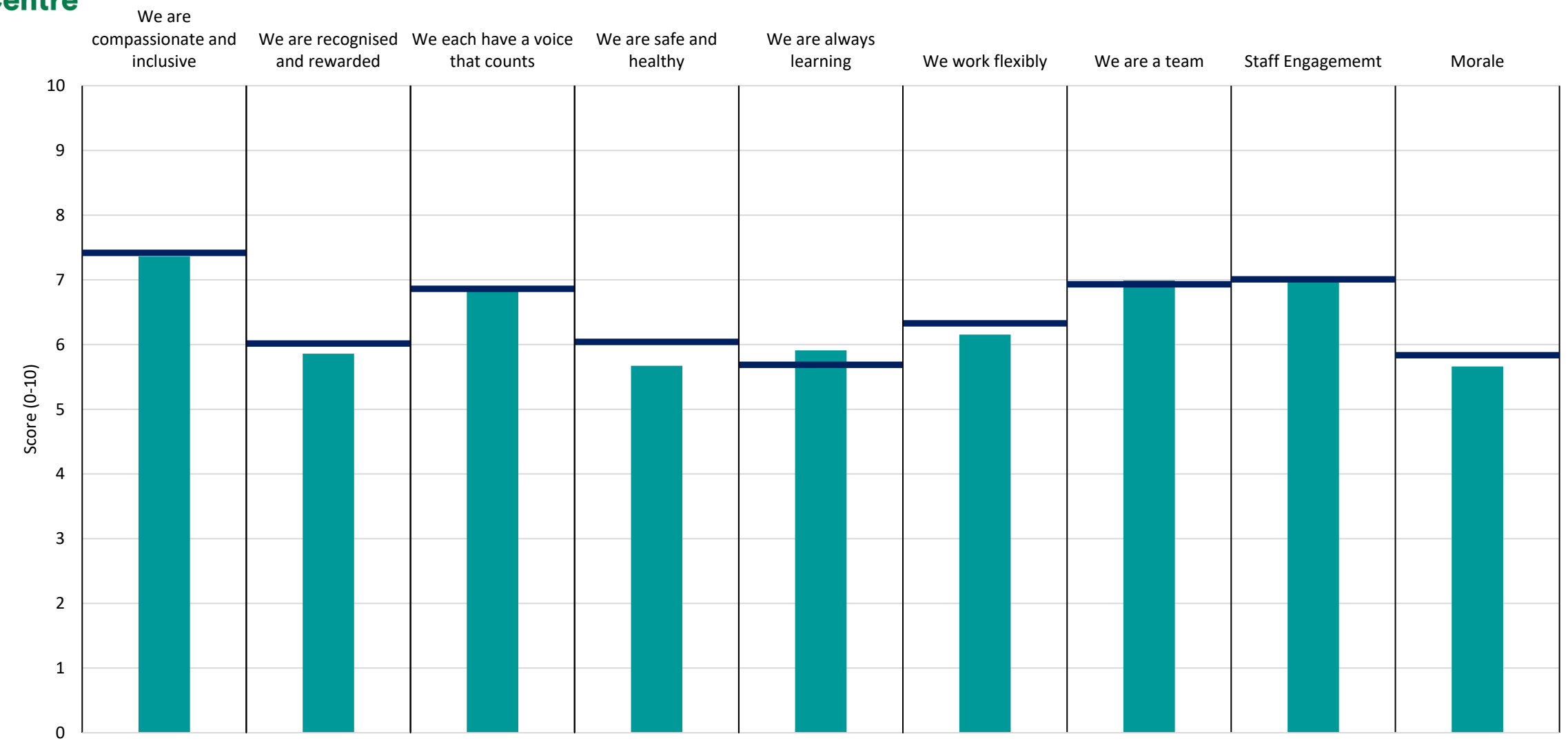


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.1	5.8	6.6	5.7	5.6	5.3	6.4	6.8	5.7
Your org	7.4	6.0	6.9	6.0	5.7	6.3	6.9	7.0	5.8
Responses	255	256	256	255	251	255	253	256	256

Survey Coordination Centre

Nursing and Midwifery Registered

NHS

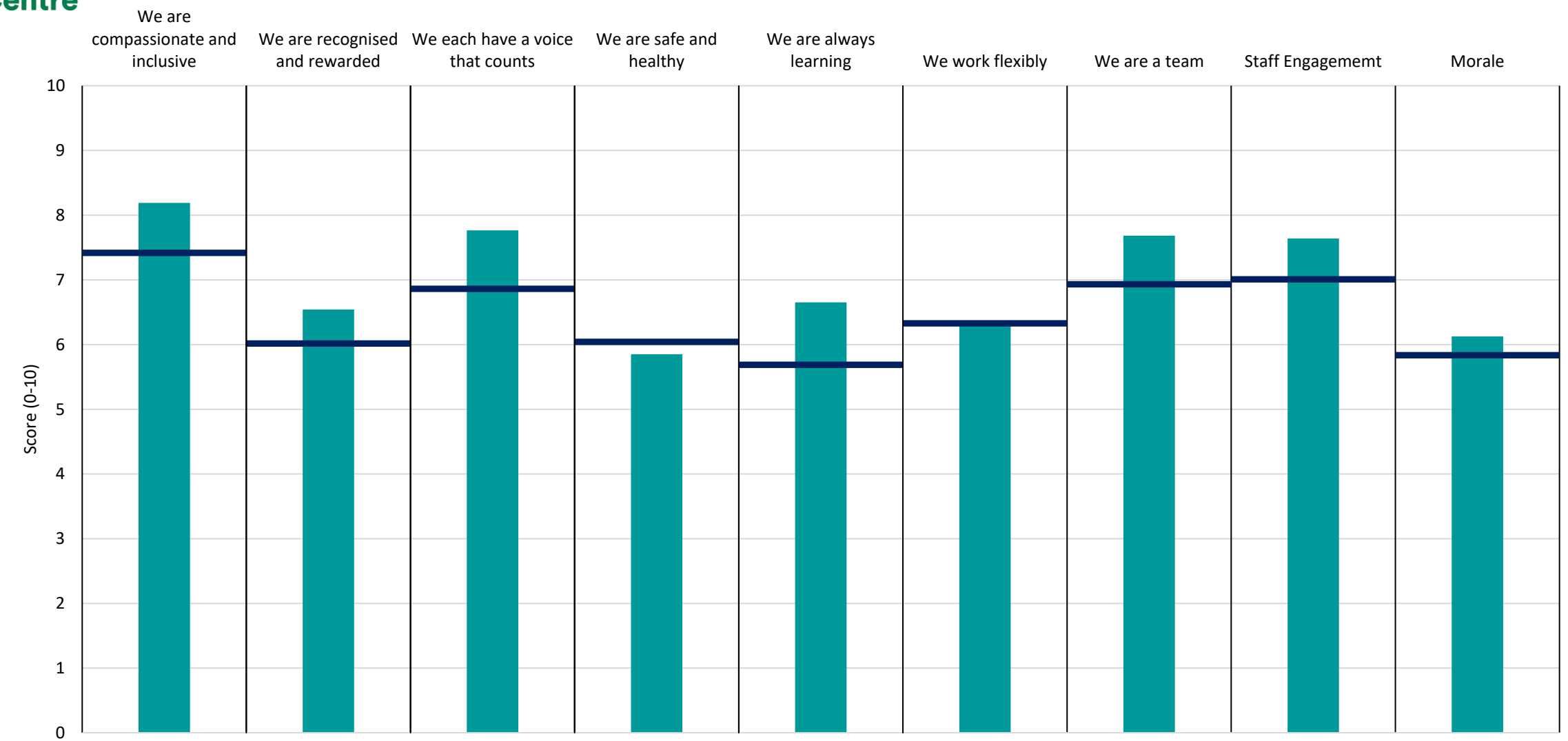


	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	7.4	5.9	6.8	5.7	5.9	6.2	7.0	7.0	5.7
Your org	7.4	6.0	6.9	6.0	5.7	6.3	6.9	7.0	5.8
Responses	1156	1154	1144	1153	1125	1148	1151	1156	1156

Survey Coordination Centre

Students

NHS



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagememt	Morale
Breakdown	8.2	6.5	7.8	5.8	6.7	6.3	7.7	7.6	6.1
Your org	7.4	6.0	6.9	6.0	5.7	6.3	6.9	7.0	5.8
Responses	12	12	12	12	11	12	12	12	12

Meeting: Trust Board Meeting in Public

29 March 2023

Agenda item	Wycombe Tower
Board Lead	Chief Commercial Officer
Type name of Author	Commercial and Property Services Team, Director of Strategy
Attachments	Appendix 1 (within report)
Purpose	Approval
Previously considered	n/a

Executive Summary

The Trust has a clear vision for the development of Wycombe Hospital so that it remains a focal point for the local population. However, the poor and deteriorating condition of the Wycombe Tower, which is the oldest part of the Wycombe Hospital site, is of immediate concern given its poor condition and that it houses critical infrastructure to the running of the hospital. This paper seeks approval for an immediate start to a programme to decant the Wycombe Tower and redevelop the site to provide modern healthcare facilities over the next five-year period.

Decision	The Board is requested to approve the decant of the Tower, moving services out in phases as soon as alternative provision of accommodation is sourced and capital funds are available.

Relevant Strategic Priority

Outstanding Care ☒	**Healthy Communities** ☒	**Great Place to Work** ☒	**Net Zero** ☒

Implications / Impact

Patient Safety	New and refurbished estate that is compliant and safe.
Risk: link to Board Assurance Framework (BAF)/Risk Register	Any redevelopment plan will resolve BAF and Risk register for the Wycombe site over the next 5-10 years. Principal Risk 7; Failure to provide adequate buildings and facilities CRR 56; Wycombe Tower (external) CRR 184; Wycombe Tower (internal) CRR 190; Ward 2a
Financial	Risk reduction and efficiencies can be seen with modern fit for purpose buildings and environments. However, FRIS16 implications need to be understood. Treasury business case standards will be required.
Compliance Select an item. Select CQC standard from list.	New and refurbished buildings will satisfy the CQC standards.
Partnership: consultation / communication	Strategic partnership involvements are required externally and well as consultation internally.
Equality	Equality of healthcare is one of the reasons to pursue the clinical and Estate strategies.
Quality Impact Assessment [QIA] completion required?	Quality impact assessments will be required with each future business case.

1 Background

The Wycombe Hospital site is located in the centre of the town and is strategically important in serving some of the most deprived communities in the county. The Trust has a clear vision for development of integrated hospital and community services located on that site so that it remains a focal point for the local population, including in the last few years, expanding the breadth of services available through its urgent treatment centre and a GP surgery on site.

The Trust completed a detailed appraisal, comprising of a programme business case for both of its two main hospital sites in Wycombe and Aylesbury and has a clear roadmap for bringing its facilities into suitable condition for modern healthcare. Wycombe Hospital Tower is the oldest part of the Wycombe Hospital site and is of immediate concern given its poor condition and that it houses critical infrastructure to the running of the hospital. This paper seeks approval for an immediate start to a programme to decant the Wycombe Tower and redevelop the site to provide modern healthcare facilities over the next five-year period.

2 Problem

Wycombe Hospital has been developed over the last fifty years organically in four phases. Phases 1 to 3 buildings were built between the mid-1960s and the mid-1970s. Phase 4 of the site was built decades later through a PFI agreement. The Wycombe estate overall has nearly £100 million of 'backlog maintenance' on the site. Wycombe Tower houses an ICU; 3 operating theatres; an endoscopy suite; various administrative and training areas, helpdesk and telephony, and a cardiac ward.

The cardiac unit has some of the best clinical outcomes in the country, but we have to daily manage and mitigate significant risks with ventilation, poor lay out and failing flooring. These structural deficiencies have led to an unresolved improvement action from the Care Quality Commission. Furthermore, modern fire regulations determine that no inpatient care can be provided above the second floor. Plant facilities in the Tower are also an issue with resilience of the utilities a concern if they break down.

We are continually assessing through surveys, both the external and internal structures of the Tower. The Tower's external structure has come to the end of its' life and is currently protected by a scaffold encasing the building to make it safe. The internal structure is also being assessed continuously due to water ingress that is causing leaks, exterior cladding degradation, obsolete infrastructure, poor ventilation and internal non-compliance of the services in the building. The Tower is costing the Trust approximately £2M per year to maintain it to a safe standard (including scaffolding and repairs) and ensure that that clinical services can continue to be safely delivered from there whilst we seek alternative accommodation. If we take no action, the building will cost so much to maintain and be so compromised that clinical services will become untenable. It will no longer be fit for clinical use. Consequently, we need to start to decant the Tower now. Photos of the current state of Wycombe Tower can be found at Appendix 1.

3 Possibilities

A Wycombe site that is fit and appropriate for the 21st century is a core part of our strategy to serve the local community and deliver the best clinical outcomes in the most effective and efficient way possible. We need to consider how best to address the immediate concern of the Wycombe Tower to ensure key services such as theatres, ICU, cardiac, stroke and maternity are delivered in facilities that the community deserve and expect.

As a first part of a strategic phased plan process, the programme business case was presented to the Board in July 2022 and identified different options for clinical use of the site. Further work with health planners has narrowed these options into a discrete set of principles

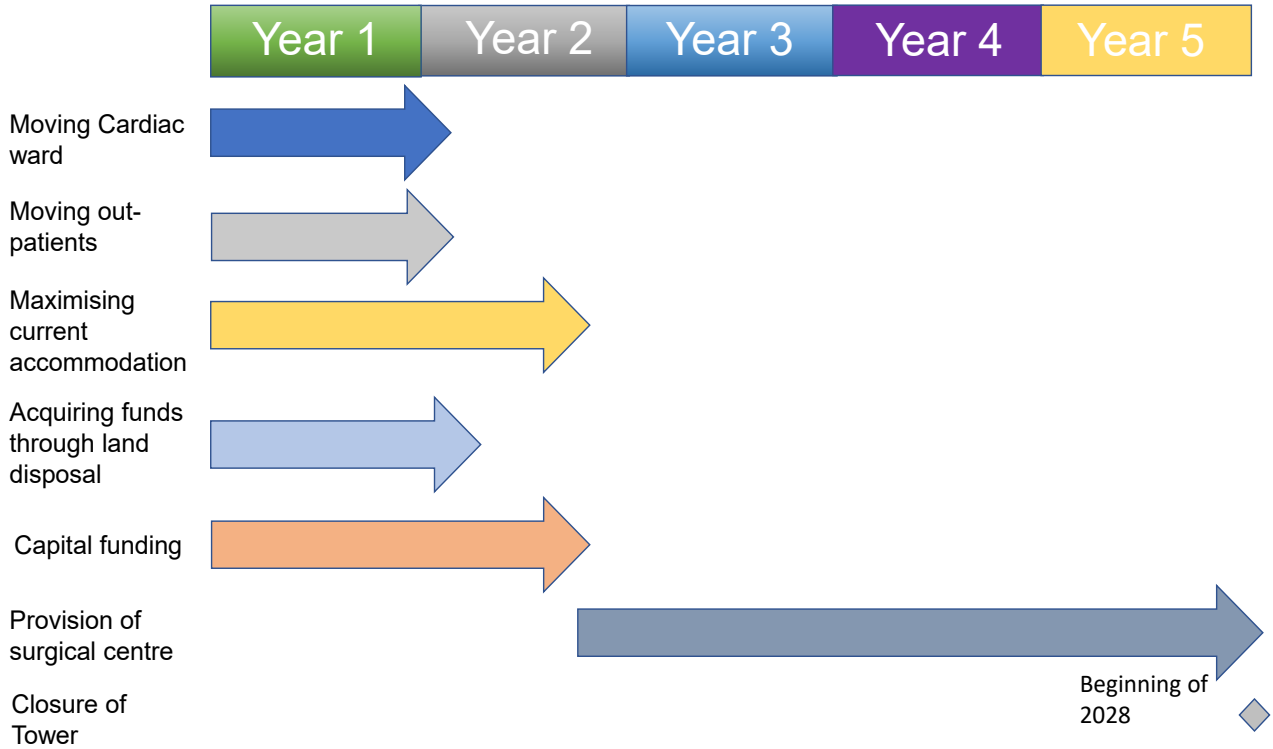
Overarching criteria that we will use for the decant of services are as follows:

- **Clinical need** – is the environment safe and accessible for patients?
- **Deliverability** – is the solution plausible, can it be delivered, is it best value for money?
- **Timescales** - can the alternative solution be developed in line with the timescales set for the decant?
- **Affordability –** given the limited funds available, is the proposal affordable?

It is clear that the highest priority service for a decant move from the Tower is the cardiac ward which is not CQC compliant and needs to be urgently re-housed. We also need to address significant concerns with the infrastructure of our theatres and will seek to apply for national funding for a new Surgical Centre at the Wycombe site. This will drive productivity, quality, and efficiency towards meeting national targets for surgery, and support in our aspiration to achieve accreditation as one of the region's surgical hubs for planned care.

We will seek to move some out-patients services to better quality environments on the Wycombe site and consider other models such as "Health on the High Street" where applicable to do so, subject to appropriate engagement with the staff and public. We will endeavour to maximise the use of current buildings on the site so that it minimises expenditure and upheaval on the site. Any opportunities for disposal of excess land will be taken into consideration to invest in site development and new facilities.

Below is an indicative plan of the timescales and steps required to decant the Tower.



Though costs have not been completely scoped out yet, the next stage is to work up specific business cases for each element. These business cases would be funded from public funding, once the scheme has been formally recognised as in the national NHS build programme. Indicative costs for key elements of the decant are as follows

Moving Cardiac ward out of Tower £8M

Maximising current accommodation	£20M
Provision of Surgical Centre	£172M (under review)

The total programme cost will be in the region of £200 million.

4 Proposals, conclusions recommendations and next steps.

We recommend to the Board that we begin the programme of decanting the building now because over the next 5-year period, the building will be in such a compromised condition caused by deterioration of the internal structure that it may not be possible to keep it running through patching it alone and potentially will no longer be suitable for clinical use.

Whilst we have made an application to the New Hospital Improvement Programme, the associated decant plan will require more capital that is available through the Trust's annual allocations. As such, the full programme will need to be built in partnership with colleagues in the Integrated Care Board (ICB) and NHS England, South East.

5 Action required from the Board

The Board is requested to approve the decanting of the Wycombe Tower as a key priority for 2023/24, and delegate to the Finance and Performance Committee oversight of the detailed programme plan, including resourcing, in quarter 1.

Appendix 1 – current state of Wycombe Tower

Meeting: Trust Board Meeting in Public

29 March 2023

Agenda item	Organisational Risk Report
Board Lead	Chief Executive Officer / Chief Nurse
Type name of Author	Joanna James, Trust Board Business Manager
Attachments	Corporate Risk Register (CRR) Board Assurance Framework (BAF)
Purpose	Assurance
Previously considered	EMC 14.02.2023 Audit Committee 02.03.2023

Executive Summary

This report provides an overview of current risk within the organisation, considering both strategic and operational risks as well as the Trust's risk appetite for each of the strategic objectives.

This is the first iteration of this summary report which is intended to support strategic level risk discussion and decision making. As this is the first iteration, it provides a snapshot of the current risk profile of the Trust. It is intended that further reports provide oversight of risk movement.

At the time of writing the report, the Trust was carrying a high level of risk related to quality and performance, significantly above the Board's appetite for such risk. This was similar related to finance, children's services and buildings and facilities. In the past month, there has been some movement in risk, the majority of risks have been reviewed by owners and a small number of actions are currently overdue. Meetings are scheduled to discuss these.

With regards to work ongoing within the wider Trust, external Risk Management Training has been secured by the Associate Chief Nurse for Governance and Regulatory Compliance. This will be delivered by RSM during Q4 (2022-23) and Q1 (2023-24) and aims to enhance knowledge around the articulation of risks, understanding of controls, risk assurance, scoring and creation of effective actions. Initial training sessions have yielded good subjective feedback. Robust management of attendance lists is in place to ensure all relevant colleagues attend; 240 places have been secured with an initial focus on divisional triumvirates and governance leads.

A review of the Risk and Compliance Monitoring Group (RCMG) has been planned to ensure this delivers its purpose effectively and relevant colleagues attend on a regular basis. This is in addition to ongoing work re: organisational governance and performance structures including divisional meetings led by the Chief Nurse and Chief Operating Officer.

Following a recommendation by the Trust internal auditors, individual risk profiles will be presented to all Board Committees on a regular basis from April 2023.

The Executive Management Committee considered this report on 14 February 2023 and welcomed the visual presentation of risk against the Trust risk appetite. The Committee agreed there was work to do to apply this to work undertaken by Board Committees. The risk score related to Objective 4 (Ensure children get the best start in life) was highlighted as 16 noting there was just one risk listed within the Corporate Risk Register within this area. The Committee were informed that the planned risk management training and review of governance structures would support better aggregation of risk. Further narrative was added to this paper following EMC to support analysis of information.

The paper was considered by the Audit Committee on 2 March 2023 who welcomed the overview of risk and the impact on risk conversation; the Committee noted the low levels of risk related to work with partners, children and population health and that this may be reflective of the maturity of work in these areas. The strengths in Place-based working were acknowledged.

Decision	The Committee is requested to note the contents of the report and consider amendments to the reporting format to optimise future use.

Relevant Strategic Priority			
Outstanding Care ☒	**Healthy Communities ☒**	**Great Place to Work ☒**	**Net Zero ☒**

Implications / Impact	
Patient Safety	The highest number of operational risks have been mapped to the Trust ambition to 'meet/exceed quality and performance standards'.
Risk: link to Board Assurance Framework (BAF)/Risk Register	This paper attempts to highlight and map risks from the Corporate Risk Register (CRR) aligned to the Trust's strategic objectives and principal risks.
Financial	Two risks from the CRR are mapped against the objective to 'deliver a financially sustainable plan'.
Compliance CQC Standards Good Governance	An effective, comprehensive process is required to be in place to identify, understand, monitor and address current and future risks to the organisation
Partnership: consultation / communication	No CRR risks have been mapped against the objective to 'work with partners and engage people'.
Equality	Specific attention to issues related to equality are considered in relation to the Trust ambition to 'reduce health inequalities' and 'deliver people priorities'.
Quality Impact Assessment [QIA] completion required?	n/a

1 Introduction

The purpose of this report is to provide a summary of current risk within the organisation considering the detail of both those risks within the Corporate Risk Register (CRR) and the Board Assurance Framework (BAF).

The report maps operational risks against the strategic objectives and provides a risk management KPI dashboard. Further iterations of the report will also provide a clear overview of risk movement as additional months of data are added.

2 Risks mapped to Strategic Objectives

The table below lists the nine Strategic Objectives of the Trust as documented in the BHT Strategy 2025. For each objective, the risk appetite of the Board is noted, the number of high scoring operational risks within the CRR and the risk rating of the relevant Principal and CRR risks (maximum, minimum and average for the latter). This is intended to provide a more global overview of the risk portfolio in each area.

No.	Strategic Objective	Risk Appetite (max. 5)	Principal Risk RR*	No. of Corporate Risks mapped to Objective	Maximum RRR** (Corporate Risks)	Minimum RRR (Corporate Risks)	Average RRR - Mean (Corporate Risks)
1	Consistently meet or exceed quality and performance standards	2.5	12	6	25	12	18
2	Deliver a financially sustainable plan	2.5	12	2	20	12	16
3	Work with partners and engage people	4	9	0	-	-	-
4	Ensure children get the best start in life	2.5	12	1	16	16	16
5	Use population health analytics to reduce health inequalities and improve outcomes	4	9	0	-	-	-
6	Improve the wellbeing of communities						
7	Deliver People priorities	2	12	3	15	12	13
8	For buildings and facilities to be great places to work	3	16	6	20	9	16
9	Maximise opportunities for improving, sharing good practice and learning	4	9	0	-	-	-

**RR – Risk Rating; **RRR – Residual Risk Rating*

The amber and red colouring is intended to highlight those areas of most significant risk.

As per the table:

- Objectives 1 (quality and performance) and 8 (buildings and facilities) carry the highest number of CRR risks with risk ratings of 12 (strategic) and 18 (average corporate) and 16 (strategic and average corporate) respectively.
- Objectives 2 (finance) and 4 (children) also carry risk ratings of 12 (strategic) and 18 and 16 (corporate) respectively but have significantly fewer corporate risks attached.

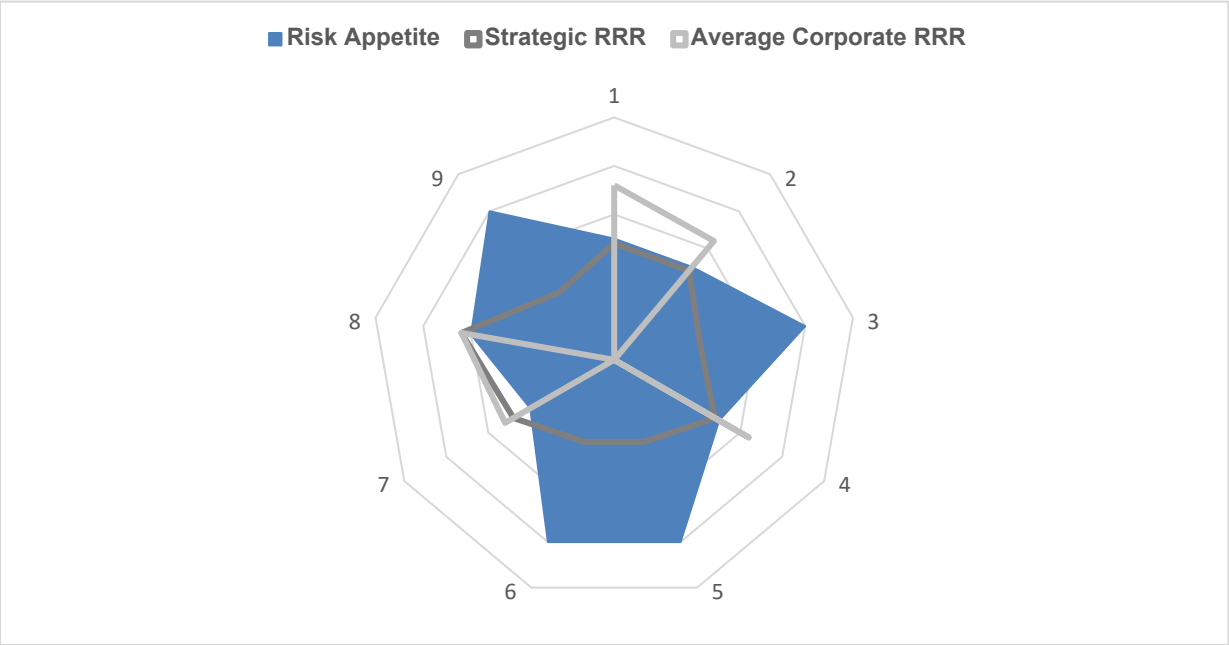
- Objectives 3 (partners) and 9 (learning and improving) carry a moderate strategic risk rating with no corporate risks.

The next iteration of this report will also provide detail on the length of time risks have been open within each area.

3 Risk Appetite

The below diagram displays the residual ratings for each strategic risk and the average risk ratings of corporate risks against the Trust risk appetite demonstrating where these are aligned.

This diagram provides a snapshot of current risk against the appetite but will also be able to provide information on how the risk profile of the organisation has changed over time going forwards.



Objective 8 (buildings and facilities is the only area where the level of risk is broadly in line with the Board's risk appetite. The Trust is currently managing slightly more risk that it has an appetite for related to children (objective 4) and our People (objective 7).

In line with the current statement, the Board has an appetite for more risk related to working with partners (objective 3), use of population health analytics, reducing health inequalities and improving community wellbeing (objectives 4 and 5) and related to innovation (objective 9).

The Trust is currently managing significantly more risk related to quality and performance (objective 1) and finance (objective 2) than the Board's appetite in these areas.

4 Risk Management KPI Dashboard

The table overleaf provides high level information on how risk is being managed each month. For more detail on each specific risk, the CRR and BAF papers are included as an appendix.

Month	% Strategic Risks reviewed*	% Operational Risks reviewed*	% Actions Overdue	Balance of assurance Internal v External	Number of new risks	Number of closed risks	% risks with increased scores Strategic	% risks with reduced scores Strategic	% risks with static scores Strategic	% risks with increased scores Operational	% risks with reduced scores Operational	% risks with static scores Operational
Feb 2023	100%	100%	12%	Med.	0	0	0%	0%	100%	0%	22%	78%

**Since last report to Committee*

At the end of the month of February:
- All risks were reviewed.
- 12% of actions were overdue related to operational risks.
- The balance of assurances across both registers was considered to be medium.
- No new risks were escalated for inclusion in the CRR and no risks were closed.
- There was some movement in operational risk scoring (noting comments made by EMC re: risk related to ED flow and overcrowding).

4 Action required from the Board/Committee
The Committee is requested to:

a) Note the contents of the report.
b) Suggest amendments to the reporting format to optimise the use of this paper, noting further work is underway to develop this as single risk paper.

APPENDICES
Appendix 1: Board Assurance Framework (BAF) Report
Appendix 2: Corporate Risk Register (CRR) Report

Corporate Risk Register Report

1. **Purpose**

   This report provides an update on the Corporate Risk Register (CRR) (Appendix 1).

2. **Background**

   The CRR is reviewed monthly with the risk owner or relevant representative to consider the score, mitigations, gaps in control, actions update and progress update. Additionally, monthly reviews are completed with executive directors for risks within their portfolios. The process for the CRR is that all new and current risks scored at 15 or above on the Divisional and Corporate Service risk registers are reviewed and reported on at the Risk and Compliance Monitoring Group (RCMG) every month. The RCMG review guides the Executive Management Committee (EMC) in moderating risks for escalation or de-escalation onto and from the CRR.

3. **Updates**

   There are currently 18 risks on the CRR as transferred onto the Datix system. Quality assurance work (including updates) is carried out monthly through the RCMG as per the policy.

4. **New risks added to the CRR since the previous report**

   None.

5. **Risks removed from the CRR since the previous report**

   None.

6. **Risk actions**

   Risk actions are monitored monthly during RCMG meetings. The risks where the actions have not been articulated are in the process of being reviewed as a part of the risk quality assurance work. Work is underway on the format of the risk update report which will be presented to EMC in April.

7. **Updates on the risk management process:**

   All the corporate risk register risks are on the Datix system. The Associate Chief Nurse has been carrying out the quality assurance work as a part of the monthly risk review activity.

8. **Review of divisional governance meetings**

   Scoping activity has been undertaken to review the structure of Divisional Governance meetings to standardise and strengthen the discussion in these meetings. Along with other governance elements, the governance meeting agendas will incorporate the moderation of the divisional risk register.

9. **Recommendation**

   The committee is requested to note the report.

10. **Appendices**

    Appendix 1: CRR (risk description; key controls and gaps in control)

    Appendix 2: Heat Map

ID	Title	Description	Rating (initial)	Key controls	Rating (current)	Gaps in controls
118	The SMH main HV/LV electrical supply is insufficient for the current needs of the Estate and is not resilient.	Expansion of services and additional buildings/equipment at the SMH site is placing a demand for power greater than the supply cable is capable of delivering. Additionally, due to corrosion on the existing equipment, the installation of new transformers, replacement switch gear and cables is also required. If external supplies fail, the internal back up support generators will only support the power needs of the site for 4 hours. This will affect all clinical and non clinical services.	25	A generator supply system will provide emergency power to all of the site. Individual medical equipment will not be changed as it has limited battery back up for approximately 30 minutes. The project plan in place to re-structure the power supply systems to provide secure services. New cabling and switch gear, transformers and distribution panel have been installed. Commissioning testing is now being carried out of the new installations which requires further tests to be completed by the energy provide SSE.	5	1. Initial 4 hour back up generators will require extra fuel deliveries to allow continuation of generator support. 3. Supply Chain resilience.
226	There is a risk that the Trust's aged Emergency bleep system at Wycombe and Amersham will fail or not correctly transmit	There is a risk that the emergency bleep system at Wycombe and Amersham will fail due to its significant age before we cutover to the newly installed systems. Delay to rollout of the new emergency system has occurred due to working practice, which is such that the current legacy system is used for both emergency and non-emergency working practices. This cannot be replicated in the new system and negotiations with on-site teams to change ways of working is causing delay and extending this risk.	12	A number of 2-way radios 15 at Wycombe Hospital and 5 at Amersham Hospital to be deployed in the event of bleep system failure as per the standard BCP card.	12	None
234	There is a risk to the delivery of the 2022-23 Financial Plan due to insufficient financial envelop.	Trust cannot define/live within its financial envelope, impacting its ability to resource/deliver clinical, operational and strategic priorities (operational/revenue risk).	20	EMC, Finance Committee and Audit Committee scrutiny on the position of monthly financial cycle. Budget setting is complete for 2022-23 and is ratified by the Board. External financial review has been completed to support Trusts financial sustainability/recovery. 22/23 financial plan went to Board for approval. Revised plan submitted to ICS/NHSI in mid/late June 2022. Budget setting and monitoring processes in place. Monthly monitoring of CIPs. Financial deep dives are being conducted in each divisions. External meetings are held to discuss financial position and negotiate commission: - Meeting between CFO and NHSI - Fortnightly system meetings between providers and ICB - Monthly BOB Senior Finance Group CFO meeting - NHSE Southeast CFO Meeting minutes- quarterly	12	Negotiate with commissioners regarding 2022-23 income allocation.
50	Vacancy rates within midwifery workforce	Target set to reduce midwifery vacancy rate to 5% by December 2022 in order to implement full midwifery continuity of care. With the national shortage of midwives, there is a risk that we will be unable to meet this vacancy level. The impact of working through the Covid-19 pandemic and an ageing workforce has lead to increased turnover in these areas. NOTE: Unmitigated risk score input incorrectly - this should have been 20 (not 15).	15	•Performance management of Recruitment Service - Strategic Workforce Committee. •Performance management of Divisions • Performance management of NHSP to ensure quality of temporary staff and high proportion of bank rather than agency staff. •Daily safe staffing huddles to identify and review hot spots to assure that safe staffing levels are maintained at all times, with the supply of bank/temporary workers as a mitigation if required • Recruitment plan for all midwifery posts monitored on a monthly basis." Included nursing(RN) staff within the midwifery workforce Recruitment of international midwives. Birth rate plus system in place to monitor safe midwifery levels. Bank and agency staff in place to backfill the vacancy.	12	1) Midwifery establishments have been increased. This has increased the permanent vacancy levels for substantive roles. Developing maturity in the workforce pipeline.

82	This is a Risk of Poor Flow out of ED leading to Crowding in the department and patient's being treated in ED overflow areas.	On a daily basis ED has seen increase in attendances and lack of flow out of the department. On occasions there are up to 100 patients in the department. This results in long waits to be seen, delays in ambulance off-loads, delay in assessments and treatment of critically ill patients (which may result in patient harm) and poor patient experience. Previous CRR number 150	25	- 3 hourly ED huddles are carried out to review safety and quality of care in the department. - The departmental leads are reviewing capacity opportunities for assessment areas (EDDU). - The ED coordinator and Lead Nurse attends site meetings for escalations and support. - Daily Senior Nurse Meeting are held Monday to Friday, chaired by the chief Nurse where risk to quality and safety is escalated. - Escalation Tool and Crowding Tool is utilised as appropriate. - Activation of Full Hospital Capacity Protocol when needed. - ED Improvement Programmes on EDDU, UTC, WIR and Ambulance RAT are in progress to improve efficiency and effectiveness (through PRISM and UEC Board).	12	Inconsistency in admission avoidance activity. Inconsistent compliance of formalised pathways out of ED. Assessment areas are being utilised to bed patients that require admission. Discharge Lounge: Not being utilised by the wards to its full capacity. No bed space available in the discharge lounge. Internal Professional Standards - timely speciality review and patient movement out of the department is not consistently followed. Increased number of patients in inpatient wards who do not meet the criteria to reside. Workforce model and skill mix review that was carried out to meet the current service demand needs to be signed off by the EMC and workforce committee.
92	Radiology reporting delays	There is currently a significant backlog of unreported scans CT and MRI scans across BHT. This is largely due to the national shortage of radiologists and changes to HMRC rules on pension contributions. Due to the HMRC changes consultants are incurring higher tax charges for any additional work they undertake outside their job plans. Ad hoc extra hours, insourced reporting and traditional waiting list initiatives are financially unattractive for some due to these tax changes, with the consequence that some consultants have reduced their out-of-job planned activity within their Trust and some are declining insourcing. This results in a scenario where some consultants choose to report work from other Trusts via a teleradiology company rather than report insourcing work from their local department. In turn, this exacerbates the reporting backlog. -In the last six months, delayed reporting has increased exponentially from May 2022- 3,407 to peak in September 2022 at 11,439. However, activity has remained mostly constant and has not contributed to increased delayed reporting. Radiology has 4500 patient attendances across all BHT (Buckinghamshire Healthcare Trust) per week.	20	- Urgent and 2WW scans that await reporting are placed on a separate reporting list and allocated to reporting consultants in their urgent/2WW and cold reporting slots to reduce the risk of lengthy delays. However, this can cause further reporting delays with the routine reporting. - Some of the services such as cold reporting and non-urgent lists are cancelled or delayed facilitating the urgent services. - Out of Hours reporting is outsourced through 4-way (8pm - 7am). - Harms review has been carried out when providing assurance update to the EMC (on 28th Nov 2022). - All consultants have been asked to document any cases of harm via the governance process and to escalate any urgent scans via an email in radiology admin.	12	1. Shortage of 2 Radiologist currently. 2. Huge backlog of unreported/delayed reporting for scans across the Trust
51	Workforce - nursing	A shortage of registered and unregistered nursing staff , which results in high reliance on temporary staffing (Bank and Agency) in some areas which could impact on the quality of patient care, the wellbeing of permanently employed colleagues and the Trust financial position. NOTE: Unmitigated risk score input incorrectly - this should have been 20 (not 15). There is an increase in the HCAs by 150 in Oct 2022 due to complexity of patient requirement and changing demographics.	15	• Performance management of Recruitment Service - Strategic Workforce Committee. • Performance management of Divisions • Performance management of NHSP to ensure quality of temporary staff and high proportion of bank rather than agency staff. • Daily safe staffing huddles to identify and review hot spots to assure that safe staffing levels are maintained at all times with the supply of bank/temporary workers as mitigation if required. • Recruitment plan for all registered nursing and HCAs" Retention strategies to help reduce the vacancy rates Dedicated programme of work to reduce the HCA vacancy rate in 2023-2024	15	1) The impact of working through the COVID-19 pandemic and an ageing workforce has led to increased turnover in some areas. 2) Nursing establishments have been increased in some areas for f/y 2022-23 as part of the safer staffing review work. This has increased our permanent vacancy levels for substantive roles.

93	There is a risk that the trust will be non compliant with cancer performance standards	For 12 consecutive months, the trust has been non-compliant with the 62-day standard due to various contributing factors such as the number of referrals above baseline, the backlog created by Covid, delay in diagnostics, Theatre capacity, and not having enough trackers in the team.	20	Twice weekly 62+ report focusing on the next steps, actions sent to DDS and GMS. MBI appointed for tracking and validation, starting 14/09/22. Trajectories for each tumour site have been developed. Trajectories to manage backlog over 62+ have been developed and are shared on a weekly basis with NHS England. Significant effort is being made to reduce the number of long waiters >104 days and patients in 63-103 cohorts. Ongoing involvement and collaboration from TVCA. Capacity and Demand analysis complete Processes have been aligned with ICS peers Skin cancer centre in Amersham opened Diagnostic pathways have been revised Revise and agree data-driven SLA's with tertiary provider MDT coordinators and Tracker to be trained by TVCA on both tracking and validation. Data Quality process in place Draft BHT Cancer Access Policy - approved by cancer board Improvement:	16	Awaiting Infoflex bolt - work in progress Implement new processes to reduce requirement for validation - in progress Harm review process to be implemented for patient over 104 days. Consistency of tracking and validation of PTL. All SOPS to be reviewed
36	There is a limited interventional Radiology (IR) Service within BHT	There is currently limited IR Service across the whole of BHT. Room 12 - IR Suite SMH - Works have started and will likely take a minimum of 16 weeks to install. Room 3 - Fluoroscopy WH - As of 17/01/2023 the equipment in room 3 has been condemned. The condemned equipment is to be ripped out, and the room will then be used for other radiological procedures, ultrasounds, PICC lines etc.	20	Lists have been reviewed to determine which cases are urgent and which are routine - Booking patients as per urgency and long waiters. Routine referrals are open. there is communication to the referrer- re current wait and alternative. Room 12 equipment currently being installed and is on schedule. Urology patients requiring urgent and emergency procedures are transferred over to SMH site and moves back to WH - based on bed capacity.	16	Room 12 - New equipment and air handling unit required. Room 3 - Replacement equipment to be approved- Business case has been sent for approval. Complex/urgent urology patients from the WH site are required to be transferred to SMH and potentially require bed space.
43	Insufficient PDU Capacity.	Insufficient capacity within the PDU footprint for ongoing treatment of children and young people leading to periods of overcrowding leading to assessment and treatment of children in non-clinical environments increasing clinical risk and adversely affecting patient experience.	20	Implementation of Guideline 279. Nurse training in triage. Streaming of UTC Pathway/Minor Injury and Illness to reduce activity through PDU Ambulance screen (through SCAS) direct to PDU. Use of Corridor 5 Outpatient area to assess and treat children out of hours. During times of surge Corridor 5 can be used as an additional clinical area. Paediatric Senior Nurse on call rota to support clinical staff out of hours with decision making. Monitoring and responding to safer staffing. Increase in staffing at peak times/activity to maintain patient safety Liaise with ED daily to mitigate UTC staffing where possible	16	New build opening in November 2022 to provide additional paediatric capacity Reliance on temporary staffing to provide UTC pathway leads inability to provide a consistent service

119	There is a risk that patients are not being followed up appropriately due to being on the 'on hold' list	Previously PA27 A review of data (captured in June 2022) demonstrates 116,575 “on-hold” records dating back to 2013 affecting a total of 108,458 patients, many of which have multiple simultaneous “on-hold” episodes. These include: >6,600 records with no recorded clinical outcome >11,000 records awaiting a clinical action or decision following an investigation >39,000 records awaiting a clinic appointment (including >13,000 cases who have been waiting >12 months). In total, of these 116,575 records, >75,000 records should be considered as inappropriate and require further action. Of concern, >6600 records were classified as “awaiting outcome form” with the oldest dating back to September 2015. This may be the result of the absence of an outcome form or the failure to transcribe instructions from a clinician, but raises the possibility that the action intended by a clinician has not be executed resulting in the failure of a patient’s care to progress. The presence of an “on-hold” category of “awaiting outcome form” is concerning as by assigning these cases as “on-hold”, it would seem to obscure the fact that the consultation has no clinical outcome and thus there is no record within CareFlow EPR as to the next step in the patient journey. This should be considered a potential source of significant clinical risk as the clinicians’ intention is not known and the patient is not visible to other potential safety net processes. The potential clinical risk within this cohort is unclear. Further analysis of this cohort demonstrates that 3,414 of these 11,672 records are referrals prioritised as under the “two week wait” pathway: it is probable that these cases have been tracked by alternative processes, however there is not a similar safety net for the other 8,258 records.	20	Manual recoding and escalation reporting via APMG and live escalation reports, a weekly meeting with each ops team to discuss pressures. 6 week booking model and reporting introduced 2021 to allow operation teams to plan their capacity demand more effectively. Task and Finish group which meets regularly has been set up to focus on resolving this	16	Avoid further accrual of inappropriate ‘on-holds’ •Trust-wide review of the “out-patient” journey with the intended outcome to: odefine of roles and responsibilities of the various stakeholders oensure the presence of appropriate escalation and assurance processes. •Develop patient pathway management/tracking processes, including the administration of all “clinical touchpoint” in the patient journey with clear definition of the responsibilities of different stakeholders, such as omonitoring those awaiting investigation results oco-ordinating the “planned admission PTL” with out-patient streams. oescalating all cases for administrative and/or clinical review at the point they become “inappropriate” •Review of the current list of “hold” reasons, with the removal of o“Awaiting outcome form” o“Open-door”, and “Patient Initiated FU” o“COVID-19” o“Out-patient Long-term Review” o“Planned OP procedure” Address historic backlogs •Validation of cases, by Performance and Quality team, to improve data quality (following initial pilots with clinical audit and oversight of processes prior to mass implementation (detailed in Appendix 9) •Immediate clinical validation of case of “on-hold migrated records” by SDUs •Completion of cases “awaiting outcome form” by SDUs •SDUs to develop proposals to review cases “awaiting diagnostic/treatment/ test results”
184	The ageing WH tower Block is showing signs of interior deterioration which is challenging to maintain.	The ageing WH tower Block is showing signs of interior deterioration which is challenging to maintain in a condition that is suitable for modern healthcare provision. Asbestos is present throughout the construction including the floors, ceilings and service voids. Any remedial or improvement works are impeded by the presence of asbestos as this adds significant costs and risks to repairs and projects. Water pipework is old and has a lot of obsolete components. This is difficult to be removed under asbestos conditions which presents a legionella risk to staff and patients. Electrical infrastructure is now obsolete and is difficult to maintain and does not comply with HTM 06. All Patient services could be affected by failures in the electrical infrastructure. Patient environment experience i.e., space, door widths and access are not compliant with modern healthcare standards (HBN’s) and Equality Act. This compromises quality patient experience. Ventilation was not a major design requirement when the building was constructed. The current levels of ventilation are not compliant with current standards for healthcare services. As a result, patients and staff may be exposed to airborne infection and be affected by excessively high temperatures during periods of hot weather.	25	•Asbestos surveys and register in place •Annual review •Asbestos analyst available •All projects done under controlled conditions •Continuous water testing • Flushing regime in place •Monitored by the Water safety Groups and IPC •Water Safety Policy in place •Water Authorising Engineer appointed •Maintenance and inspection programmes in place •Electrical Authorising Engineer appointed •Generator cover available •Authorised Persons (Electrical) in place •Clinical services are having to adapt to the environment by providing equipment that is not necessarily the best choice for the patient. •Portable Air Purifying Units in place •Portable A/c units available •Ventilation policy in place •Authorising Engineer for ventilation appointed •Ventilation validation carried out in Theatres •Hot weather plan and IPC guidance available to staff	20	Board seminar has agreed that the Tower should close at the earliest opportunity. The Trust is working on a re-location of services plan.
189	Risk of industrial action in relation to national pay award	Risk of industrial action in relation to national pay awards. Patient care may be impacted if the industrial action takes place.	12	Monitoring of communication from Unions, who are required to provide 2 weeks' notice of any industrial action. We will follow legal advice and guidance issued by NHS Employers. Trust response managed through EPRR- led by COO.	20	CSP has met the threshold for strike action at BHT. Action currently postponed whilst National talks continue. Union required to give 2 weeks notice for any future action. BMA junior doctors' mandate for industrial action still live- Union required to give 2 weeks notice for any future action.

190	Ward 2a environment non compliant with CQC Regulation 15- premises and equipment	The premises (building fabric) and equipment (CD cupboard; medication mixing facilities) are non compliant with CQC regulation 15 which stipulates that premises where care and treatment are delivered are clean, maintained and suitable for the intended purpose. This risk has been highlighted by the CQC (as environment not fit for purpose) and documented in their reports following last two inspections. If unresolved, there is a risk of: - Breach in regulatory compliance - Significant patients harm (i.e. IPC risk posed by inability to clean some areas on the ward, falls risk due to uneven flooring, risk of drug errors etc). - Adverse publicity. - Loss of public and staff confidence. - Continued deterioration of the ward environment despite temporary fixes.	20	1. Regular infection control inspections are undertaken as surveillance. 2. Ward staff vigilance in monitoring and reporting further environmental deterioration with specific regard to infection control, drug administration and patient falls. 3. Estates patchwork is undertaken as and when required to fix deterioration in some parts of the environment. 4. Steering group with key stakeholders chaired by Cardiology Clinical Governance Lead meeting weekly to draft business case for relocation of ward 2a to new modular build on Wycombe Hospital site. 5. Executive Management Team have inspected the area and agreed a proposal to move the unit to an alternative location (as a short term measure)..	20	1. Capital funding has yet to be confirmed for the project. 2. Building fabric is beyond feasible repair in some parts of the unit. 3. Timeframes to move the unit to an alternative location (as a short term measure) has not been established.
224	There is a risk that Trust Capital Resourcing is insufficient to support operational objectives for 2022/23.	For 2022/23, the Trust has a total capital requirement of £128.8m split between property services £104.4m, IT £18.2m and Medical Equipment £6.4m. BOB ICS has allocated a notional £20m capital envelope for BHT, which is only a sixth of the total requirement, leaving a funding shortfall of £108.8m. As in previous years, further funding streams may become available later in the year, but it would not be prudent to factor this in at this stage	25	Executive Directors to manage the delivery of strategic schemes with capital management group (CMG). Working with ICS and ICB for additional funds. The financial limitations with regard to Capital allocations and the related risks are known and has been communicated through EMC and also included within the BAF. There is now focused attention on: -keeping projects and investments affordable -Commercial team seeking alternative funding methods for longer term Estate development. Since January 2023, CMG and through updates to EMC, the role of the Chairs of the subgroups has been re-emphasised with regard to the prioritisation of capital expenditure to stay within budget and manage operational needs and risks. - 2022/23 budget agreed as part of the System Financial Plan - Allocated capital as part of the System Financial Plan External meetings to report financial position, risk and negotiate additional funding: - Meetings between Deputy CFOs and Regional NHSE representatives on month-end position. - Fortnightly system meetings between providers and ICB. - Monthly BOB Senior Finance Group CFO meeting. - NHSE Southeast CFO Meeting - quarterly.	20	Assessment of and clarity around project deliverables and timelines.
225	There is a risk that the Trust's technology and systems could be severely disrupted in the event of a cyber attack	There is a risk that the aged applications running on out of date Microsoft servers, network and telephony systems upon which the Trust relies are vulnerable to cyber attack as they are no longer receive vendor security updates.	20	Cyber security accountabilities are in place with BHT IT teams, and an external CISO service = 3 FTEs. Hardware & software patching up to date for operating systems that can support them. Education and awareness of cyber risk underway via CISO services. BHT Data Centre project in progress - 95% of all virtual servers have been moved over to Rackspace Private cloud managed services. DSP Toolkit submitted on 30th June 2021, DSPT correction plan agreed with NHSD CISO, December 2022 update BHT had achieved 85% compliance to minimum standards, and been awarded status of 'Approaching Standards' from NHS Digital.	20	Migration of servers from Rackspace Private cloud to Azure is delayed by 3 months, delaying to commencement of patching for out of date server operating systems i.e. Microsoft Server 2008. Review the Vendor support for the software. Application patching, over 6,000 software vulnerabilities remain across the applications in use by the trust each day.

54	There is a shortage of chemotherapy-trained nurses.	There is a significant vacancy in chemotherapy-trained nurses within ward 5, CCHU and Sunrise, resulting in a risk to patient safety due to capacity issues, delay in chemotherapy administration and chemotherapy booking delays. The service is currently running at a 25-50% deficit in capacity. In chemotherapy units, the chair's capacity is closed to reflect the nurses on duty. The Community hubs were closed for the pandemic response, and there is a risk to opening them as previously planned (paused till Sept). There is a risk to National cancer targets for Primary SACT. Currently, there is ----% of chemotherapy-trained nurses vacancies.	25	1. Chemotherapy trained nurses from other areas have been temporary deployed to support chemotherapy units. 2. Chemotherapy trained agency nurses have been interviewed to cover risk shifts. Currently 3 longline agency have been employed to backfill the gap. 3. Senior nurses have been scheduled to cover the chemotherapy units on a regular basis (2-3 days a week). 4. The number of referrals and activity is monitored on a weekly basis and monitored through SDU governance meeting. 5. Individual patient cases that are over the expected referral to treatment time is reviewed on a regular basis. 6. Changes have been made to the scheduling team to reduce nurse's workload (i.e. booking chemotherapy).	20	There are 8 WTE vacancies in chemo-skilled nurses. Nurses need to complete the chemotherapy training.
56	Deterioration of the concrete panel metal clips on the WH tower block leading to risk of concrete panels falling.	The concrete panels installed on the exterior of the WH tower block are at risk of falling away from the main building due to deterioration of the cast iron clips installed when the tower was constructed. Metal clips may fail resulting in concrete panels falling to the ground. Patients, visitors, contractors and staff may be struck by falling concrete panels while walking around the base of the tower block.	25	Scaffolding is currently erected with boarding on all elevations to protect people from falling concrete panels. Regular visual inspections are being carried out by approved structural engineers. Regular testing is being carried out. Also testing of the concrete panels and external structure are carried for concrete cancer and carbonisation (ASR). Emergency Planning (EPRR) have formed a working group to discuss and plan emergency evacuation of the tower. The NHSE/I have been informed of the issues via the national structural register and regular NHSI updates through recognised channels have been issued.	20	Affected panels are to be removed and repaired. Decision made to relocate services and close the tower block. awaiting resource for further panel removal and tests.

Risk Profile – Corporate Risk Register – January 2023

Buckinghamshire Healthcare NHS Trust

Key: ↑ = risk score has increased; ↓ = risk score has decreased; ⇔ = no change.
The CRR changes on a monthly basis and the arrows indicate the change since the previous version (up to 3 changes)

Likelihood \ Consequence	1	2	3	4	5
5				190- Ward 2a environment non-compliant with CQC Regulation 15- premises and equipment⇔⇔⇔ 54 - There is a risk to chemotherapy service provision due to the lack of chemotherapy-trained nurses- New risk	36- There is currently no IR Service at BHT⇔↑⇔
4			82- This is a Risk of Poor Flow out of ED leading to Crowding in the department and patient's being treated in ED overflow areas ⇔⇔↓ 189 - Risk of industrial action in relation to national pay award. New risk	56- Deterioration of the concrete panel metal clips on the WH tower block leading to risk of concrete panels falling. ⇔⇔⇔ 119- There is a risk that patients are not being followed up appropriately due to being on the 'on hold' list ⇔⇔⇔ 43- Insufficient PDU Capacity.⇔⇔⇔ 93- There is a risk that the trust will be non-compliant with cancer performance standards⇔⇔↓	224- There is a risk that Trust Capital Resourcing is insufficient to support operational objectives for 2022/23.⇔⇔⇔ 225- There is a risk of disruption to Trust technology systems and services caused by cyber incidents. ⇔⇔⇔ 184- The ageing WH tower Block is showing signs of interior deterioration which is challenging to maintain. ⇔⇔⇔ 92- There is a risk of delay in diagnostic and treatment plan due to delay in reporting of scans ⇔↓
3			118- The SMH main HV/LV electrical supply is insufficient for the current needs of the Estate and is not resilient. ⇔↓↓	226- There is a risk of loss of 2222 emergency bleeps, key bleep groups and non-emergency bleeps at Wycombe and Amersham hospitals.↓⇔ ⇔ 50- Workforce – midwifery ⇔⇔⇔ 234- There is a risk to the delivery of the 2022-23 Financial Plan due to insufficient financial envelop. ⇔⇔↓	51- Workforce – nursing ⇔⇔⇔
2					
1					

To be removed from the Corporate Risk Register:

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

NHS
Buckinghamshire Healthcare
NHS Trust

Board Assurance Framework

Contents

1.0 Introduction & Summary of Changes

This report provides the Board with an opportunity to discuss the range of risks confronting the organisation, any gaps in controls/assurances and the level of risk that this creates to support strategic decision making.

Since the previous report to the Trust Board on 25 January 2023, a review of the Board Assurance Framework has been undertaken by the Director of Midwifery, Chief Medical Officer, Chief Digital & Information Officer, Chief People Officer, Chief Nurse and the Interim Chief Finance Officer; updates are reflected in the report under the relevant risks.

- Principal Risk 1(c); **Action update**; First outputs of Clinical Accreditation programme completed as planned; 9/32 assessments undertaken (inpatient and rehabilitation areas). Ceremonies taken place for Ward 1 (10 Feb) and St Francis (24 Feb). Ceremonies planned for Chartridge, Waterside and BNRU imminently. Action updated within report for next steps. Going forwards, two areas to be assessed per week.
- Principal Risk 1(d); **New Action**; Modified maternity safety reporting.
- Principal Risk 2; Adjustment to Commercial Strategy (control and assurance record) **Action updates**; Meeting to be held with NED colleagues February 2023, LTFS approach under discussion with F&BPC, Financial/performance governance framework expected April 2023.
- Principal Risk 3; **New Action:** Implementation of Health on the High Street pilot (Deputy Director of Strategy) – March 2023
- Principal Risk 5 and 7; Clarity provided on assurance gaps and actions.

In addition to the standard BAF report, an additional paper has been provided to the Committee this month considering the overall risk to the organisation through both the BAF and CRR. Further iterations of this report will include the BAF and CRR as an appendix to provide a more global organisational view of risk.

The BAF was considered by the Executive Management Committee on 14 February 2023 alongside the CRR and new organisational risk report.

As requested by the Audit Committee in January 2023; gaps in assurance with no related actions to address have been highlighted in the report noting better articulation of actions and controls may be required and will be addressed via scheduled monthly executive meetings. The Audit Committee considered this report on 2 March 2023 who raised concern over the waiting times for community paediatrics and were advised a paper would be presented to Board to address this and that the Quality & Clinical Governance Committee had been receiving regular reports related to this issue. Reflecting on Principal Risk 2, the Committee recognised there would be both capital and revenue issues in 2023-24. The detail within the STW reporting was recognised as being improved.

2.0 Strategic Objectives

Each strategic objective is detailed on the following pages.

1. To consistently meet or exceed quality and performance standards.
2. To deliver a financially sustainable plan and improve our benchmarking in model hospital.
3. To work with our partners and engage people.
4. To ensure children get the best start in life.
5. To use population health analytics to reduce health in equalities and improve outcomes in major diseases.
6. To improve the wellbeing of communities.
7. To deliver our 5 people priorities.
8. For our buildings and facilities to be great places to work and contribute to the health and wellbeing of our staff.
9. To maximise opportunities for improving, sharing good practice and learning.

2.1 Strategic Objective 1 Principal Risk; Failure to provide care that consistently meets or exceeds performance and quality standards

Strategic Objective 1	**To consistently meet or exceed quality and performance standards**				
Strategic Priority	Provide outstanding, high value care ("Outstanding Care")				
Principal Risk	1. Failure to provide care that consistently meets or exceeds performance and quality standards including safety, experience and outcome: a) Reducing long waits. b) Providing safe emergency care. c) Management of risk and clinical governance. d) Maternity & Neonatal care.				
Executive Lead	Chief Operating Officer (1a, 1b) Chief Nurse (1c, 1d)		**Oversight Committee**	Finance & Business Performance Committee* Quality & Clinical Governance Committee*	
Inherent Risk	**Residual Risk**	**Risk Appetite**	**Related Corporate Risk Register Entries**		
Impact 4 Likelihood 5 **Total Score 20**	Impact 3 Likelihood 4 **Total Score 12**	**Minimal-Cautious (2-3)**	Datix 119	Follow up 'on hold' waiting lists	
			Datix 82	Overcrowding of ED and poor flow	
			Datix 93	Non-compliance with cancer performance standards	
Last Review	Chief Nurse 23 February 2023 Chief Operating Officer 25 October 2022 Director of Midwifery 16 February 2023 Associate Chief Nurse 20 February 2023		Datix 36	No interventional radiology service available at BHT	
			Datix 92	Backlog of radiology reporting	
			Datix 54	Lack of chemotherapy trained nurses; risk to service provision	
Movement in Risk	None				

Strategic Threats *What might cause this to happen?*	**Effect** *What might the effect be?*	**Existing Controls** *How are we managing the risk?*	**Assurance Record** *What evidence do we have for the effectiveness of the controls?* *What level is this assurance?*	**Action Required** *Where are our gaps in assurance?* *What actions are required?*
1a. Reducing long waits				
Inadequate infection, prevention and control due to estates infrastructure Variation in the productivity of clinical service lines Inadequate oversight of harm caused by COVID-19 pandemic. Underutilisation of effective data and Business intelligence.	- Staff resilience. - Clinical, operational, financial and regulatory consequences - Challenging/costly to clean clinical areas effectively. - Potential for hospital acquired infections. - Failure to maximise clinical resources to reduce waiting lists and meet regulatory standards - Harm caused by delayed treatment - Political mistrust/lack of confidence in management. - Poor patient experience.	- Cleaning audits, completed in line with National Standards of Healthcare Cleanliness - Nominated cleaning lead and processes for audit and reporting in line with the requirements of CQC Regulation 15 and Health and Social Care Act Code of Practice - Daily IPC huddles. - Infection control audits (monthly). - Adhoc outbreak meetings. - Quarterly IPC committee. - Optimisation of available capital investment; prioritisation of business cases for maintenance. - PFI investment. - Planned care transformation workstream. - GIRFT reviews. - Productivity metrics. - Flag function on Datix. - Reporting into theatre management group. - Prioritisation of waiting lists by clinical risk and long wait status.	- Outputs from relevant meetings (level 1) - Monthly reporting on performance metrics through IPR (1). - Records of deep dives/escalation calls (1). - Cleaning audit reports (1). - Terms of reference and outputs of IPC Committee (2). - Outputs of monthly Capital Management Group (1). - Use of CAFM system (2). - Monthly reporting to Transformation Board (1). - GIRFT reporting/outputs of Board (3). - Theatre dashboard (1). - Audit of appropriateness of risk allocation (1). - Triangulation with Datix reporting (1). - CQC insights report (3). - Dr Foster report (3).	**Action**: RTT Improvement Programme – oversight by F&BPC through deep dive programme **Action**: Cancer Improvement Plan – oversight by F&BPC through regular cancer reporting **Action**: Endoscopy Improvement Programme – oversight by F&BPC through deep dive programme *NB – F&BPC Deep Dive Programme to be considered by the Committee March 2023*

		- System-wide COVID harms group. - Elective care trajectory monitoring. - Divisional performance reviews. - Cancer board. - External audits/reviews. - Suite of dashboards to monitor performance.	- IQVIA report (3). - Mortality report/learning from deaths (1). - Litigation report (1). - National inpatient survey results (3). - Safeguarding reports (1). - External reviews (3).	
1b. Providing safe emergency care				
Inability to control demand for services or primary/social care capacity Inability to reform the urgent care pathway Inadequate infection, prevention and control due to estates infrastructure	- Overcrowding and extended length of stay within ED. - Ambulance handover delays - Staff resilience. - Clinical, operational, financial and regulatory consequences - Challenging/costly to clean clinical areas effectively. - Potential for hospital acquired infections. - Harm caused by delayed treatment - Political mistrust/lack of confidence in management. - Poor patient experience.	- Incident response structure; Gold/Silver/Bronze. - Site management processes including regular ED huddles - Place-based delivery board. - Place-based escalation protocol, admission avoidance and discharge action plans. - Long stay deep dives - Discharge escalation calls with partners. - Place UEC Board. - Paeds ED development - Cleaning audits, completed in line with National Standards of Healthcare Cleanliness - Nominated cleaning lead and processes for audit and reporting in line with the requirements of CQC Regulation 15 and Health and Social Care Act Code of Practice - Daily IPC huddles. - Infection control audits (monthly). - Adhoc outbreak meetings. - Quarterly IPC committee. - Optimisation of available capital investment; prioritisation of business cases for maintenance work. - PFI investment. - Divisional performance reviews. - External audits and reviews. - Dashboards for performance monitoring.	- Outputs from relevant meetings (level 1) - Outputs from ED huddles (1). - Monthly reporting on performance metrics through IPR (1). - Records of deep dives/escalation calls (1). - Cleaning audit reports (1). - Terms of reference and outputs of IPC Committee (2). - Outputs of monthly Capital Management Group (1). - Use of CAFM system (2). - Monthly reporting to Transformation Board (1). - GIRFT reporting/outputs of Board (3). - CQC insights report (3). - Dr Foster report (3). - IQVIA report (3). - Mortality report/learning from deaths (1). - Litigation report (1). - National inpatient survey results (3). - Safeguarding reports (1). - External reviews (3). - Safe (safest) staffing; daily huddles and regular reporting to Board/Board Committee (1)	**Action:** UEC Improvement Plan (COO) – oversight by F&BPC through deep dive programme **Action**: Winter Plan (COO) – oversight by F&BPC through deep dive programme **Action:** MOfD Improvement Plan (COO) – oversight by F&BPC through deep dive programme *NB – F&BPC Deep Dive Programme to be considered by the Committee March 2023*
1c. Management of risk and clinical governance				
Variation in clinical service lines Organisational governance not always being easy to navigate and enabling of change	- Inadequate ward-board assurance.	- Clinical accreditation programme. - Quality audits via Tendable.	- Data reported through Tendable app; reported to Q&PSG/Q&CGC (level 2).	**Action:** Development of question sets for maternity, paediatrics, ITU, assessment areas and community settings (Associate Chief Nurse) – end March 2023 for update

1d. Maternity and Neonatal Care				
Maternity and neonatal staffing levels Data quality Digital immaturity Antenatal pathway capacity Size of bed base within neonatal unit and transitional care Health inequalities	- Staff resilience. - Potential for clinical harm - Clinical, operational, financial and regulatory consequences. - Political mistrust/lack of confidence in management. - Ability to plan sustainable services and manage demand and capacity. - Patient experience. - Paper based systems including additional administrative burden.	- Daily safety huddles (departmental and LMNS level). - Regular workforce reviews. - Dashboards for performance monitoring including KPIs. - Perinatal quality surveillance model (PQSM) in place. - External governance reporting. - Regional and national SitReps for capacity reporting. - Maternity safety champions meetings/walkarounds. - Maternity governance meetings. - Training programme of learning in place including following incidents.. - Clinical audit. - Centralised governance function. - Resilient team to support national compliance and assurance. - Divisional performance reviews. - Clear policies and procedures in place. - Midwifery and paediatric manager on call (in addition to site rota). - Quality Improvement (QI) plans. - Support offer for workforce from NHSE. - LMNS co-production strategy. - LMNS equity strategy. - Business continuity plans, escalation framework and LMNS guidance (management of bed base). - Workarounds for lack of EPR. - Birthrate plus acuity app.	- Maternity safety reports (1). - Outputs of relevant meetings (1). - Feedback from HSIB (3). - External quality assurance visits (3). - Annual Picker survey (3). - Maternity services dataset scorecard (3). - Outputs from QI projects (1). - Claims/litigation scorecard (1). - Annual MBRRACE reports (3). - Maternity CNST (1). - Ockenden compliance reports (1). - 'Saving babies lives' quarterly survey (3). - Quarterly patient feedback survey via Maternity Voices Partnership (MVP) (3). - PQSM quarterly report incl. detail of Serious Incidents for Board oversight (3). - Maternity staffing reports (1). ASSURANCE LEVEL **MEDIUM**	**Actions:** Action plans for: - CNST compliance - Ockenden requirements - Saving Babies Lives - MBRRACE - Picker - External reviews - Serious Incidents (Director of Midwifery; DoM) – oversight by Q&CGC **Action:** Modify content of Exec Summary of maternity reporting; highlight reporting of perinatal quality surveillance metrics (DoM) – May 2023 (Q4 report). **Assurance Gap:** EPR with interoperability between maternity and neonates, aligned with national data reporting requirements and with patient access functionality **Action:** Deliver of maternity digital strategy (CDIO) – oversight by F&BPC **Assurance Gap:** Staffing levels **Action:** Recruitment workstreams (see CRR) **Action:** Implement single delivery plan (DoM) – awaited; early 2023)

**See Committee framework for clarity in individual metrics*

2.2 Strategic Objective 2 Principal Risk; Failure to deliver our annual financial plan

Strategic Objective 2	**To deliver a financially sustainable plan and improve our benchmarking in model hospital**			
Strategic Priority	Provide outstanding, high value care ("Outstanding Care")			
Principal Risk	2. Failure to deliver our annual financial plan.			
Executive Lead	Chief Finance Officer		**Oversight Committee**	Finance & Business Performance Committee

Inherent Risk	**Residual Risk**	**Risk Appetite**	**Related Corporate Risk Register Entries**	
Impact 3 Likelihood 5 **Total Score 15**	Impact 3 Likelihood 4 **Total Score 12**	**Minimal-Cautious (2-3)**	Datix 234	Delivery of the 2022-23 Financial Plan
			Datix 224	Trust capital resourcing insufficient to support objectives
Last Review	Interim Chief Finance Officer 01 February 2023			

Movement in Risk	None

Strategic Threats *What might cause this to happen?*	**Effect** *What might the effect be?*	**Existing Controls** *How are we managing the risk?*	**Assurance Record** *What evidence do we have for the effectiveness of the controls?* *What level is this assurance?*	**Action Required** *Where are our gaps in assurance?* *What actions are required?*
Underlying organisational financial deficit Fixed envelope funding model Lack of long-term financial strategy Structural financial challenges Mismatch demand and availability of Trust level capital Burden of cost from the pandemic Inflationary pressures	- Negative impact on ICS financial position - Reduced opportunities for service investment - Block contract for locally commissioned services which does not reflect the cost of meeting regulatory standards. - Route to financial security unclear - Inability to deliver strategic plans and maintain activity at required levels. - Loss of opportunities in estates and digital transformation. - Structural change to our business operating model.	- Scrutiny from Finance and Business Performance Committee. - Financial Deep Dives. - Continued search for new financial schemes/income generating proposals. - Annual Cost Improvement Programmes (CIP). - Proactive engagement with regulators and System colleagues. - Robust budget setting and monitoring processes. - Continual engagement with NHSI regarding inherent risks. - Continue to seek alternative funding solutions to address the capital funding gap. - Financial governance framework in place. - Monthly review of capital plan by CMG and F&BPC. - Agreed 2022/23 budget, submitted to ICS. - Annual capital plan/programme. - System relationships. - Targeting of productivity opportunities through Model Hospital System and patient level costing data. - Commercial initiatives to increase income and reduce Trust costs.	- Budget setting and monitoring processes in place (1). - Monthly finance reports (1). - Monthly monitoring of CIPs (1). - Outputs of relevant meetings including minutes of F&BPC (1). - Financial deep dives (2). - Output of divisional review meetings for financial deep dives (2). - Commercial strategy (1) - Meetings between Deputy CFOs and Regional NHSE representative on month end position; output of meeting (3). - Fortnightly system meetings; providers and ICB (3). - Monthly BOB Senior Finance Group CFO meeting outputs (3) - NHSE South East CFO Meeting (3) - 2022/23 budget agreed as part of System Financial Plan (2) - Allocated capital as part of System Financial Plan (3) - Oversight of Commercial Strategy through F&BPC (1) ASSURANCE LEVEL **MEDIUM**	**Assurance Gap:** Historic issues underpinning organisational deficit to be addressed as part of the negotiation on new sources of funding through the ICB **Action:** Plan to address the underlying revenue deficit and capital backlog (as part of the Long Term Financial Strategy) (CFO) **Assurance Gap:** Finalisation of longer-term financial plan (LTFS) to support medium term financial sustainability **Action:** LTFS (CFO) – monitored through F&BPC action matrix. **Action:** Refresh of financial governance framework (linked to refreshed performance framework) (COO/CFO) – April 2023

2.3 Strategic Objective 3 Principal Risk; Failure to work effectively and collaboratively with external partners

Strategic Objective 3	**Work with our partners and engage people**			
Strategic Priority	Take a leading role in our community ("Healthy Communities")			
Principal Risk	3. Failure to work effectively and collaboratively with external partners			
Executive Lead	Chief Commercial Officer	**Oversight Committee**	Trust Board Finance & Business Performance Committee	
Inherent Risk	**Residual Risk**	**Risk Appetite**	**Related Corporate Risk Register Entries**	
Impact 4 Likelihood 5 **Total Score 20**	Impact 3 Likelihood 3 **Total Score 9**	**Open (4)**	n/a	n/a
Last Review	Director of Clinical Partnerships 11 October 2022 Chief Commercial Officer 26 January 2023			
Movement in Risk	None			

Strategic Threats *What might cause this to happen?*	**Effect** *What might the effect be?*	**Existing Controls** *How are we managing the risk?*	**Assurance Record** *What evidence do we have for the effectiveness of the controls?* *What level is this assurance?*	**Action Required** *Where are our gaps in assurance?* *What actions are required?*
Inability to work with partners to deliver new models of elective care/discharge Failure to secure necessary infrastructure changes linked to Buckinghamshire growth strategy Not realising Trust potential as an anchor institution Failure to align with Council and Partners for ICP Strategy Local uncertainty	- Missed opportunities to remodel future elective/discharge pathways - Impact on public trust/ confidence - Services not aligned to community needs.	- CEO participating in ICS Senior Leaders Group & Chair in ICS Chairs Group. - Integrated Programme Board established; oversees governance of integration work and new model for discharge. - Acute Provider Collaborative (new models of elective care) - New arrangements for Integrated Partnership Board (joint CEO for decision making) - Pathology Network - Thames Valley Radiology Network; chaired by BHT Dir. - Access to proposals for housing developments including responses in terms of health impact - Bucks ICP Estates Group. - Involvement with Bucks dev. plans. - Playing an active role in community; support for local voluntary and community groups to foster engagement.	- MoU in place for Provider Collaborative (3). - Outputs of Partnership Board and Programme Board (3). - MoU in place for Pathology Board, Trusts signed up to LOAs (3). - Annual report for Thames Valley Network. MoU and LOAs in place. Signed up to workforce strategy (3). - Regional funding secured by networks and disseminated to Trusts (3). Database access & outputs (3). - One Public Estate Strategy (2). - Outputs of System meetings (2). - Contracts and specifications (2). - PPEDI group records (2). ASSURANCE LEVEL **HIGH**	**Assurance Gap:** Collaborative development of S106 policy with Bucks Council. **Action:** Proforma due for consideration at EMC (Deputy Commercial Director) – end February 2023 **Assurance Gap:** Awaiting local plans **Action:** ICB strategy (Dec 2022) – currently under consultation ICB strategic delivery plan (Mar 2023) **Action:** Implementation of Health on the High Street pilot (Deputy Director of Strategy) – March 2023

2.4 Strategic Objective 4 Principal Risk; Failure to provide consistent access to high quality care for Children and Young People

Strategic Objective 4	**Ensure children get the best start in life**			
Strategic Priority	Take a leading role in our community ("Healthy Communities")			
Principal Risk	4. Failure to provide consistent access to high quality care for Children and Young People (CYP)			
Executive Lead	Chief Nurse		**Oversight Committee**	Quality & Clinical Governance Committee

Inherent Risk	**Residual Risk**	**Risk Appetite**	**Related Corporate Risk Register Entries**	
Impact 5 Likelihood 5 **Total Score 25**	Impact 4 Likelihood 3 **Total Score 12**	**Minimal-Cautious (2-3)**	Datix 43	Insufficient PDU capacity
Last Review	Director of Clinical Partnerships 23 February 2023 Chief Commercial Officer 26 January 2023			

Movement in Risk	None

Strategic Threats *What might cause this to happen?*	**Effect** *What might the effect be?*	**Existing Controls** *How are we managing the risk?*	**Assurance Record** *What evidence do we have for the effectiveness of the controls?* *What level is this assurance?*	**Action Required** *Where are our gaps in assurance?* *What actions are required?*
Inability to reform paediatric urgent care pathway No urgent care pathway in community paeds Inability to recruit appropriately skilled/qualified clinical staff Insufficient funding available Demand from schools for educational input from health Waiting times for community paediatrics and therapy services; potential for harm	- Services do not provide care in a timely and affordable manner	- Director of Transformation for Community Services in place for adults (and children's therapies) - Scrutiny of Children and Young People (CYP) community services by QCGC Committee. - SEND written statement of action, scrutinised by CQC and OFSTED. - Scrutiny by Commissioners (monthly). - Move to MDT working model. - SDU Lead in place. - Deputy Divisional Director in place directly working with CYP. - Recruitment of full-time pharmacist and 0.6 wte GP	- Outputs of relevant meetings (level 1). - SEND report (3). - SEND action plan, oversight by QCGC (2). ASSURANCE LEVEL **MEDIUM**	**Action:** Review of acceptance and triage criteria, clinics, admin and JDs (Director of Clinical Partnerships) – update April 2023; 12-month plan. **Assurance Gap:** Estates plan for relocation of therapies at SMH **Action:** Centre of Excellence; presented to Board November 2022. Development of Commercial Strategy, Stakeholder and Engagement Plan for EMC consideration (Chief Commercial Officer) – March 2023

2.5 Strategic Objectives 5 & 6 Principal Risk; Failure to support improvements in local population health and a reduction in health inequalities

Strategic Objective 5	**Use population health analytics to reduce health inequalities and improve outcomes in major disease**			
Strategic Objective 6	**Improve the wellbeing of communities**			
Strategic Priority	Take a leading role in our community ("Healthy Communities")			
Principal Risk	5. Failure to support improvements in local population health and a reduction in health inequalities			
Executive Lead	Chief Digital Information Officer 09 March 2023	**Oversight Committee**	Finance & Business Performance Committee	

Inherent Risk	**Residual Risk**	**Risk Appetite**	**Related Corporate Risk Register Entries**	
Impact 3 Likelihood 4 **Total Score 12**	Impact 3 Likelihood 3 **Total Score 9**	**Open (4)**	n/a	n/a
Last Review	Chief Digital Information Officer 09 March 2023			
Movement in Risk	None			

Strategic Threats *What might cause this to happen?*	**Effect** *What might the effect be?*	**Existing Controls** *How are we managing the risk?*	**Assurance Record** *What evidence do we have for the effectiveness of the controls?* *What level is this assurance?*	**Action Required** *Where are our gaps in assurance?* *What actions are required?*
Inequalities in access to care Failing to use integrated care records and data to manage population health	- Continued growth of the health inequality gap - Preventative health strategies and clinical services not aligned to community needs	- Equality impact assessments. - Index of Multiple Deprivation data. - Patient and Public Equality Diversity and Inclusion (PPEDI) group. - Use of protected characteristics/geography in reporting for e.g. complaints/serious incidents. - Waiting list delivery assessment by ethnicity. - Access to Shared Care Record (SCR). - Reporting/benchmarking on population health management. - Health and Wellbeing (HWB) Strategy agreed with dedicated Trust leads for each element. - Appointment of substantive Director of Strategic Programmes.	- EQIA policy (level 1). - EQIA documents within service change/business cases (level 1). - PPEDI review of EQIA process (level 2). - Deprivation & ethnicity reporting within monthly IPR (level 1). - Meeting notes/actions from PPEDI meetings (level 1). - Public health reporting/benchmarking (level 3). - Patient Experience annual report (level 1). - SCR utilisation reports (level 2). - Public health reporting (level 3). - HWB Place-based strategy (level 3). ASSURANCE LEVEL **MEDIUM**	**Action:** Board Seminar confirmed (CDIO) – July 2023 **Action:** Trust to agree breakthrough objectives for 2023/24 to ascertain access for key services and address health inequalities related to HWB strategy (CDIO) – March 2023 **Assurance Gaps:** - Consistency in completion of EQIA. - Capability to analyse population health reports. - Facilitation of simple access to SCR for clinicians. - Cohesive ICS strategy on use of population health data to manage patient care and support strategic decision making. - Clear understanding of link between Trust actions and outcomes *Completion of above actions plus further analysis required prior to further actions being set.*

2.6 Strategic Objective 7 Principal Risk; Failure to deliver our People priorities

Strategic Objective 7	**Deliver our people priorities**				
Strategic Priority	Ensure our workforce are listened to, safe and supported ("A Great Place to Work)				
Principal Risk	6. Failure to deliver on our people priorities related to recruitment & resourcing, culture & leadership, supporting our staff, workforce planning & development and productivity.				
Executive Lead	Chief People Officer		**Oversight Committee**	Strategic People Committee	
Inherent Risk	**Residual Risk**	**Risk Appetite**	**Related Corporate Risk Register Entries**		
Impact 4 Likelihood 4 **Total Score 16**	Impact 4 Likelihood 3 **Total Score 12**	**Minimal (2)**	Datix 51	Shortage of nursing staff; registered and unregistered	
			Datix 50	Shortage of registered midwives	
			Datix 189	Risk of Industrial Action	
Last Review	Chief People Officer 15 March 2023		Datix 54	Shortage of chemotherapy trained nurses	
Movement in Risk	None				

Strategic Threats *What might cause this to happen?*	**Effect** *What might the effect be?*	**Existing Controls** *How are we managing the risk?*	**Assurance Record** *What evidence do we have for the effectiveness of the controls?* *What level is this assurance?*	**Action Required** *Where are our gaps in assurance?* *What actions are required?*
Insufficient levels of qualified, experienced staff and training opportunities. Cost of living (nationally) Pandemic related negative impact on morale, wellbeing and retention Variations in organisational culture and behaviours Workforce not always feeling the organisation is safe Organisation is not always inclusive and does not always treat people equally Significant and sustained operational demand Industrial action	- Retention challenges - High levels of temporary staffing. - Low staff resilience and wellbeing negatively contributing to engagement, productivity, happiness at work and potentially the quality of care provided - Higher than optimal levels of bullying - Negative impact on staff engagement and productivity - Reputational damage. - Consequential impact on patients care.	- Trust-wide recruitment plans in place (international, national and grow-your-own). - Bucks Health & Social Care Academy facilitating non-medical career pathways. - NHS Professionals partnership contract to support bank fill rather than agency. - Regional system programme to develop sustainable system approach to management of temporary staffing - BOB ICS Senior Leadership Group. - Comprehensive cost of living support package. - Comprehensive in house OH & Wellbeing offer with external referral as appropriate - Staff reporting of sickness through GoodShape, monitored by OH. - Trust sickness absence management policy. - Comprehensive vaccination programme. - Regular JMSC meetings. - Monthly ED&I committee including staff network chairs. - Opportunities for staff to feel listened to; listening meetings. - FTSUG including outreach model. - Health & Safety Committee provides opportunity for staff feedback. - WRES and WDES actions. - Staff networks in place. - Involvement of unions in policy development.	- Monthly reporting on vacancy rates, sickness rates and OH referrals through IPR (level 1). - International recruitment programme reported through Transformation Programme (level 1). - Divisional performance reports including bank and agency spend (level 1). - Contract management with NHSP to ensure quality of temporary staff (level 2). - GoodShape reporting (level 2). - FTSUG reporting (level 2). - GSWH reporting (level 2). - Uptake of Thrive reports (SPC) (level 1). - Annual staff survey (level 3). - Quarterly Pulse survey (level 3). - Monthly reporting through Transformation Board (level 1). - Outputs of relevant meetings (level 1). - Risk registers (level 2). - WRES/WDES action plans (level 3). - PSED annual reports (level 3). - EQIAs (level 2). - Papers to SPC and Board (level 1). - Gender Pay Gap reporting (level 2). - ICS People Strategy (level 2). - Safe staffing reports; (level 1). ASSURANCE LEVEL **MEDIUM**	**Assurance Gap:** National shortage of registered nurses **Action:** Recruitment workstreams (see CRR) **Assurance Gap:** Inequal experience for BAME colleagues **Action**: As per WRES action plans; monitored through SWC **Assurance Gap:** Difference in experience across the Trust - Identified through Staff Survey; feeds into Divisional Risk Registers where appropriate. **Action**: As per Risk Registers.

2.7 Strategic Objective 8 Principal Risk; Failure to provide adequate buildings and facilities

Strategic Objective 8	**Our buildings and facilities will be great places to work and contribute to the health and wellbeing of staff**			
Strategic Priority	Ensure our workforce are listened to, safe and supported ("A Great Place to Work)			
Principal Risk	7. Failure to provide adequate buildings and facilities. a) Estates b) Digital			
Executive Lead	Chief Commercial Officer (Estates) Chief Digital Information Officer (Digital)		**Oversight Committee**	Finance & Business Performance Committee* Strategic Workforce Committee*
Inherent Risk	**Residual Risk**	**Risk Appetite**	**Related Corporate Risk Register Entries**	
Impact 4 Likelihood 4 **Total Score 16**	Impact 4 Likelihood 4 **Total Score 16**	**Cautious (3)**	Datix 225	Risk of disruption to Trust technology through cyber incidents *(risk under revision)*
			Datix 118	SMH main HV/LV electrical supply
			Datix 56	Wycombe Tower concrete panels
Last Review	Chief Digital Information Officer 09 March 2023 Chief Commercial Officer 26 January 2023		Datix 184	Wycombe Tower interior; suitability for provision of healthcare
			Datix 190	Interior condition of ward 2a; CQC regulation compliance
			~~Datix 226~~	~~Failure of critical bleeps at Wycombe & Amersham Hospitals~~
Movement in Risk	None			

Strategic Threats *What might cause this to happen?*	**Effect** *What might the effect be?*	**Existing Controls** *How are we managing the risk?*	**Assurance Record** *What evidence do we have for the effectiveness of the controls?* *What level is this assurance?*	**Action Required** *Where are our gaps in assurance?* *What actions are required?*
7a. Estates				
Lack of capital Ageing estates	- Low compliance with regulatory requirements - Staff leave due to feeling unsafe.	- Estates and Net Zero Strategy - Clinical strategy - CMG - QFM – prioritise through this. - PFI contracts; facilities management - Accommodation strategy	- Annual reports; H&S, Fire, Security (level 1). - Property services report (level 1). - PAM report (level 2). - Strategy updates (level 1). - Minutes of CMG (level 1). - Compliance with legislation (level 2). - PLACE assessments (level 3) - Model Health System (level 3) - ERIC returns (level 3) - H&S Dashboard (level 2)	**Assurance Gap:** Significant backlog maintenance within the estate
7b. Digital				
Digital immaturity leading to service disruption and preventing wider service transformation Lack of detailed intelligence to drive quality improvement initiatives	- Low compliance with regulatory requirements - Continued reliance on paper based/manual information flows - Lack of data limits potential improvements - Potential clinical harm (lack of EPMA)	- DSPT audit. - Extensive existing IT stabilisation programme - IT Performance monitoring.	- Reporting against DSPT to EMC, FBPC and Board quarterly (level 2). - Digital strategy in place (level 1). - Outputs from relevant meetings (level 1). - EPR readiness review (level 3).	**Assurance Gap:** Gaps in infrastructure and unsupported systems. **Action:** Updating systems to comply with cyber standards (monitored through DSPT) **Assurance Gap**: Funding for key elements of digital strategy, particularly EPR, to be identified. **Action:** EPR Business Case (CDIO) – April 2023

			ASSURANCE LEVEL **MEDIUM**	**Assurance Gap:** Stabilisation of IT infrastructure and modernisation of apps to be completed. **Action:** (CDIO) – as per CRR Risk 225

2.8 Strategic Objective 9 Principal Risk; Failure to learn, share good practice and continuously improve

Strategic Objective 9	**Maximise opportunities for improving, sharing good practice and learning**			
Strategic Priority	Ensure our workforce are listened to, safe and supported ("A Great Place to Work)			
Principal Risk	8. Failure to learn, share good practice and continuously improve.			
Executive Lead	Chief Medical Officer		**Oversight Committee**	Quality & Clinical Governance Committee

Inherent Risk	**Residual Risk**	**Risk Appetite**	**Related Corporate Risk Register Entries**	
Impact 3 Likelihood 4 **Total Score 12**	Impact 3 Likelihood 3 **Total Score 9**	**Open** **4**	n/a	n/a
Last Review	Head of Quality – 16 February 2023			
Movement in Risk	None			

Strategic Threats *What might cause this to happen?*	**Effect** *What might the effect be?*	**Existing Controls** *How are we managing the risk?*	**Assurance Record** *What evidence do we have for the effectiveness of the controls?* *What level is this assurance?*	**Action Required** *Where are our gaps in assurance?* *What actions are required?*
Gaps in learning following incidents or against best practice Not being an organisation where innovation and new ideas can always thrive and be easily adapted	- Missed opportunities to improve patient outcomes/experience. - Non-systematic approach to learning. - Inefficiencies, processes not completed in a timely manner, erosion of desire to innovate and improve. - Inadequate foresight of organisational risk. - Inability to transform care and clinical models in a way that is fit for the future.	- Reflect and Review learning forum (monthly) - Monthly reporting on Serious Incidents - Nursing Learning forum - Patient safety meeting (monthly) - Upgraded Datix risk management platform - Analysis of Datix reports (weekly, monthly) - Weekly review panel for Serious Incidents - Board and Committee workplan. - Benchmarking. - Board and Committee structures. - Review of governance framework. - Innovation centre; hub for R&I teams and space for teams to come together and share good practice. - Digital infrastructure upgrades. - Roll out of QI programme.	- SI reports, meeting minutes and actions (level 1). - Meeting notes/actions from patient safety meeting (level 1). - Outputs of relevant meetings (level 1). - Outcomes of external reviews (level 3). - External governance report (level 3). - R&I Strategy (level 1). - QI plans (level 1). - Quality Strategy (level 1). - R&I Annual Report (level 1). ASSURANCE LEVEL **MEDIUM**	**Assurance Gap:** Clarity of organisational and governance structures **Action:** Review of governance structures (Deputy Chief Nurse) – March 2023 **Assurance Gap:** Inability for Datix to identify trends within reporting (not possible on upgraded version) **Action:** Executive dashboards being set up (Deputy Chief Nurse) – March 2023

3.0 Emerging Risks; Board & Board Committees

Month	Meeting	Risks Noted
Jan 2023	Audit	- No appointment of External Auditor with risk to completion of accounts in line with national deadline. - Head of Internal Audit Opinion 2022-23. - Back up and disaster recovery for third party providers.
	F&BP	- Potential industrial action (medical). - Growing challenge with specific diagnostic modalities and greater complexities of patient presentation. - System wide risk to income. - Non-recurring efficiency programmes. - Overspent capital programme. - Implications of planning guidance for 2023-24 and rate of inflation. - Risk to Trust culture; (in)appropriate use of STW.
	Q&CG	- Non-compliance with CNST. - Ability to provide sustainable community paediatric services in view of funding challenges. - Level of demand and resultant waiting times within Emergency Department and potential impact on clinical outcomes.
	SPC	- Rising levels of sickness absence. - Low levels of vaccination compliance. - Possible industrial action. - Compliance with mandatory training specifically information governance.
	Public Board	- Inability to appoint External Auditors. - Trust capital position. - Waiting times for Community Paediatric Services and potential impact on children's development. - Interventional Radiology service.
	Private Board	- Need for triangulation and simplicity of information presented to the Board; particularly in relation to Maternity.
Feb 2023	Q&CG	- Rise in category 2 pressure ulcers. - Absence of EPMA and impact on antimicrobial resistance. - Potential outbreak of Listeria regionally. - Performance within ED and impact on patient experience.
	F&BP	- Current financial position; ongoing risk to income and energy costs. - Capital; 2023-24. - Pending medical strike action with potential impact to service delivery.
	Public Board	- Pending medical strike action with potential impact to service delivery (particularly 78-week waiter position). - Capital programme; 2023-24. - Unresolved action related to income and potential resultant impact on financial position 2022-23.
	Private Board	- Capital requirements for 2023-24 including the number of high risk items. - Head of Internal Audit Opinion 2022-23.

		- Lack of External Auditors.

For those risks highlighted in the above table (not reflected in the BAF or CRR), the table overleaf pulls together actions held by the Board and Committees where these have been set to address these risks.

Risk(s)	Action Details	Committee Matrix	Action Owner	Due Date
Inability to appoint External Auditors	Add to CRR (noting escalation regionally and nationally undertaken)	n/a	Chief Finance Officer	End Feb 2023
Head of Internal Audit Opinion 2022-23	Comprehensive and pragmatic approach to the management of long dated actions	Audit	Trust Board Business Manager	Regular review: - EMC (monthly) - Audit Comm (alternate months)
Need for triangulation and simplicity of information presented to the Board; particularly in relation to maternity	Design revised governance oversight framework (including reporting)	Private Board	Chief Nurse	28 March 2023
Rise in category 2 pressure ulcers	Further detail and analysis of current position related to pressure ulcers	Q&CG	Chief Nurse	15 March 2023
Capital position for 2023-24 including the number of high risk requirements	Extraordinary F&BPC meeting scheduled; capital to be considered. Standardised framework for risk assessment of capital projects	Private Board Private Board	Chief Finance Officer Executive Team (as part of Operating Plan 2023-24)	20 March 2023 31 March 2023
Inappropriate use of STW	Revised STW reporting including additional detail to allow easy tracking/monitoring of breaches to SFIs	Audit	Chief Finance Officer	2 March 2023 (closed)

4.0 Action required from the Board / Committee

The Board is requested to:

a) Review the range of risks and use the information to inform strategic decision making.
b) Consider the assurances in place, identifying gaps in controls/assurances and challenge these accordingly, identifying further actions required as appropriate.
c) Review the emerging risks identified at Board and Board Committee meetings and consider reflection of these within the current BAF and CRR, paying attention to those not within these frameworks and the actions in place to mitigate.

5.0 Heatmap – Residual Risk

Catastrophic (5)					
Major (4)			4. Failure to provide consistent access to high quality care for Children and Young People (CYP) 6. Failure to deliver on our people priorities	7. Failure to provide adequate buildings and facilities.	
Moderate (3)			3. Failure to work effectively and collaboratively with external partners 5. Failure to support improvements in local population health and a reduction in health inequalities 8. Failure to learn, share good practice and continuously improve	1. Failure to provide care that consistently meets or exceeds performance and quality standards. 2. Failure to deliver annual financial and activity plans	
Minor (2)					
Negligible (1)					
	Rare (1)	**Unlikely (2)**	**Possible (3)**	**Likely (4)**	**Almost Certain (5)**

6.0 Risk Appetite Statement

Buckinghamshire Healthcare NHS Trust recognises that its long-term sustainability depends upon the delivery of its strategic objectives and its relationships with its patients, the public and strategic partners.

The Trust has the lowest tolerance for risks that materially impact on the safety of our patients and colleagues and we will not accept these. We recognise that decisions about our level of exposure to risk must be taken in context but are committed to a proactive approach. We have a greater appetite for risk where we are persuaded there is potential for benefit to patient outcomes/experience, service quality and/or value for money. The Trust has the greatest appetite to pursue innovation and challenge current working practices where such positive gains can be anticipated whilst operating within appropriate governance arrangements and regulatory constraints.

Where we engage in risk strategies, we will ensure they are actively monitored and managed and would not hesitate to withdraw our exposure if benefits fail to materialise. Our risk appetite statement is dynamic and its drafting is an iterative process that reflects the challenging environment facing the Trust and the wider NHS. The Trust Board will review the risk appetite statement annually.

7.0 Risk Matrix

	Consequence Score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	**Negligible**	**Minor**	**Moderate**	**Major**	**Catastrophic**
Impact on the safety of patients, staff or public (physical / psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality/complaints/ audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent Review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/ independent review Low performance rating Critical report	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards
Human resources/ organisational development/staffing/ competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis

Statutory duty/ inspections	No or minimal impact or breech of guidance/ statutory duty	Breech of statutory legislation Reduced performance rating if unresolved	Single breech in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breeches in statutory duty Improvement notices Low performance rating Critical report	Multiple breeches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million
Service/business interruption Environmental impact	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment

RISK SCORING MATRIX					
	Severity				
Likelihood	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic
1 Rare	1	2	3	4	5
2 Unlikely	2	4	6	8	10
3 Possible	3	6	9	12	15
4 Likely	4	8	12	16	20
5 Almost Certain	5	10	15	20	25

Meeting: Trust Board Meeting in Public

29 March 2023

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

Executive Summary

The purpose of this report is to provide a summary of matters discussed at the Board in private on 22 February 2023.

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

- Capital Report
- Energy Purchasing Strategy
- Replacement of Anaesthetic Machines and Theatre Patient Monitoring Equipment
- Private Patient Development
- Outsourcing Spend

Decision	The Board is requested to note the contents of the report.

Relevant Strategic Priority

Outstanding Care ☒	**Healthy Communities ☒**	**Great Place to Work ☒**	**Net Zero ☒**

Implications / Impact

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

Meeting: Trust Board Meeting in Public

29 March 2023

Agenda item	Fit and Proper Persons Regulation (FPPR)
Board Lead	Bridget O'Kelly, Chief People Officer
Type name of Author	Joanna James, Trust Board Business Manager
Attachments	n/a
Purpose	Assurance
Previously considered	n/a

Executive Summary

The Fit and Proper Persons Regulation (FPPR) requires all organisations to seek assurance that all directors are fit to undertake the responsibilities of their role. The Trust is held to account by the CQC in relation to FPPR through Regulation 5.

All healthcare providers are required to show evidence that appropriate systems are in place to ensure that all new and existing directors are, and continue to be, fit for employment.

Trust processes are in line with those recommended to ensure compliance and are conducted on an annual basis. The paper reports full compliance for all Board directors for the current financial year.

Decision	The Board is requested to take assurance that processes are in place to ensure Board directors meet the requirements of the FPPR and that all current Board members are compliant.

Relevant Strategic Priority

Outstanding Care ☒	**Healthy Communities ☐**	**Great Place to Work ☒**	**Net Zero ☐**

Implications / Impact

Patient Safety	CQC Regulation 5 recognises that individuals who have authority in NHS Trusts are responsible for the overall quality and safety of that care.
Risk	n/a
Financial	Any director deemed as 'fit' must not contravene any elements of the Unfit Persons Test which considers bankruptcy and insolvency.
Compliance CQC Standards Fit and Proper staff	CQC Regulation 5; Fit and Proper Persons
Partnership: consultation / communication	The Trust Board Business Manager and Chief People Officer work collaboratively with Board colleagues to ensure the requirements of this regulation are met
Equality	This regulation applies to all Executive and Non-Executive Directors (NEDs) at the Trust including Associate NEDs and Board Affiliates
Quality Impact Assessment [QIA] completion required?	No

1. Introduction

The Fit and Proper Person Regulation (FPPR) came into force for all NHS Trusts in November 2014 and requires all organisations to seek assurance that all directors are fit to undertake the responsibilities of their role.

In 2019, the Kark Review was commissioned to establish why the Fit and Proper Persons Test (FPPT) as not being applied effectively across the board and built upon the Francis Report which called for better regulation of NHS Board level directors. The review made a number of recommendations including that all directors (executive, non-executive and interim) should meet the specified standards of competence to sit on the Board of any health providing organisation.

The purpose of the FPPR is not only to hold Board members to account in relation to their conduct and performance, but also to instil public confidence in those who are responsible for leading NHS organisations and for the services that they provide.

2. CQC Regulation 5

The Care Quality Commission (CQC) holds NHS Trusts to account in relation to FPPR through Regulation 5. This is about ensuring that individuals are fit and proper to carry out the important role of director and ensure healthcare providers meet the requirements of the Health and Social Care Act.

The regulation applies to Executive and Non-Executive Directors who are responsible and accountable for delivering care including associate directors and any other Board members, irrespective of their voting rights.

Components of the regulation include any relevant individual;

- Being of good character.
- Having the qualifications, competence, skills and experience which are necessary for the relevant office or position or the work for which they are employed.
- Being able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the office or the position for which they are appointed or to the work for which they are employed.
- Not having been responsible for, privy to, contributed to or facilitated any serious mismanagement (whether unlawful or not) in the course of carrying out a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity.
- Not contravening any elements of the 'Unfit Persons Test' (Part 1, Schedule 4) related to bankruptcy or safeguarding.
- Not having been prohibited from holding the relevant office or position under such law as the Companies Act.
- Not having been convicted of any offence or removed/struck off of a register of professionals maintained by a regulator of health or social care professionals.

The CQC expect providers to be able to demonstrate robust recruitment, management, appraisal, disciplinary and dismissal processes in place supported by relevant policies. Whilst it is the Trust's duty to ensure fit and proper directors are in post, CQC has the power to take enforcement action against the Trust if it considers that requirements of FPPR have not been complied with.

3. Compliance

To ensure compliance with the FPPR, the Trust must be able to demonstrate that robust processes are in place to determine whether all new and existing directors are, and continue to be, fit. These include:

- A process to ensure all new director-level appointments are fit and proper as part of the recruitment process (as outlined within Regulation 19 and determined by the NHS Employment Standards).
- An annual process for regularly monitoring and reviewing the ongoing fitness of existing directors to ensure that they remain fit for their role, including consideration of serious mismanagement.
- Principles for conducting investigations into concerns about the fitness of a director.
- A process for the right of appeal for directors.

NHS Providers recommend the following methods for ensuring ongoing compliance:

a) The annual appraisal process which provides an opportunity to discuss and assess a director's continued fitness including their competence, values and behaviour.
b) Completion of self-declaration forms by directors to confirm they are fit and proper.
c) Periodic and sufficiently detailed checks e.g. for bankruptcy, registration and convictions.

Processes related to FPPR at BHT are aligned with NHS Providers recommendations as well as broader HR processes. They are well documented and completed on an annual basis.

The table below demonstrates full compliance for all Board level directors at the Trust for the current financial year.

Assessment/check	**Non-executive directors**	**Executive directors**
Annual appraisal	Carried out by the Trust chair in Q1	Carried out by the Trust CEO in Q1
Insolvency and bankruptcy register	On-line check carried out for all directors by a member of the recruitment team in March 2023	
Signed FPPT declaration	All have signed FPPT declarations within the last 12 months	
DBS checks	All have DBS checks in place in line with Trust requirements	

The CQC considered Trust compliance with FPPR during their well-led inspection in March 2022 and had no subsequent concerns.

4. Action required from the Board

The Board is requested to take assurance that processes are in place to ensure Board directors meet the requirements of the FPPR and that all current Board members are compliant with this regulation.

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 – Nation 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