

Meeting: Trust Board Meeting in Public

Date: Wednesday, 26 April 2023

Time: 09:30 – 11.00

Venue: Via Ms Teams and live streamed to the public

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

General Business

09.35	3.	Minutes of the last meeting held on: <ul style="list-style-type: none"> 29 March 2023 	Approval	Chair	Paper
	4.	Actions and Matters Arising	Approval	Chair	Paper
	5.	Chief Executive's Report	Information	Chief Executive Officer	Paper

Board Sub-Committee Chair's Reports

09.50	6.	Quality and Clinical Governance Committee Chair Report <ul style="list-style-type: none"> Committee Terms of Reference 	Assurance	Committee Chair	Paper
	7.	Finance and Business Performance Committee Chair Report <ul style="list-style-type: none"> Committee Terms of Reference 	Assurance	Committee Chair	Verbal To follow
	8.	Charitable Funds Committee <ul style="list-style-type: none"> Charitable Funds Policy BHT Pol 065 	Assurance	Committee Chair	Paper

Performance

10.15	9.	Integrated Performance Report	Assurance	Chief Operating Officer	To Follow
	10.	Transformational Initiatives for the Operating Plan	Approval	Chief Digital Information Officer	Paper

QUESTIONS FROM THE PUBLIC

COMFORT BREAK – 5 minutes

Finance

11.00	11.	Monthly Finance Report	Assurance	Chief Finance Officer	Paper
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12. 23-24 Budget Submission

Approval

Chief
Finance
Officer

To
follow

Information

13. Private Board Summary Report

Information

Trust Board
Business
Manager

Paper

AOB

14. Risks identified through Board discussion

Discussion

Trust Board
Business
Manager

Verbal

ANY OTHER BUSINESS

QUESTIONS FROM THE PUBLIC

Date of Next Meeting:
31 May 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

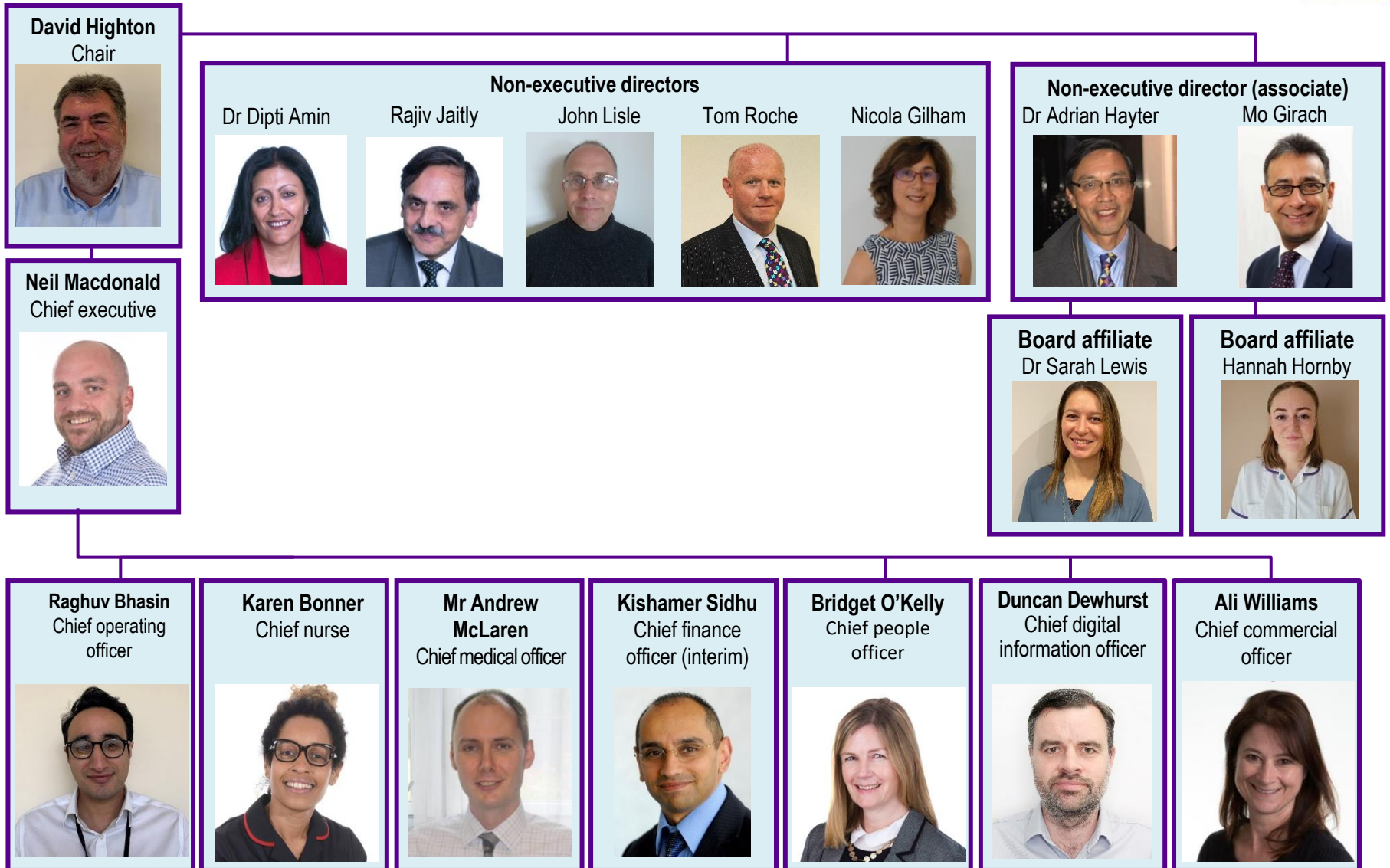
Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

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



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

MINUTES

Voting Members:

Mr D Highton (DH)	Trust Chair
Dr D Amin (DA)	Non-Executive Director
Mr R Bhasin (RB)	Chief Operating Officer
Mrs N Gilham (NG)	Non-Executive Director
Mr R Jaitly (RJ)	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 A Hayter (AH)	Associate Non-Executive Director
Miss H Hornby (HH)	Board Affiliate
Miss S Lewis (SL)	Board Affiliate
Mrs B O'Kelly (BOK)	Chief People Officer
Ms A Williams (AW)	Chief Commercial Officer

In attendance:

Miss T Charlton (TC)	Deputy Chief Nurse
Miss J James (JJ)	Trust Board Business Manager
Mrs E Jones (EJ)	Senior Board Administrator (minutes)

01/03/23 Welcome, Introductions and Apologies

The Chair welcomed everyone to the meeting.

Apologies had been received from Mo Girach, Non-Executive Director and Karen Bonner, Chief Nurse; Tina Charlton, Deputy Chief Nurse was attending in her place.

02/03/23 Register of Directors Interests

There were no additional declarations of interest to declare.

03/03/23 Patient Story

TC introduced the Patient Story which had been used for learning in the organisation. The story was told by Katie, whose husband David was a patient at Wycombe Hospital following a stroke and who had been transferred for rehabilitation to the John Radcliffe Hospital. David suffered a seizure as a result of not being administered his anti-seizure medication due to this being missed off the transfer of care documentation. The actions put in place by the clinical teams at Wycombe Hospital were outlined to ensure better communication of current medication in future transfers of care. These included a transfer checklist and changes in the junior doctor induction.

Following the video, the following points were raised:

- AH noted it was good for the Board to understand where things did not go so well and where action was taken to support changes. AH noted the transitions of care were often the

riskiest and this included discharge summaries going to General Practice noting medication errors were one of the most significant patient safety issues in the NHS. AH noted double checking drug charts with discharge summaries would help and queried what other mitigations could be employed, recognising the implementation of the electronic patient record (EPR) would help with this. AH noted the Integrated Care System (ICS) were looking for inter operable solutions to minimise the risks to patients.

- HH highlighted the importance of the EPR which would cut out the risk of errors and highlighted the importance of providing the complainant with the action plan to show there had been learning.
- TR requested in future it was ascertained from the patient or relative whether they were content with the actions that been taken. KM noted Katie was happy with the Trust's response and David was doing OK.
- NM commented on the discharge practice and how patients were followed up noting some Primary Care Networks (PCN) had a link to the Trust's IT systems alerting them when their patients were discharged so they could phone them and check they are OK and had the correct medications etc. NM believed the Trust should also carryout follow up conversations as these would have an impact on readmissions.

Action: Follow up on discharge – Chief Nurse

The Board thanked David and Katie for their willingness to share their experience.

04/03/23 Minutes of the last meeting

The minutes of the meeting held on 22 February 2023 were **APPROVED** as a true and accurate record.

05/03/23 Actions and Matters Arising

The Action Matrix was **NOTED**.

06/03/23 Chief Executive's Report

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

- Acknowledging and commending the work of colleagues in the Trust for supporting both ahead of and during recent industrial action. Lessons learned would now be considered for future industrial action planned to include the increase in medication errors.
- The Place Based Growth Board and governance structure was highlighted as the vehicle for ground-breaking work planned across the local community with local external partners.
- NG noted the granularity of planning behind the scenes for the industrial action and highlighted the calmness and empathy with which the Executives delivered the planning messages across the organisation which gave assurance and confidence the best was being arranged in the circumstances.
- On behalf of junior doctors, SL thanked colleagues for keeping patients safe during the industrial action.
- The recent pay increase letter was discussed and the mechanism by which colleagues within Private Finance Initiative (PFI) partner companies were being supported through the cost-of-living crisis.
- CARE award winners were congratulated, noting the plan for these individuals to attend Board in person in future months.

The Board **NOTED** the CEO report.

07/03/23 Audit Committee Chair Report

RJ took the report as read and highlighted the following:

- The Board were requested to approve the Terms of Reference which had been reviewed against a set of objectives following an effectiveness review.
- The Committee had focussed on the pending head of internal audit opinion and the lack of external auditors for the Trust due to the lack of auditors in the market. KS informed the Board a potential external auditor had been found to conduct the 2022-23 audit slightly later than usual.

The Board **NOTED** the report and **APPROVED** the Terms of Reference subject to a small change in wording around the role of the Executives and the Committee's role regarding assurance as requested by TR.

08/03/23

Quality and Clinical Governance Committee Chair Report

DA took the report as read and highlighted the following points:

- The Committee requested further work around harms related to winter pressures in the Emergency Department and a deep dive into falls and pressure ulcers.
- Documentation on the paediatric early warning signs remained a concern and the Committee requested an audit after further work had taken place.
- The shortage of chemotherapy nurses had been highlighted and assurance had been given mitigations were in place.
- The processing of the increased number of Deprivation of Liberty (DoLs) applications had been escalated to the Committee noting mitigations were in place.

The Committee **NOTED** the report.

09/03/23

Finance and Business Performance Committee Chair Report

NG provided an update on the meeting held the previous day noting:

- The Committee had commended teams on the improvements in the 78-week wait position.
- The revised Integrated Performance Report reflecting the breakthrough objectives and business priorities was awaited by the Committee.
- The Committee noted the Trust was on target for achieving the forecast outturn and the capital spend was in line with the capital budget.
- The financial plan for 2023/24 had been reviewed, which the Committee recommended the to the Board for approval.
- The Committee recommended the Board approved two contracts: sexual health and the healthy child programme.

The Board **NOTED** the update.

10/03/23

Strategic People Committee Chair Report

TR took the report as read and highlighted the following points:

- The increase in incidents of violence and aggression to colleagues noting the support which was in place.
- Staff survey results had been discussed highlighting the Trust was one of five recognised nationally as an improved Trust.

The Board **NOTED** the report.

11/03/23

Integrated Performance Report (IPR)

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

- There had been a slight improvement in the urgent and emergency care position including reducing the length of ambulance handover delays. It was still challenging in the urgent and emergency care pathway however there would be interventions for April and May to improve this.
- Work was ongoing with Integrated Care Board (ICB) colleagues to address the bed capacity gap with a plan to have more beds at Stoke Mandeville by next Winter using national capital.
- A collaborative model on discharge for next year was being worked on with Council colleagues. These trajectories for improvement would be included in the IPR along with a deep dive into emergency care in April.
- By the end of the month there would be three patients waiting for longer than 78-weeks for elective care against a target of zero. The reasons for this were due to their own personal decision to delay treatment and harm reviews had taken place and appointments booked for April.
- There was now a focus on those patients waiting over 65 weeks.
- There was continued good performance on cancer with improvements in clearing the backlog.
- There were challenges around diagnostic capacity particularly in MRI and ultrasound scans noting additional capacity was being brought in although there was a capital challenge which had been highlighted to the ICB.
- There had been good progress on quality metrics with a reduction in falls.

A detailed discussion took place which included the following points:

- Alternatives to the postal service for patient letters and letters to GPs and delays in the current pathway.
- Numbers of Medically Optimised for Discharge (MOFD) patients and impact on colleague workload especially for Allied Healthcare Professionals noting these patients often do not stay medically optimised for discharge.
- Referral-to-Treatment (RTT) benchmarking and the need to focus on not just the longest of waiters.
- The reduction in vacancy rates was noted against the international shortage of healthcare workers and a need to focus on and track retention across all colleague groups including the conversion rate of junior doctors to consultants. Flexible working would also be a focus for next year.
- It was noted the cancer and urgent and emergency diagnostics were being prioritised.

The Board **NOTED** the report.

12/03/23

Monthly Finance Report

KS highlighted the following key issues in terms of the month 11 position:

- The Trust was reporting a £14.0m deficit; £0.1m favourable to the agreed £14.3m deficit plan for 2022-23. Forecasts were being held and discretionary spend stopped to redirect spend into frontline services.
- The capital spend was also reported to be in line with the budgeted plan.
- Ongoing issues were highlighted with agency spend due to the industrial strikes and further review and discussion were required on cost control and expenditure and adverse variances following the pandemic.
- Cash from retained earnings from the PFI provider were being credited to the organisation.
- Associate commissioners had agreed contract income allowing stability going into month 12.
- Capital position and forecast was more transparent and specific.
- It was predicted there would be a reasonable amount of cash at year end.

RJ noted more detailed discussion around expenditure and adverse variances would be required at Finance and Business Performance Committee. DH noted these would include productivity discussions to review staff growth during the pandemic which would be addressed structurally going forward.

The Board **NOTED** the report.

13/03/23

Annual Operating Plan; 2023-24

DD noted the operating plan had been discussed in detail at the Finance and Business Performance Committee and would be submitted to the ICB. The following points were highlighted:

- The key priorities for next year would be breakthrough objectives linked to the Trust's vision of outstanding care; a great place to work and healthy communities.
- Activity, workforce and financial projections and plans would improve productivity by 5%.
- A plan looking at transformation initiatives; a revised IPR; planned care programme and healthy communities programme would come to April Board.
- Next year would be more financially challenged and the current forecast was £28.9m with 4.3% recurring and 1% non-recurring Cost Improvement Plan (CIP). The plan would help the organisation get back to a recurrent balance within 2-3 years. The financial plan 23/24 was a bridge to drive the programme going forward with recurring savings and non-recurring savings which was a key aspect for the Board to consider.
- The excess costs of energy and PFI, noting the level of inflation, was a key driver for the level of payments to the PFI, noting this was a key cost pressure for next year of £10.6m noting a solution would come from the centre to resolve this issue.
- The current forecast was likely to be reviewed to improve the position.

NM thanked the team who had been engaging with teams throughout the organisation to land the streamlined set of core objectives to bring some hard-hitting changes. The finances would require ongoing scrutiny from the Board and Finance and Business Performance Committee.

In response to a query from TR, DD noted the milestones and key metrics would be reflected in the IPR with tangible metrics to measure progress.

NG noted the Trust would go into next year carrying a risk for potential capital spend which was required and not currently financed.

The Board **APPROVED** the strategic objectives recognising there was further work to do on capital and revenue and it was likely a further round of planning submissions would be required particularly on the finances.

14/03/23 General Practice Vocational Training Scheme (GPVTS) Contract

BOK requested the Board approved the contract to pay St Helen's who meet the salary costs of trainee GPs.

Action: Investigate whether this Purchase Order could be a multiyear purchase order - Chief People Officer

The Board noted the reduction in number of trainees and **APPROVED** the Purchase Order.

15/03/23 Staff Survey Results

BOK outlined the results of the National Staff Survey following the 2022 survey which had been published on 9 March noting the reports were available online. The overall results had been broken down by division and highlighted the increased staff engagement and the improvement in positive action for the health and wellbeing scores, noting the Trust was the second best in the country. The areas which required improvement were the experiences of BAME colleagues and colleagues with a long-term condition. There had been worsening reports on violence and aggression toward colleagues from patients and the public and the rates of recommendation of the Trust as a place to receive treatment.

The Non-Executive Directors queried if the costs of the wellbeing initiatives could be attributed into better productivity and outputs through metrics and questioned what the key initiatives would be which would make a difference to the decline in statistics on violence and aggression and whether the organisation could learn from other Trusts. Further work was requested to understand the detail of responses from colleagues within the medical and dental group, those considering leaving in the next twelve months and those who felt unable to speak up.

BOK noted there was a lot of evidence to show happy staff provided better care and it was important to frame the productivity conversations positively. It was noted the referrals to counselling for stress had increased but sickness absence level had decreased.

Consistent messages regarding violence and aggression were being cascaded and the Trust was looking to learn from others.

BOK explained the results were being further analysed to understand which teams were struggling and not having good experiences at work and allowing them to learn from teams who were doing better.

BOK and AM noted there was focus and ongoing work on engaging with different groups of medics; consultants, specialist grade doctors and junior doctors who rotate.

The importance of understanding why colleagues do not feel able to speak up was discussed recognising the importance to patient care. In addition, understanding why colleagues leave would be a focus this year.

To read more on the Staff Survey please use the following links:

Benchmark Report

<https://cms.nhsstaffsurveys.com/app/reports/2022/RXQ-benchmark-2022.pdf>

Breakdown Report

<https://cms.nhsstaffsurveys.com/app/reports/2022/RXQ-breakdown-2022.pdf>

The Board took **ASSURANCE** from the improvements noted in the staff survey results and the work planned in other areas.

16/03/23 Wycombe Strategic Plan

AW noted the state of the Wycombe Tower had been on the CRR for some time and was being closing monitored with extensive surveys and with scaffolding in place.

The plan was to decant the tower and provide improved clinical spaces over the next five years noting a detailed plan would come to the Board in due course.

The Board discussed the capital requirements and funding for the Trust as well as specifically related to the decant of the Wycombe Tower recognising the need to ensure money was ringfenced to develop the plans going forward. The Board acknowledged the importance of colleague engagement and working with external partners as well as the complexities of this piece of work and focussed Emergency Preparedness, Resilience and Response (EPRR) support so far.

DH noted this would come back to Board, noting applications for funding had been submitted and there had been several visitors from NHSE.

The Board **APPROVED** to start the decant of Wycombe Tower and redevelop the site to provide modern healthcare facilities over the next five years.

17/03/23 Organisational Risk

JJ updated the Board on the new report providing a global view of the organisation's current risk considering both strategic and operational risks through the Corporate Risk Register and Board Assurance Framework. This was mapped against the Board's appetite for risk for each of the strategic objectives. The new report had been presented to Executive Management Committee and Audit Committee.

JJ noted she met monthly with the Executive Directors to review their risks recognising they were committed to setting smart actions.

The Board **NOTED** the report.

18/03/23 Private Board Summary Report

The Board **NOTED** the report.

19/03/23 Fit and Proper Persons Test

JJ informed the Board the Fit and Proper Person Regulation (FPPR) required the Trust to ensure that all directors were fit to undertake the responsibilities of their role. It was noted Trust processes were in line with recommendations and all current Board members were compliant with the regulation.

The Board **NOTED** the report.

20/03/23 Risks identified through Board discussion

- Risks to 2023-24 financial plan including inflation, energy and PFI costs and a need for recurring efficiencies. Further work required on proposed deficit position for next year.
- Availability of capital and impact on 2023-24 Capital Plan for the Trust; particular focus on decanting the Wycombe Tower and the need for timely capital to allay ongoing risks to safety at the site.
- Medically Optimised for Discharge (MOfD) patient numbers, impact on colleague workload and resultant wellbeing.

21/03/23 Any other business

There was no other business.

QUESTIONS FROM THE PUBLIC

No questions had been received.

Date of the next Trust Board Meeting in Public: 26 April 2023 at 09.30

Public Board Action Matrix

Action ID	Agenda Item	Summary	Target Date	Exec Lead	Status	Update
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
1596	Patient Story	Process to follow up patients post-discharge	25/10/2023	Chief Nurse	In Progress	Considering pilot of discharge follow up scheme in Stroke services. Further details to follow.

Meeting: Trust Board Meeting in Public

26 April 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 – Letter from BOB ICB to BHT Appendix 2 – Executive Management Committee and Transformation Board Appendix 3 – Place & System Briefing
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 summary of Executive Management Committee and Transformation Board 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). Also appended is a letter from the BOB ICB regarding the Trust's Oversight Framework segmentation (Appendix 1).

Decision The Board is requested to note the CEO report.

Relevant Strategic Priority

Outstanding Care ☒	Healthy Communities ☒	Great Place to Work ☒	Net Zero ☒
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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 a second round of industrial action by members of the British Medical Association and Hospital Consultants & Specialist Association took place over four days earlier this month from 11–15 April following the long Easter bank holiday weekend. Once again, significant planning went into our preparedness for this period, and all emergency and essential services in our hospitals, community sites and in people's homes continued to operate. To help us safely manage the impact of the industrial action, some routine and non-urgent appointments and procedures before, during and after the days of industrial action did unfortunately have to be rescheduled, and we extend our gratitude to the public for their patience. 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 commending and appreciating the hard work of 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.

The Hewitt Review: an independent review of integrated care systems (ICSs) was published on 4 April 2023. The Review identified six key principles to “enable us to create the context in which ICSs can thrive and deliver”. These are:

1. Collaboration within and between systems and national bodies
2. A limited number of shared priorities
3. Allowing local leaders the space and time to lead
4. The right support for systems
5. Balancing freedom with accountability
6. Enabling access to timely, transparent and high-quality data

The Review set out recommendations for how these principles could be translated into action, which the government is now considering.

Outstanding care

Key performance data are reported in the Integrated Performance Report with supporting narrative. At the end of March, we recorded two patients waiting over 78 weeks for planned care, which in both cases involved patient choice. There were 177 patients waiting longer than 62 days for treatment, which although we aspire for at least 85% of patients to be seen within 62 days, this is a reduction from March 2022 when we had 430 patients waiting.

We continue to experience high demand for our services across acute and community settings and recognise that the experience of patients seeking care in our Emergency Department is not always of the quality that we aspire to. Colleagues continue to make improvements, including most recently moving two areas within our Emergency Department to improve the flow and care of patients and increase capacity in our Same Day Emergency Care unit.

I am delighted to inform the Board that our Adult Speech and Language Therapy team have been awarded a large grant from the Parkinson's Excellence Network to support a project focusing on the swallowing difficulties that patients with Parkinson's can experience, and support good nutrition, hydration and medication during hospital stays.

On 11 April it was World Parkinson's Day and we were delighted to welcome Dr Rowan Wathes, Associate Director of Parkinson's Excellence Network, to Stoke Mandeville Hospital to meet with colleagues and hear more about the project.

In line with updated national guidance, we have changed the way we test patients for COVID-19. Amongst other changes internally within the hospital, lateral flow testing will now be used for discharge of patients to other care settings.

We closed the financial year 2022/23 at a deficit of £14.3m against a planned deficit of £17.6m. We spent £28.5m of capital. I am sure the Board will join me in thanking our finance teams who are under particular pressure at this time of year to ensure our end-of-year accounts are accurate, and budgets are ready for the year ahead.

Healthy communities

On Wednesday 19 April we held an Older People's Health and Wellbeing Day at Marlow Community Hospital. This was an opportunity for members of our community in the south of the county to access relevant information and advice, as well as take up a range of health checks, and balance and fitness reviews.

We also held a Cancer Wellbeing Event in Princes Risborough for anyone living with and beyond cancer in the county.

Both of these activities continue our ambition to provide care and support in the community for some of our most vulnerable patients and residents of the county.

Earlier this month, I was pleased to have the opportunity to spend some time with our Health Visiting team based out of Marlow Community Hospital. Our Health Visitors provide invaluable advice and support to parents and their new-born babies after birth and within the early years.

I was also delighted to meet with the Chief Executive of Heart of Bucks, to learn more about this organisation and understand the work it does in connecting the wealth of voluntary and charitable sector groups in our county.

Great place to work

It has been nationally reported as the most difficult winter on record for the NHS. In recognition of the significant challenges colleagues have worked through this year, we are pleased to be able to offer a Wellbeing Day to take this financial year, for all colleagues substantively employed with the Trust on 17 March 2023.

April is Stress Awareness Month, a national campaign run every year since 1992 to raise awareness of the causes of modern-day stress and things that can help. Our Health & Wellbeing team have been offering mindfulness sessions and reminders of the variety of support available to colleagues to help individuals invest in their mental health.

Finally, I would like to update the Board that in March we had an Oversight Meeting with colleagues from NHS England and the Buckinghamshire, Oxfordshire & Berkshire West Integrated Care Board, to review progress against actions to move from Oversight Framework 3 segmentation to Oversight Framework 2. While significant progress was acknowledged, additional assurance on our Urgent and Emergency Care recovery and our current financial plan for 2023/24 means that the Trust has not been moved to Oversight Framework 2 segmentation. Work will continue towards this as we enter the new financial year. I append the letter summarising this in Appendix 2.

Appendices

Appendix 1 – Letter from BOB ICB to BHT

Appendix 2 – Executive Management Committee and Transformation Board

Appendix 3 – Place & System Briefing

Sandford Gate
Sandy Lane West
Oxford
OX4 6LB

03 April 2023

Neil Macdonald
Chief Executive Officer
Buckinghamshire Healthcare NHS Trust

Dear Neil,

BOB ICB Tripartite Oversight Meeting with Buckinghamshire Healthcare and NHSE

Thank you to you and your team for providing comprehensive updates on the Trust's position at the BOB/NHSE Tripartite Oversight Meeting on 22nd March 2023.

This was the final meeting of 22/23 financial year and significant progress against the OF3 to OF2 segmentation was evident. The meeting itself did not result in a move from segment 3 to segment 2 because of the need for additional assurance on the UEC recovery plan and the projected financial deficit in 2023/24. We did agree that we needed to be clear on the specific milestones for these two areas to support a shift in Q1 of 2023/24

It was particularly useful to hear about current issues and share information, including best practice.

Summary highlights of the presentation topics included:

Performance

This time last year Buckinghamshire Healthcare held 25% of the southeast region's 4,000 patients waiting over 78 weeks, at the time of our meeting this has been reduced to just 36 patients. Theatre lists have improved to on average include 2.7 patient's vs 2.3 patients this time last year although you had lost 1000 lists due to an estates issue. We heard your success in delivering transformational cancer pathway work which has resulted in significant improvements in reducing the number of patients waiting over 62 days for treatment and will continue to push improvements by focusing on the 28-day faster diagnosis standard. Although not reflected overtly in the reported numbers there has been significant improvement on discharge – with a new Director of Adult Services and improved relationships with Local authority. You acknowledge the continued challenge in UEC despite the urgent community response service seeing a high of over 400 patients in January. I also

noted the positive staff engagement and increase in wellbeing referrals which you felt was having a real impact with reduced frequency and length of absence from staff.

UEC Programme

The early success of your UEC programme was noted with a new clinical lead in the ED having been in post 4 months already making a difference. Further milestones in the programme include opening the urgent treatment centre (UTC) to a 24/7 service in Q1, working on individual productivity e.g., capturing the numbers of patients seen by clinician, and an aspiration to double the consultant workforce in ED. The next step is for you to share UEC improvement trajectories with the ICB particularly in the delivery of the four standard, reduction of patients waiting over 12 hours and reduction in ambulance handover delays. ,

Finance

Your Director of Finance talked through plans for next year explaining 90% of Cost Improvement Plans (CIPs) are in the process of having project initiation documents being written up. Whilst still to develop plans for the remaining £2m of the identified £20m. To ensure continuity we (to be jointly commissioned by BOB ICB and BHT) are looking to obtain a short external review by PWC to be held as record of root cause of the deficits including a focus on income for which you will follow consultancy rules. Your planned bridge assumes that income includes ERF and COVID funding. Our Chief Finance Officer will write out separately to confirm the allocation.

Revenue - Buckinghamshire Healthcare are still on trajectory to land the 22/23 finances as per deficit plan but acknowledge the organisation has submitted a deficit plan for 2023/24. Areas of work underway to tackle the underlying deficit are to consider nursing establishments, admin and clerical staff growth (Covid posts.) Temporary staffing rates have already been capped and there is high confidence in not breaching.

PARAGRAPH REDACTED DUE TO COMMERCIAL CONFIDENTIALITY

PARAGRAPH REDACTED DUE TO COMMERCIAL CONFIDENTIALITY

Socio-Economic

It was both heartening and impressive to hear of your alignment with partners in the geography on such items as; Town centre regeneration, economical investment, and technology advances with funding from the Buckinghamshire Local Enterprise Partnership (LEP). Focusing on skills and employment with education partners. The leading role Buckinghamshire Healthcare will take in the flagship programme 'Opportunity Bucks' led by Buckinghamshire Council aiming to 'level up' the 10 most deprived wards.

In summary I have observed a significant and sustained improvement at Buckinghamshire Healthcare, high quality care evidenced by maintaining the hospital standardised mortality rate (HSMR) through winter. The intention is to deliver the budget on plan despite more work to do in reducing the deficit. A good plan for UEC services with detailed performance trajectories in development.

I personally wanted to thank you and your Executive team for a positive and open meeting where you shared an overview of performance and identified areas of challenge. In terms of future meetings, I look forward to the next Tripartite Meetings which is presently scheduled for May 2023.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Matthew Tait', with a long horizontal flourish extending to the right.

Matthew Tait
Chief Delivery Officer (Interim)

Cc: Steve McManus, Chief Executive Officer (Interim), BOB ICB

Annex 1 Agreed action and support

	Agreed Action and Support	Lead/s
1	Nick Samuels & Catherine Mountford to review engagement model with Bucks residents around the Estates strategy with the aim to set up a working group to agree the next steps.	Nick Samuels and Catherine Mountford to link with Neil
2	BOB ICB colleagues to visit the Wycombe Tower to understand the extent of derogation of the building and CQC's recommendation to close the Cardiology ward.	Dawn Riddell
3	Support from ICB and Region to secure capital for 50 additional beds to close the acute bed capacity gap identified.	Matthew Tait/ Jayne Rhodes
4	Discussion with Region / ICB and BHT to develop a more strategic capital prioritisation approach	Jim Hayburn (Matthew Metcalfe) / Steve Gooch
5	Ross Fullerton to pursue potential EPR digital capital centrally to allow more capital for additional beds.	Ross Fullerton
6	Meeting to be held with all 3 parties to discuss and close the measures from Anne Eden's letter and agree next steps to reach SOF 2.	Raghuv Bhasin/ Matthew Tait / Anne Elgeti
7	Raghuv to send Matthew Tait the UEC trajectories once calculated.	Raghuv Bhasin

Executive Management Committee and Transformation Board

Executive Management Committee (EMC) 28 March to 11 April 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 month:

Quality and Performance

Infection Prevention & Control service
Homeless Clinic project
Joint Local Health & Wellbeing Board Strategy Action Plans
Nitrous Oxide guidance
Care Quality Commission action plan
COVID-19 testing policy update
Human Tissue Authority inspection October 2022

Digital and Governance

Trust policies update
Integrated Care System Digital Strategy
Organisational Risk: Corporate Risk Register and Board Assurance Framework
Minutes from EMC sub-committees

People

Car parking
Mileage rates
Job planning

Money and Estates

Productivity & Efficiency planning weekly update
Cost pressures
Annual Business Plan
Capital Plan
Month 11 capital report
Paediatric emergency department
Carbon reduction

Transformation Board 21 March and 18 April 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). The following provides an overview of the key areas considered in the last two meetings:

QI projects on a page

Terms of Reference

Objectives delivery

Transformation priorities:

- Urgent and emergency care
- Planned care
- Healthy communities
- Digital
- Temporary staffing

Operating Plan 2023/24

Productivity and efficiency weekly update

Balanced working culture

Integrated Performance Report

Place and System Briefing

April 2023

Place

Place-Based Partnership meeting *no meeting in April; next meeting 9 May 2023*

Health & Wellbeing Board | 30 March 2023

A recording of the webcast of the meeting is available [here](#).

Item	Summary	Impact
Healthwatch Bucks Quarterly Review	Summary of recent activity (a report published on Social Prescribing Experiences, and a project focusing on the experiences of young people with young onset dementia) and strategic priorities for 2023/24.	Healthwatch Bucks are an important voice for patients and residents about their experience of healthcare (and other local) services. Their research informs recommendations for the relevant organisation, which could include our Trust, Buckinghamshire Council, or the BOB ICS.
Integrated Care Partnership	Presentation of the Joint Forward Plan, a new statutory responsibility for the BOB ICB and NHS Trusts, setting out how services and universal NHS commitments will be delivered over the next five years.	An important plan for us as a Trust, which we have inputted into. The Plan will be published in late April to May.
Health and Care Integration Programme	Update on progress of this programme, future plans and what it means for residents.	Hospital discharge processes are a key part of any patients' stay in hospital and their onward care, as well as being an important driver of the sustainable flow of patients through the hospital, particularly at periods of high demand.
Joint Local Health and Wellbeing Strategy Action Plans	Update on progress of action plans for this Strategy, with specific focus on two elements of Live Well (cardiovascular disease prevention, and reducing prevalence of obesity and increasing physical activity)	This is a joint strategy with our organisation, so we are working alongside partners on various elements of the actions to deliver the ambitions under the Start Well, Live Well, and Age Well parts of the Strategy.
Suicide Prevention Action Plan	Sets out the action plan for 2022-24, identifying priority areas and how actions will be funded and progress formally reported.	Improving mental health support at all stages of life is one of the priorities of the Joint Local Health and Wellbeing Strategy which BHT is a partner in.
Joint Local Health and Wellbeing Strategy Quarterly Performance Review	Following approval of the Strategy in September 2022, this sets out the proposed performance measures and targets to use to monitor progress, and why they have been chosen.	<p>These measures will help us know whether the actions or interventions we are making are having the intended effect.</p> <p>Use of data to robustly monitor progress is an important element of delivering this Strategy, and an approach which we are mirroring internally with the delivery of our organisational priorities.</p>

System

Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS) CEO Group | 5 April 2023

The focus of the meeting this month was primarily preparedness across the system for the pending industrial action.

BOB Integrated Care Board (ICB) | *no Board meeting in April; next meeting 9 May 2023*

The BOB ICB meeting takes place every other month and the agenda and reports for the next meeting on 16 May will be available [here](#).

In April, the BOB ICB met for a workshop to discuss the following topics:

- Operational and financial planning
- Industrial action
- Hewitt Review
- Joint Forward Plan
- Primary Care
- Governance

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

Date of Committee 19 April 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 March 2023	Minutes approved	None	Refer to Audit Committee for noting	n/a
Integrated Performance Report	<p>Monthly reporting on Trust quality metrics and actions/progress with actions to address negative variance</p> <p>Verbal update on maternity metrics noting these were under review</p>	Partially assured – noting ongoing challenges in providing timely complaint responses, particularly those areas under the greatest operational pressure, and recent internal audit review supporting improvements in processes	None	n/a	To note discussion related to Quality metrics when considering full report
CQC Action Plan	Following the CQC inspection in February 2022, an update on progress against the action plan addressing CQC 'Must Do' and 'Should Do' actions	Assured – noting quarterly scheduled meetings with CQC	Consideration of review of evidence by the Internal Audit team	n/a	<p>n/a</p> <p>Next update for Board scheduled for July 2023</p>

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Review of CQUIN (Commission for Quality & Innovation) Schemes	Quarterly update (Oct-Dec 2022) on progress against the 5 CQUIN schemes	Assured – noting full achievement of 3 schemes and partial achievement of remaining 2 schemes Confirmation of proposed schemes for 2023-24	Support for further work on implementation of malnutrition screening CQUIN	n/a	n/a
National Early Warning Score (NEWS) CQUIN Scheme	Focussed update on the adoption of the NEWS CQUIN	Assured – noting good compliance through Q2 (91%) and Q3 (93%) 2022-23, above the 60% compliance target	None	n/a	n/a
Clinical Effectiveness Report	Overview of activity related to clinical audit, clinical and NICE guidelines and NCEPOD studies (National Confidential Enquiries into Patient Outcomes and Death)	Partially assured – noting change in processes related to Clinical Guidelines and progress with updating these	Robust tracking processes to support proactive management of guidelines (through routine quarterly reporting)	n/a	n/a
Committee Terms of Reference	Annual review of the Committee Terms of Reference	Approved – subject to minor amendments made by the Committee	None	n/a	Recommend for approval

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Committee Risk Report	Presentation of those risks for which the Committee has oversight	Noted	None	n/a	To note presentation of quality risks when considering organisational risk report
Quality and Patient Safety Group Minutes	Minutes of the meeting on 30 March 2023	Noted	Review of governance structure; presentation of output	n/a	n/a
Human Tissue Authority (HTA) Regulation Inspection	Summary of the outcomes of the inspection in October 2022	Noted – including the positive outcome and comments from the HTA inspection team	None	n/a	n/a

Emerging Risks noted:

- Lapsed clinical guidelines, noting overall progress.

Meeting: Trust Board Meeting in Public

26 April 2023

Agenda item	Committee Terms of Reference
Board Lead	Joanna James, Trust Board Business Manager
Type name of Author	Joanna James, Trust Board Business Manager
Attachments	Q&CG Committee Terms of Reference DRAFT April 2023
Purpose	Approval
Previously considered	Q&CGC 19.04.2023

Executive Summary

The attached document contains the draft terms of reference for the Quality & Clinical Governance Committee including the requirement for these to be reviewed on an annual basis in line with best practice. The Committee last considered these in 2022.

To comply with the Trust Governance Manual (BHT Pol 089) and the Terms of Reference, a set of proposed objectives for the Committee for 2023-24 has been included in Appendix 1. The 'Duties' section has been re-written and non-material amendments including formatting changes have been made to ensure all Board Committee Terms of Reference are aligned.

Minor amendments were made to the Terms of Reference after consideration by the Quality & Clinical Governance Committee on 19 April 2023 and these were subsequently approved by the Committee.

Decision	The Committee is requested to review and approve the terms of reference.
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Relevant Strategic Priority

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

Patient Safety	The overall purpose of the Committee is to assist the Board in the performance of their duties through monitoring the safety and quality of healthcare for which the Trust has responsibility.
Risk: link to Board Assurance Framework (BAF)/Risk Register	A key duty of the Committee is oversight of quality related risks and the terms of reference sets out a requirement for review of these on a quarterly basis.
Financial	Key Trust financial matters are delegated by the Board to the Finance and Business Performance Committee for consideration.
Compliance <small>Select an item.</small> Good Governance	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.
Partnership: consultation / communication	The terms of reference should be considered by the Committee collectively prior to amendment and/or approval.

	Membership and attendance is listed to ensure appropriate representation at Committee meetings.
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.
Quality Impact Assessment [QIA] completion required?	No

See attached document.

Quality & Clinical Governance Committee Terms of Reference

1. Purpose

The overall purpose of the Committee is to assist the Board in the performance of their duties through monitoring and improving the safety and quality of healthcare for which the Trust has responsibility. This includes:

- Through consultation with the Audit Committee, providing assurance to the Board that structures, systems and processes are both in place and functioning to support an environment for delivery of quality and clinical governance across all health services delivered by the Trust.
- Monitoring, and providing assurance to the Board regarding, the effective management of risks and other issues that may jeopardise the Trust's ability to deliver on quality related objectives.
- Providing a forum to set the strategic direction concerning all areas of quality, monitoring delivery against such strategy and providing assurance to the Board to this effect, ensuring the best clinical outcomes and experience for patients.

2. Constitution

The Board resolves to establish a standing Committee of the Board to be known as the Quality and Clinical Governance 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

The Committee shall be appointed by the Board from amongst the non-executive and executive directors of the Trust and include (as a minimum):

- Three non-executive directors with the personal and professional characteristics necessary to be effective.
- Chief Nurse (representing both nursing and allied health professionals)
- Chief Medical Officer
- Chief Executive Officer
- Chief Operating Officer.

One of the non-executive members will be appointed Chair of the Committee by the Board. A second non-executive member will be appointed as Deputy Chair.

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.

The Chair of the Audit Committee shall not be a member of the Committee.

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

- Deputy Chief Nurse
- Trust Board Business Manager
- Committee Secretary
- Director of Midwifery
- Chief Pharmacist

- Director of Allied Health Professionals
- Patient Representative

An open invitation shall be extended to local Place and System representatives. Others may be invited to attend according to the agenda. When a Division is presenting a Divisional Service Review, it is expected that all members of the triumvirate will attend; the Divisional Director, Head of Nursing and Divisional Chair.

4. **Quorum**

The quorum necessary for the transaction of business shall be three members consisting of at least two non-executive 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 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**

The Committee shall meet at least ten times per year (usually monthly) and at such other times as the Chair of the Committee shall require. Meetings of the Committee shall be summoned by the Committee Secretary at the request of the Committee Chair.

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 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.

The Committee must consider the frequency and timing of meetings needed to allow it to discharge all of its responsibilities.

In addition to the formal meetings the Committee members should consider 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 the paragraphs below.

The Quality and Clinical Governance Committee is an advisory body with no executive powers; it is not the duty of the 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 external stakeholders 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 Committee has the authority to seek any information it requires from any member of staff and request any member of staff to attend its meetings. All members of staff are directed to comply with such requests.

7. Duties

The Committee shall be responsible for the following duties:

I. Governance

The Committee shall provide assurance to the Board on the effectiveness of structures, policies, systems and processes for quality assurance, clinical, information and quality governance specifically in the areas of patient safety, patient experience and clinical effectiveness and outcomes.

Specifically, the Committee will seek assurance on processes related to:

- Clinical audit
- Clinical negligence claims
- Complaints management
- Incident management
- Trust response to publication of clinical guidelines.

II. Compliance

The Committee shall review reports regarding compliance with external assessment and/or reporting related to quality.

Assurance shall be sought on the process for reviewing reports arising from external reviews and have oversight of the external reviews register.

At least annually, the Committee should receive assurance regarding compliance with Care Quality Commission (CQC) regulation. The Committee will also maintain oversight over any outstanding CQC Action/Improvement plan.

III. Performance

The Committee shall gain assurance on the full range of quality performance metrics and delivery of annual breakthrough objectives, requesting in-depth examination of key quality issues where required to support a quality culture. Alongside this, the Committee shall consider associated risks to delivery of Trust objectives. The following will be used to support this function;

- Integrated Performance Report (IPR).
- Breakthrough objectives; performance reporting.
- Corporate Risk Register (CRR).
- Board Assurance Framework (BAF).
- Safe staffing reports (triangulating staffing with quality metrics).
- Minutes and/or reports from relevant stakeholder groups.
- Any other information deemed necessary and requested by the Committee.

IV. Quality Strategy

The Committee shall oversee the delivery of the Quality Strategy to ensure continuous improvement in both quality and safety. In particular, the Committee shall seek assurance that measures for success are implemented within appropriate timescales. The Committee will oversee the development and approval of such strategies.

V. **Quality Account**

The Committee shall oversee the development of the Quality Account, ensuring this reflects the views of key stakeholders, and advise the Audit Committee on publication.

VI. **Annual Review**

The Committee shall set annual objectives in line with the purpose and duties of the Committee. A report on progress against these and the terms of reference shall be submitted to the Board at year end.

The Committee shall also undertake any other responsibilities as delegated by the Board. Those processes used by the Committee to gain assurance will be reviewed by the Audit Committee to determine their effectiveness. Where appropriate, the Committee will escalate areas of concern to the Board.

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.

The effectiveness of the Committee will be monitored by the Audit Committee through receipt of the Committee's minutes and by the Board through receipts of such written or verbal reports that the Chair of the Committee is required to provide.

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, noting the assurance function of the Committee;

- a) Performance
 - i. Oversight of progress against Trust breakthrough objectives for 2023-24 through quarterly reporting;
 - **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 access and effectiveness of our services for communities experiencing the poorest outcomes with priorities to:**
 - o Reduce smoking in pregnancy with less than 5% of women smoking at the time of delivery.
 - o Improve the early identification of frailty with more than 30% of patients in ED having a documented frailty score.
 - ii. Oversight of and support for the delivery of the Trust Quality Strategy.
 - iii. Oversight of key quality risks through quarterly review.
- b) Compliance
 - i. Approval of compliant Quality Account in line with national timetable.
 - ii. Fully compliant CQC action/improvement plan.

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	Draft for Committee Chair
1.1	7 Jan 2014	B H Courtney	Amended draft for Committee Chair and review by Quality and Clinical Governance Committee
1.2	7 Feb 2014	A Walker	Distributed for comment
1.3	4 Mar 2014	A Walker	Final agreed
1.4	12 Mar 2014	A Walker	Forwarded to Board
1.5	Sept 2014	A Walker	Updated <ul style="list-style-type: none"> to include ACNs and Head of Allied Health on membership allow Trust chair as non-exec member of the Committee
1.6	5 Nov 2014		Forwarded to Board
1.7	12 Jan 2016	E Hollman	Updated to reflect revised membership and increased numbers of meetings.
1.8	22 Dec 2016	E Hollman	Updated to reflect matters agreed by Committee Chairs, the planning of formal meetings and Service Reviews, and to introduce the review of the Corporate Risk Register overtly.
1.9	4 Jan 2018	E Hollman	Updated to reflect current situation and changes to committee structures.
2.0	28 Jan 2019	E Hollman	Updated to reflect current situation and changes to committee structures.
2.1	7 May 2019	S Manthorpe	Draft document to be approved by Committee
2.2	29 May 2019	S Manthorpe	Draft document to be approved by Trust Board
2.3	19 Apr 2022	D Thomas	Periodic review for the Committee
2.4	19 Apr 2023	J James	Periodic review for the Committee

Report from Chair of Finance and Business Performance (F&BP) Committee

Date of Committee 25 April 2023

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Meeting Minutes	Minutes from: - F&BP meeting 28 March 2023 - Extraordinary F&BP meeting 20 March 2023	Minutes not available for Committee	Minutes to be presented to the Committee in May 2023	Refer to Audit Committee for noting (once approved)	n/a
Ophthalmology Biosimilar Progress (Action 1515)	Update on biosimilar drug switch progress in Ophthalmology	Noted	Additional paper to be circulated to the Committee regarding future pipeline of biosimilar drug switches to support CIP planning and budgeting going forward Additional FBP session to give assurance on overall medical optimisation programme Trust wide including programme management, timings, savings etc	n/a	n/a

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Monthly Integrated Performance Review (IPR)	<p>Monthly reporting on Trust performance metrics and actions/progress with actions to address negative variance. Reporting defined by NHS System Oversight Framework, BHT Strategic Priorities and the 2022/23 Operating Plan</p>	<p>Assured – noting variety in DNA rates between service lines, the need to offer choice in delivery of outpatient appointments rather than centrally set virtual appt targets and booking practices to maximise theatre capacity</p> <p>Acknowledged reduction in nursing vacancy rates, progress with long elective waiters and re-introduction of social workers into wards</p>	<p>Revised IPR awaited to align to breakthrough objectives and with a focus on productivity (due May 2023)</p> <p>Introduction of trans nasal endoscopy to support backlog reduction</p>	<p>Board Seminar scheduled for April 2023 including consideration of UEC model focussed on accountability and ownership</p> <p>Work undertaken on prioritisation of digital priorities – to consider as part of the digital strategy update</p>	<p>To note the report and discussions held by the Committee</p>
Community Waiting List Profile	<p>Deep dive into waiting lists for provision of community services including focus on specific services and associated risk</p>	<p>Partially assured – acknowledging harm considered from multiple perspectives including clinical and safeguarding and realised benefits of local partnership working</p> <p>Lack of funding and challenges in access recognised as key issues</p>	<p>Regular reporting of such metrics within the IPR</p> <p>Continued focus on funding as progress work on Community Contract</p>	<p>Oversight of children's services related to output of SEND inspection in place by Quality & Clinical Governance Committee</p> <p>Re-consider as part of Board Seminar (Children's Services)</p>	<p>To note potential developments to the IPR</p>

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Monthly Finance Report	Update on financial position at M12 including YTD headline position, divisional forecasts, balance sheet, capital and cash flow analysis	Assured – recognising end of year position consistent with the revised deficit plan of £14.3m and the capital plan	Provision of assurance on management of energy in view of this being the biggest increase	Recognised work requested by EMC re: financial control at year end	To note the report and discussions held by the Committee
Capital Report	Report on the status of the Trust capital programme as of M12	Assured – recognising end of year position consistent with the annual capital plan	None	n/a	n/a
Transformation and Efficiency Update	Monthly report on Trust Efficiency Plan including YTD actual against plan and update on priority initiatives	Assured	None – noting action within action matrix re: revised reporting	n/a	n/a
Financial Strategy; Plan for a Plan	High level timescale for long term organisational financial strategy including key themes for consideration	Noted	Further development of long-term financial strategy	n/a	n/a

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Annual Financial Plan 2023-24	<p>Summary of organisational budget and financial plan for 2023-24</p> <p>Provision of comparative metrics across provider organisations within BOB ICS</p>	<p>Approved – baseline £28.9m deficit plan for 2023-24 adjusted by £5m to support compliant BOB ICS financial plan.</p> <p>Approved subject to seeking contract inflation</p>	<p>Finalisation of BOB ICS plan with consideration of risk appetite attached to matters comprising the possible £5m adjustment</p>	n/a	<p>Recommended to approve 2023-24 Budget</p>
Buckinghamshire Healthcare Projects Limited (BHPL) Annual Business Plan	<p>Annual plan for discussion including:</p> <ul style="list-style-type: none"> - Private patient income development - Pharmacy business - Overall financials - New opportunities for exploration <p>Overview of governance arrangements between BHT and BHPL</p>	<p>Noted – key areas for focus and development highlighted by Committee members</p>	<p>Provision of greater detail on governance arrangements and proposed changes</p> <p>Committee comments to be included within a revised plan to present to Trust Board</p>	n/a	<p>Following input by the Committee, approve final plan (May 2023)</p>
Business Case; Additional Beds	<p>Briefing paper outlining the basis of a bid for central capital funding to increase the organisational bed base</p>	<p>Noted</p>	<p>Committee to consider the full business case should funding be granted</p>	n/a	n/a

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Contract; Remote ECG monitoring	Three-year contract for approval to continue to provide a remote ambulatory ECG monitoring for patients	Approved	None	n/a	Recommend for approval
Committee Terms of Reference	Annual review of the Committee Terms of Reference	Approved – subject to minor amendments made by the Committee	None	n/a	Recommend for approval
Annual Workplan	Draft annual plan of work for the Committee for 2023-24	Noted	None	n/a	n/a
AOB – Lease for Abbey Place	Request for approval of a 5-year lease for Abbey Place in High Wycombe to provide accommodation for children's services	Approved	None	n/a	Recommend for approval

Emerging Risks noted:

- Annual financial deficit plan for 2023-24; organisation and ICS position.
- Proportion of non-recurrent CIP versus recurrent CIP and impact on 2023-24
- Length of waits for community services particularly those affecting looked after children.

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

Meeting: Trust Board Meeting in Public

26 April 2023

Agenda item	Committee Terms of Reference
Board Lead	Joanna James, Trust Board Business Manager
Type name of Author	Joanna James, Trust Board Business Manager
Attachments	F&BP Committee Terms of Reference DRAFT April 2023
Purpose	Approval
Previously considered	F&BPC 25.04.2023

Executive Summary

The attached document contains the draft terms of reference for the Finance & Pe Committee including the requirement for these to be reviewed on an annual basis in line with best practice.

To comply with the Trust Governance Manual (BHT Pol 089) and the Terms of Reference, a set of proposed objectives for the Committee for 2023-24 has been included in Appendix 1. The 'Duties' section has been re-written and non-material amendments including formatting changes have been made to ensure all Board Committee Terms of Reference are aligned.

The Terms of Reference were approved by the Finance and Business Performance Committee on 25 April 2023 and recommended to the Board for final approval

Decision The Board are requested to review and approve the terms of reference.

Relevant Strategic Priority

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

Patient Safety	Key Trust quality matters are delegated by the Board to the Quality and Clinical Governance Committee for consideration.
Risk: link to Board Assurance Framework (BAF)/Risk Register	A key duty of the Committee is oversight of finance related risks and the terms of reference sets out a requirement for review of these on a twice-yearly basis.
Financial	The overall purpose of the Committee is to assist the Board in the performance of their duties through monitoring and improving the financial and business performance for which the Trust has responsibility.
Compliance <small>Select an item.</small> Good Governance	A strong link has been established between good governance and good financial management and this is recognised widely within research as well as by the CQC..
Partnership: consultation / communication	The terms of reference should be considered by the Committee collectively prior to amendment and/or approval. Membership and attendance is listed to ensure appropriate representation at Committee meetings.

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.
Quality Impact Assessment [QIA] completion required?	No

See attached document.

Finance & Business Performance Committee Terms of Reference

1. Purpose

The overall purpose of the Committee is to assist the Board in the performance of their duties through monitoring and improving the financial and business performance of the Trust including making recommendations to the Board in relation to financial and business performance. This includes:

- Providing assurance to the Board on all aspects of finance and operational performance related to the provision of care and services and in support of providing the best clinical outcomes and experience for patients and delivering value for money.
- Overseeing all the financial arrangements of the Trust; providing information to the Board on the financial issues of the Trust and assurance that these are being appropriately addressed.
- Overseeing the Trust's performance management framework, focussing on specific areas where there are issues of concern.
- Monitoring, and providing assurance to the Board regarding, the effective management of risks and other issues that may jeopardise the Trust's ability to deliver on relevant objectives.
- Providing assurance to the Board that the business plan and supporting strategies are in place and fit for purpose.
- Considering Trust investment decisions in line with the Scheme of Delegation as well as monitoring delivery of significant projects and/or investments.
- Liaising with other Board Committees to obtain assurance on financial and business performance

2. Constitution

The Board resolves to establish a standing Committee of the Board to be known as the Finance and Business Performance 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.

3. Membership

The Committee shall be appointed by the Board from amongst the non-executive and executive directors of the Trust and include (as a minimum):

- Three non-executive directors with the personal and professional characteristics necessary to be effective; at least one of whom (normally the Chair of the Committee) should be a member of the Audit Committee).
- Chief Finance Officer.
- Chief Operating Officer.

One of the non-executive members will be appointed Chair of the Committee by the Board.

The Chair of the Audit Committee shall not be a member of the Committee.

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

- Trust Board Business Manager
- Committee Secretary
- Executive Director with clinical expertise (Chief Nurse or Chief Medical officer)
- Any other Executive/Non-Executive Director

4. **Quorum**

The quorum necessary for the transaction of business shall be three members consisting of at least two non-executive 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 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.

Where a decision is made by members to continue a meeting which is not quorate any decisions made during that time will need to be ratified by the Board at its next meeting or through a Chair's action if the decision needs to be executed urgently.

5. **Meetings**

The Committee shall meet at least ten times per year (usually monthly) and at such other times as the Chair of the Committee shall require. Meetings of the Committee shall be summoned by the Committee Secretary at the request of the Committee Chair.

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 other attendees as appropriate at least five days ahead of the date of the meeting unless agreed otherwise. The Committee shall follow an annual work plan reviewed by the members in advance of each financial year.

The Committee must consider the frequency and timing of meetings needed to allow it to discharge all of its responsibilities.

6. **Authority**

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

The Finance and Business Performance Committee is an advisory body with no executive powers; it is not the duty of the 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 Committee has the authority to seek any information it requires from any member of staff and request any member of staff to attend its meetings. All members of staff are directed to comply with such requests.

7. Duties

The Committee shall be responsible for the following duties:

I. Financial Performance

The Committee shall provide oversight of the Trust financial performance in delivering healthcare outputs and targets. As such, the Committee shall consider and review monthly and year to date finance reports which include;

- Volume and complexity of activity and performance against plan.
- Reason for variance, the financial impact and delivery of actions to correct adverse performance.
- Annual forecasts including risks and mitigating actions.
- Effectiveness of contractual processes.
- Compliance with Standing Orders and Standing Financial Instructions.
- Cash flow and capital management.
- Delivery of the Trust savings plan including review of the transformation and efficiency programme.

II. Business Planning

The Committee shall provide oversight of the Trust's business planning and will recommend the sign off of the annual operating plan to Board. The Committee will consider market and environmental analysis reports and make itself aware of developments in the local health economy as well as transformation and efficiency reports.

In doing so, the Committee will sign off and monitor delivery of all relevant supporting/enabling strategies with the exception of the Clinical and Quality strategies (signed off by the Quality and Clinical Governance Committee). These include (but are not limited to) finance, digital, estates, commercial (including BHPL) and procurement. In particular, the Committee shall seek assurance that measures for success are implemented within appropriate timescales. The Committee will oversee the development and approval of such strategies.

III. Financial Policy, Management and Reporting

The Committee shall provide oversight of the Board financial policies with consideration for the overall financial performance of the Trust. This will be performed through ensuring that development and implementation of high levels of financial control are embedded into operational management of the Trust and financial plans are disseminated and fully understood across relevant staff groups.

In doing so, the Committee will approve:

- Financial policies (making appropriate recommendations to the Board).

- The Trust long- and medium-term financial strategies, in relation to both revenue and capital. This includes overseeing the development of such plans.
- Annual financial targets and the Long-Term Financial Plan.
- The preparation and scrutiny of the annual budget prior to submission to Board.

IV. Investment Policy, Management and Reporting

The Committee shall review and approve, on behalf of the Board, the Trust capital plan in order to maintain oversight of the Trust's investments. As part of this, the Committee will establish the overall methodology, processes and controls which govern capital investments, ensure that robust processes are followed and evaluate, scrutinise and monitor such investments.

The Committee shall consider and recommend to the Board all outline and final business cases (capital and revenue investment) in line with the Scheme of Delegation and monitor implementation of such projects (>£1m). Sub-groups should be set up as required. All business cases approved by the Committee with a value of £1m should be reviewed following implementation to assess benefits realisation and lessons learnt.

V. Performance Management

The Committee shall gain assurance on the full range of performance metrics and delivery of annual breakthrough objectives, requesting in-depth examination of key finance and/or performance issues where required. Alongside this, the Committee shall consider associated risks to deliver of Trust objectives. The following will be used to support this function:

- Integrated Performance Report (IPR).
- Breakthrough objectives; performance reporting.
- Corporate Risk Register (CRR).
- Board Assurance Framework (BAF).
- Any other information deemed necessary and requested by the Committee.

The Committee shall oversee and evaluate the Trust performance management strategy to ensure a framework is in place which allows the Trust to performance manage against its annual business plan.

The Committee shall oversee relevant metrics related to estates and asset management including PFI, retained estate and backlog maintenance to demonstrate risk and sustainability and asset utilisation and management. In addition, the Committee shall review and propose future land and property transactions.

The Committee shall review the implementation of digital capabilities.

VI. Annual Review

The Committee shall set annual objectives in line with the purpose and duties of the Committee. A report on progress against these and the terms of reference shall be submitted to the Board at year end.

The Committee shall also undertake any other responsibilities as delegated by the Board. The Committee will meet privately to consider matters of commercial sensitivity.

8. Reporting

The minutes of all meetings shall be formally recorded and a summary submitted, together with recommendations where appropriate, to the Board. This will include recommendations that are deemed appropriate and are within the remit of the Committee. Where action or improvement is needed, these areas will be escalated to the Board.

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.

The effectiveness of the Committee will be monitored by the Audit Committee through receipt of the Committee's minutes and by the Board through receipts of such written or verbal reports that the Chair of the Committee is required to provide.

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 at least five 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, noting the assurance function of the Committee;

- a) Performance
 - i. Oversight of progress against Trust breakthrough objectives for 2023-24 through quarterly reporting;
 - **Improve waiting times** with less than 4% of patients waiting more than 12 hours in the Emergency Department.
 - **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:**
 - o Increase % of people being referred to cardiology services from the most deprived areas.
 - ii. Oversight of and support for the delivery of enabling Trust strategies.
 - iii. Oversight of key finance risks through bi-annual review.
- b) Finance
 - i. Oversight of the delivery of the annual plan and progress of the Trust from SOF 3 to SOF 2.
 - ii. Oversight of the preparation of the Long-Term Financial Plan and the delivery and achievement of milestones therein for 2023-24 which will lead to the overall statutory break even objective.

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
TBC	25 April 2023	J. James	Periodic review for the Committee

Report from Chair of Charitable Funds Committee (CFC)

Date of Committee 24 February 2023

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Minutes of the previous meeting(s)	Minutes from the meeting on 27 January 2023	Approved	n/a	n/a	n/a
Wellbeing Group Therapist	Bid for a wellbeing group therapist to provide psychological support for colleagues in view of recovery from the pandemic and ongoing operational pressures; intention to target the maximum number of colleagues	Approved – wellbeing group therapist role Separate bid for Wellbeing Lead to be presented for approval – repurposing of surplus of funds within the COVID support funds bid to include impact on key performance metrics including sickness and turnover)	Additional bid to return to Committee	n/a	n/a
Charitable Funds Activity & Financial Statements	Overview of financial, operational and governance information related to the Charitable Fund as at 30 September 2022	Assured – noting development of a ‘thank you’ event for legacy donors; options under consideration for the most effective way for providing this	More timely presentation of financial information through simplified processes Updated legacy position Confirm reserves policy	Further information to be sought on Bid 2017-016 (Real Time Electronic Observations and Escalation System)	n/a

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
Cazenove; Portfolio Investment Report	Update on value of the current investment portfolio as of 31 January 2023	Noted	None	n/a	n/a
Cazenove; Realisation of Assets	Process for withdrawal of funds from the investment portfolio to support the purchase of the demise of the lease on keyworker accommodation at the Wycombe site	Noted – including request from Cazenove for notification as soon as possible to support the raising of necessary cash by the most effective means	None	n/a	n/a
Cazenove; ESG Investment	Proposal to move to the Responsible Multi-Asset Fund in view of the Trust social and environmental objectives	Approved – noting an improved sustainability rating, an equities carbon emissions rating of 67% lower than the benchmark and no predicted reduction in returns from the fund	None	n/a	Recommended for approval
Therapy Equipment (National Spinal Injuries Centre – NSIC)	Bid for a mix of upgraded and new equipment to support rehabilitation of children within St Francis Ward; NSIC	Approved	None	n/a	n/a

Item	Summary of Item	Committee Assured	Further Work Required	Referral Elsewhere for Further Work	Recommendation to Board
BHT Pol 063	Review of Management of Charitable Funds Policy & Procedures	Approved	None	n/a	Recommended for approval

Emerging Risks:

- Ongoing risk related to colleague wellbeing due to global issues.
- Realised and unrealised losses within the accounts; further understanding required on the investment portfolio and long-term picture.

Meeting: Trust Board Meeting in Public

26 April 2023

Agenda item	BHT Policy 063 - Management of Charitable Funds Policy & Procedures
Executive Lead	Kishamer Sidhu, Chief Finance Officer
Type name of Author	Jane Lucas, Interim Head of Charity
Attachments	BHT Pol 063: Management of Charitable Funds Policy
Purpose	Approval
Previously considered	CFC and TPSG as per below

Executive Summary

Summary of key points and/or changes from previous version:

The policy has been updated to reflect changes in legislation and links to these have been reviewed and updated if required. Intranet links have all been refreshed. The proposal is that the policy should have a more comprehensive review when the fundraising manager is in post.

There have been minor amendments to wording for clarity and additional wording added to section 1 for contactless giving and in section 8 for situation where another charity is involved in funding.

The forms in the appendices have been refreshed, updated to reflect changes to SFIs (standing financial instructions) and links to the website have been added.

Consultation and approval:

Group/ Committee Name: Charitable Funds Committee (CFC)	Date: 24.02.2023
Final Consultation: Trust wide Policy Sub Group (TPSG)	Date: 28.03.2023

Communication:

Publication on trust intranet Publication Trust Public Website Targeted Emails to Staff

Date of Equality Impact Assessment: 16.02.2023

Policy review date if approved: March 2026

Decision

The Board is requested to approve this policy.

Relevant Strategic Priority

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

Patient Safety	There are multiple references in the policy which support expenditure with the aim of improving patient care and/or clinical outcomes
Risk: link to Board Assurance Framework (BAF)/ Risk Register	No link to Trust BAF/CRR Charity risk register in place

Financial	This policy focusses on the management and utilisation on the Trust's charitable funds
Compliance <small>Select an item. Select CQC standard from list.</small>	Charities Acts
Partnership: consultation / communication	Collaborative working has been undertaken with members of the Charitable Funds Committee to update this policy.
Equality	The EQIA identifies a neutral effect on protected characteristics and plans to improve inclusivity are included within the attached document
Quality Impact Assessment [QIA] completion required?	None

Once printed off this is an uncontrolled document. Please check the intranet for the most up to date version.

March 2023 Version 11

Management of Charitable Funds Policy & Procedures

Version:	11
Approved by:	Charitable Funds Committee
Date approved:	February 2023
Ratified by:	Trust Board
Date ratified:	TBC
Consultation:	Charitable Funds Committee
Name of originator/author	Revision: Jane Lucas Interim Head of Charity Originator: Nelson Garcia-Narvaez Charity Head of Finance
Lead Director	Kishamer Sidhu – Interim Chief Financial Officer
Name of responsible committee/individual	Charitable Funds Committee / Head of Charity
Document Reference	BHT POL 063
Date Issued:	March 2023 (TBC)
Review date:	March 2026
Target Audience:	Directors, Non-Executive Directors and Fund managers
Equality Impact Assessment:	May 2020 updated February 2023

Version	Issue	Reason for change	Authorising body	Date
1	0	New Document-Issued	Charitable Funds Committee	March 2008
2	0	Formal Review	Charitable Funds Committee	July 2010
3	0	Formal Review	Charitable Funds Committee	February 2011
4	0	Formal Review	Charitable Funds Committee Trust Board	August 2011
5	0	Formal Review	Charitable Funds Committee Trust Board	March 2013
6	0	Update and Formal Review – January 2015	Charitable Funds Committee Trust Management Committee Trust Board	January 2015 February 2015 March 2015
7	0	Update and Formal Review – May 2016	Charitable Funds Committee Executive Management Committee & Trust Board	May 2016 July 2016
8	0	Formal Review	Charitable Funds Committee Trust Board	February 2018 May 2018
9	0	Formal Review	Charitable Funds Committee Trust Board	May 2019 July 2019
9.1	0	Second Review 2019	Charitable Funds Committee Trust Board	August 2019 February 2020
9.2	0	Third Review 2020	Charitable Funds Committee Trust Board	May 2020 May 2020
10	0	Review 2023	Charitable Funds Committee Trust Policy Subgroup Trust Board	February 2023 March 2023 TBC

Associated Documents

BHT Ref	Title	Location/Link
n/a	Charity Commission – NHS Charity Guidance	https://www.gov.uk/government/publications/nhs-charities-guidance
n/a	Charities Act 2011	https://www.legislation.gov.uk/ukpga/2011/25/contents
n/a	Charities Act 2016	www.legislation.gov.uk/ukpga/2016/4/contents/enacted
n/a	Charities Act 2022	Charities Act 2022 (legislation.gov.uk)
n/a	Trustee Act 2000	http://www.legislation.gov.uk/ukpga/2000/29/contents
n/a	SORP 2015 / FRS102	The Charities Statement of Recommended Practice (SORP) - GOV.UK (www.gov.uk) http://www.charitycorp.org/download-a-full-sorp/
n/a	The Charities (Accounts and Reports) Regulations 2008	www.legislation.gov.uk/uksi/2008/629/contents/made
n/a	Fundraising Regulator	https://www.fundraisingregulator.org.uk/ Code of Fundraising Practice Fundraising Regulator
BHT Pol 041	Counter Fraud and Bribery Policy	Counter fraud and bribery policy - Buckinghamshire Healthcare Intranet (buckshealthcare.nhs.uk)
BHT Pol 019	Declaration of Interest Policy	Declaration of interest policy - Buckinghamshire Healthcare Intranet (buckshealthcare.nhs.uk)
	Corporate Governance Manual renamed from 'STANDING ORDERS, RESERVATION AND DELEGATION of POWERS and STANDING FINANCIAL INSTRUCTIONS' and now incorporates BHT Pol 061 Limits of Delegation Policy)	Corporate governance manual - Buckinghamshire Healthcare NHS Trust (buckshealthcare.nhs.uk)

Contents

Section		Page
	<u>Trust Policy</u>	
1	Introduction	6
2	Purpose	6
3	Scope	6
4	Definitions	7
5	Roles and Responsibilities	8
6	Consultation and dissemination	9
7	Monitoring Process	9
8	Related Policies and Guidance	10
Addendum	<u>Detailed Financial Procedures relating to the collection and use of Charitable Funds</u>	
1	<u>Income</u> a) General b) Donations c) Other Issues <ul style="list-style-type: none"> • Gift Aid • Payroll Giving • Charity Aid Foundation (CAF) Vouchers • Just Giving • Donations using Mobile Phones d) Private Patient Fees and Medical Report Income e) Staff approaching an outside organisation for funding f) Organisations approaching staff g) Non-cash gifts h) Legacies and Bequests i) Investment Income j) Fund raising k) Trading l) Income from other NHS organisations m) Rebates from NHS activities n) Grants o) Gains on disposal of Fixed Assets p) Charging for services to Patients	12-19
2	<u>Expenditure</u> a) General b) Detailed areas of expenditure <ol style="list-style-type: none"> 1. Equipment 2. Employment of Staff 3. Patient Amenities 4. Staff Amenities <ul style="list-style-type: none"> Training and Education Conferences, Special Events and Speakers Entertaining and Social Events Retirement and long service awards Other gifts 5. Research 6. Fundraising / Publicity 	19-28

	7. Trading 8. Expenditure approved by another Charity 9. Management and Administration 10. Brokers Fees	
	c) Procedures for the committing of expenditure 1. Authorisations 2. Value Added Tax 3. Charitable Funds Orders 4. Charitable Funds Payments Vouchers 5. Cheque/Payment with Order 6. Petty cash	
3	Investment of funds	29
4	Banking	29
5	Reporting a) Monthly statements b) Statement of Unrealised Gains and Losses c) Accruals d) The Reserve Policy and annual spending plans e) Annual Accounts and Annual Report	30-31
6	Audit a) External Audit b) Internal Audit c) Monthly Analysis	31
7	Training	31
Appendix 1	Payment voucher for Charitable Funds	32
Appendix 2	Flowchart on the approval of Charitable Funds Expenditure	33
Appendix 3	Frequently Asked Questions regarding particular items of expenditure	34
Appendix 4	VAT and Charities	35
Appendix 5	Example of Receipt	38
Appendix 6	Gift Aid declaration	39
Appendix 7	Charity donations poster	40
Appendix 8	Charitable Funds Bid application templates	41

1. Introduction

This policy governs the way in which the Trust's charitable funds are managed and utilised. The document also incorporates more detailed procedures and templates of some of the forms that are required to be used.

The Health Services Act 1977 as updated by subsequent Acts, gives NHS bodies the authority to hold charitable funds. The Trust's charitable funds are derived from donations, legacies and investment returns. The charity's objectives are to utilise the charitable funds for the benefit of the National Health Service rather than to accumulate funds with which to achieve investment returns.

This document reflects charity law and guidance issued to NHS Bodies by the Charity Commissioners for England and Wales. The issue by the Charity Commissioners of the 'NHS Charitable Funds Guide' sets out in some detail the legal requirements and best practice to be followed by NHS Bodies. It can be accessed at <https://www.gov.uk/government/publications/nhs-charities-guidance>

Details of other sources of guidance and law are provided at the end of this document.

It is essential that authorising officers and fund managers familiarise themselves with these procedures and comply with them at all times. If any member of staff is in any doubt about any matter relating to the receipt, ordering or payment of any item relating to Charitable Funds, then they should contact the Head of Charity.

2. Purpose

To provide clear guidance of the Trustee's Policy on how the Charitable Funds are to be managed, especially procedures around income and expenditure.

3. Scope

The Charity Commission

The Charity Commissioners for England & Wales is the organisation responsible for overseeing all charitable organisations. Under the Charities Act 2011 as amended by Charity Act 2016, the Commission is required to:

- a) Keep a register of charities
- b) Promote the effective use of charitable resources
- c) Give charity trustees information or advice
- d) Change trustees of a charity where necessary
- e) Investigate and check abuse

The Commission does not have power to administer charities and will not normally interfere with the Trustee's exercise of their discretion.

NHS Charities are within the jurisdiction of the Commission and are regulated by them.

All NHS Charities must be registered with the Commission.

Charitable Purpose

Health Service bodies are not themselves charities, only the funds and property they hold on trust for exclusively charitable purposes constitute charities.

For a fund to be a charity it must have purposes which according to the law in England & Wales are exclusively charitable. Four main criteria are accepted:

- a) The relief of those in need, by reason of ill health or disability

- b) The advancement of education
- c) The advancement of religion
- d) Other purposes beneficial to the community not falling in a), b) or c)

The Buckinghamshire Healthcare NHS Trust Charity is not set up for the relief of financial need.

Charities administered by Health bodies fall into category a) the relief of those in need, by reason of ill health or disability.

A purpose is not charitable unless it is for the public benefit. It must be of actual benefit and must benefit the public as a whole or a sufficient section of the public. **A purpose is not charitable if it is wholly or mainly for the benefit of specific individuals.**

The Charity Commission allows expenditure on staff where it clearly enhances patient care.

Advancement of education - this is a charitable purpose where it enhances staff's knowledge above and beyond that which is required to carry out their duties. It includes funds for charitable medical research and the professional development of staff. If medical research is being financed by a charitable fund, the useful results of the research must be published so that the public will benefit.

Hospital staff welfare and amenity funds - these are charitable only because their immediate non-charitable purpose of providing benefits to the employees of the Trust, is perceived as being conducive to the furtherance of the charitable purposes of the Trust i.e. relieving people who are ill. The benefits must not go beyond what a good employer would consider reasonable to provide for its staff. The Charity Commission does not give specific guidance regarding what is reasonable.

More detailed guidance on expenditure types that meet charitable purposes is given below in the Addendum.

Structure, Registration and Objectives of funds

The Trust has registered with the Charity Commission, the "Buckinghamshire Healthcare NHS Trust General Charitable Fund" as an NHS Umbrella Charity.

Within the Umbrella Charity, the Trust has registered individual Special Purpose Charities. Each Charity includes several "internal" funds, which have been allocated to it.

The funds are a means of earmarking monies internally within the Trust for a specific purpose and are not separately registered with the Charity Commission.

Each Charitable Fund must have written objectives, which state the purpose(s) for which the fund is to be used and all payments from each fund must be in accordance with these. The objectives for each Charitable Fund must be approved by the Charitable Funds Committee and accord with the definition of charitable purposes (see above).

4. Definitions

Legal requirements covered within this Policy are outlined in the Charities Act 2011 as amended by the Charities Act 2016, the Charities Act 2022 and the Trustee Act 2000.

The Charity: the Buckinghamshire Healthcare Charitable Fund, registered charity number 1053113, is separate charitable trust from Buckinghamshire Healthcare NHS Trust.

Trustee: If an NHS body holds charitable funds as sole corporate trustee, the board members of that body are jointly responsible for the management of those charitable funds. Members of both the Trust Board and Charitable Funds Committee are not individual trustees under charity law but act as agents on behalf of the corporate trustee.

Charitable Funds Committee – a sub-committee of the Board whose responsibility is to oversee the management of Charitable Funds. This sub-committee has delegated responsibility under the Trust's Standing Orders and full details of the scope of its responsibilities can be found under its Terms of Reference.

Fund holders – key staff, in particular, wards/departments/services which 'advise' the Trustee on spending the charitable funds within those service delivery units. They have delegated authority to make spending decisions within defined spending limits. However, where the Charitable Funds Committee feels that funds are being utilised for purposes that do not meet the definition of Charitable purpose above or disproportionate amounts are being allocated to a narrow group of staff or patients they may restrict this delegation of powers.

The Standing Financial Instructions (SFI's) set out the rules which regulate the financial arrangements within the Trust. The SFI's apply equally to Charitable Funds and, therefore, must be understood and applied by the fund managers acting as Authorising Officers. In addition, members of staff should apply normal ordering, receipting and payment for goods and services procedures for charitable fund purchases. <https://www.buckshealthcare.nhs.uk/documents/governance-manual/>

'Umbrella' Charity – a charity registered under a single name and number under which several funds are held and administered. These funds may have separate purposes and objectives and the balance will be managed by different fund holders. Income and expenditure is allocated to these fund balances individually, whereas investment returns will be allocated in proportion to the fund balances held.

5. Roles and Responsibilities

This policy complies with charity law and the Trust's Standing Orders and Standing Financial Instructions.

All members of staff who deal with charitable funds are responsible for following this policy and must ensure they adhere to it.

The Charitable Funds Committee acting as Trustees for the charity are responsible for the development, management and implementation of the policy, with the assistance of the Head of Charity and finance team.

Trustees – Role and function

Where an NHS body has exercised its powers to accept, hold or administer trust property or funds for exclusively charitable purposes, they will be acting as charity trustees in respect of that property or funds.

Buckinghamshire Healthcare NHS Trust (BHT) holds and administers charitable funds and does so as a corporate body (known as the *corporate trustee*).

5.1 Trusteeship and the Board

The Trust is the sole corporate trustee of the Charity and the individual persons who, from time to time are responsible for the management of the corporate body, i.e. the Trust Board, are not themselves trustees of the charity. The duties, responsibilities and liabilities of trusteeship lie with the corporate body.

The corporate body must act through individuals to express its will, and therefore if the corporate body commits a breach of duty as trustee, it will have done so as result of a breach by the directors or other officers of their duties towards the corporate body.

The Trust has wide statutory powers to delegate administration of its trusts to officers, committees or sub committees. Where such powers are exercised the corporate body will remain as sole trustee and will be accountable for actions taken on its behalf. The Trust Board has delegated significant powers relating to Charitable Funds to the Charitable Funds Committee.

5.2 Charitable Funds Committee

The Committee has the responsibility to monitor performance of the portfolio of investments through the receipt and review of reports from the investment manager. The investment manager will attend or report to each Charitable Funds Committee in order to give the members the opportunity to raise questions about the performance of the investments and the appropriateness of moving investments into other areas. The Committee will update the Board with regard to significant changes or issues with performance of the investments.

5.3 Investment Manager

The investment managers appointed will be responsible for investing the available funds as far as possible to fulfil the investment objectives. Further information is included within the Charitable Funds Investment Policy.

5.4 Chief Financial Officer

The Chief Financial Officer has executive responsible for the management and control of the charitable funds and reports to the Charitable Funds Committee, ensuring that:

- spending is in accordance with the objectives and priorities agreed by the Charitable Funds Committee and the Board
- the criteria for spending charitable monies are fully met
- full accounting records are maintained
- devolved decision making or delegated arrangements are in accordance within the policies and procedures set out by the Corporate Trustee

5.5 Trust Managers and Staff

For each Charitable Fund within the Trust, day to day responsibility must be vested with at least two members of Trust staff (fund managers). These must be staff members with a reasonable level of responsibility and have delegated authority to make spending decisions within the ward/department where the charitable fund is allocated. The Charity Commission allows delegation but only to the extent that responsibility for exchequer budgets is delegated.

An up to date record of these members of staff must be held by the Head of Charity, who must be informed of required changes to fund signatories before a new signatory starts authorising expenditure. This should include the names, designation and sample signatures. The Head of Charity simply verifies expenditure (see Addendum) and is NOT a Fund Manager or Authorising Officer.

6. Consultation and Dissemination

This Policy has been formulated by taking into account the guidance issued by the Charity Commission as well as the previously documented objectives of the Trustees in achieving investment returns. It was presented to the Charitable Funds Committee on 24 February 2023 for their comments before they ratified it. Once ratified by the Board, this Policy will be published on the Trust's intranet within the Finance Policies section.

7. Monitoring Compliance with Policy

The Charitable Fund Committee, the Chief Financial Officer, the Head of Financial Control and the Head of Charity have responsibility for the overall monitoring of the policy.

The following table states the minimum requirements for the monitoring compliance:

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible Individuals to undertake monitoring and production of a report.	Frequency of monitoring / audit	Responsible individuals receiving the monitoring report and for development of action plan.	Responsible committee for review of action plan	Responsible committee for Monitoring of action and audit to ensure satisfactory conclusions.
Adhering to NHS Charity Commission Guidance	External Audit	Head of Financial Control	Annually	Head of Charity	The Charitable Funds Committee	The Charitable Funds Committee
Adhering to SORP 2015 regulations	External Audit	Head of Financial Control	Annually	Head of Financial Control	The Charitable Funds Committee	The Charitable Funds Committee
Adhering to Fundraising Regulator Guidance	External Audit	Head of Financial Control	Annually	Head of Charity	The Charitable Funds Committee	The Charitable Funds Committee
Adhering to the BHT SFI and Internal Controls	External and Internal Audits	Head of Financial Control and Head of Charity	Annually	Head of Financial Control and the Head of Charity	The Charitable Funds Committee	The Charitable Funds Committee

8. Related Policies

The following related policies & guidance are available on the Trust Intranet or respective websites.

	Document
(a)	Standing Orders / Standing Financial Instructions (BHT Pol 089)
(b)	Limits of Delegation Policy (BHT Pol 061)
(c)	Code of Conduct (BHT Pol 019)
(d)	Standards of Business Conduct (Corporate Policies)
(e)	Charitable Funds Investment Policy (BHT Pol 041)
(f)	Charity Commission website for guidance documents https://www.gov.uk/government/publications/nhs-charities-guidance
(g)	Charitable Funds Committee Terms of Reference
(h)	Charities Statement of Recommended Practice 2005 and 2015 https://www.gov.uk/government/publications/charities-sorp-2005
(i)	Body of charity law including the Charities Act 2011 as amended by the Charities Act

	Document
	2016 and 2022, Trustee Investment Acts 1961 and 2000
(j)	Charitable Funds Reserve Policy
(k)	Fundraising regulator https://www.fundraisingregulator.org.uk/
(l)	BHT Pol 041 Counter Fraud and Bribery Policy https://intranet.buckshealthcare.nhs.uk/documents/counter-fraud-and-bribery-policy/

DETAILED FINANCIAL PROCEDURES RELATING TO THE COLLECTION AND USE OF CHARITABLE FUNDS

1. INCOME

a) General

Charitable Funds must be kept separate from NHS Exchequer monies. Neither NHS organisations nor Exchequer funds can make donations to Charitable Funds.

Monies must not be accepted for the personal benefit of any individual staff member. All members of staff must account for donations and gifts in kind received. See section 7 “Non-Cash Gifts”

Any donations or other income received are held in trust and must be paid **promptly** (the next working day if possible) into Charitable Fund bank accounts, via the Cashiers Office or in certain circumstances at an NatWest branch.

b) Donations

The receipt of any donation for Charitable Funds must be acknowledged to the donor by way of a receipt which are produced within the Cashiering system

When a donation is received it is important to identify the area of benefit and to ensure that any condition or direction attached is noted **and can to be complied with**. Where a restriction has been placed on the donation and the donor is very specific that it should be used for that purpose e.g. it must be used to pay for a certain item of equipment, the donation should be refused unless it is clear that the restriction can be complied with. Ideally donors should be encouraged to donate to a general fund.

Non-charitable income, i.e. payment for a good service supplied by the Trust or one of its employees in Trust time must not be paid into the charitable funds. This includes payments for services or the use of Trust equipment which are not a core function of the NHS. Examples of payments that may be received that are Trust income generating activities rather than charitable are:

- Payments from insurers of other third parties for medical reports, copies of medical records etc. that have been prepared by Trust staff in Trust time using Trust facilities. If Trust staff prepare such information in their own time, they are free to state that the payment should be made to the Charity. (see section 1d below)
- Payments from third parties for the hire or use of Trust premises, equipment or other facilities.
- Payments for clinical trials that have taken part using Trust staff, facilities and time.

All donations are reviewed, and income identified as potentially non-charitable income will be queried with the department concerned. The income will be transferred into the departmental NHS budget/clinical trial budget if no details are supplied upon request or the information provided shows that the income is not charitable.

As far as possible, there must be an avoidance of the creation of new funds and, where possible, funds of a similar nature should be amalgamated. Requests for new funds will be considered by the Head of Charity and approved by the Charitable Funds Committee but will not be set up for anticipated **donations of less than £10,000**. It is also necessary to avoid establishing impossible, undesirable or administratively difficult objectives from any donation received.

If members of staff require advice on any problems relating to donations given or offered, they should contact the Head of Charity.

All Wards and Departments should display the Charity Donations Poster (**see appendix 7**) giving details on how donations should be made. Where possible any staff, patients or visitors who wish to make a donation should be directed to the Cashiers office in order that an official receipt can be given, and information and a Gift Aid form can be provided. As an alternative giving via the donation walls (using contactless payment) at the main hospitals or via website (currently using enthuse) should be offered, as follows:

[Make a donation – Bucks Hospitals Charity](#)

[Make a donation to Buckinghamshire Healthcare NHS Trust Charitable Fund \(enthuse.com\)](#)

A Gift Aid form is also available on the website:

[Make a donation – Bucks Hospitals Charity](#)

If they are unwilling to do this the process below should be followed.

- Wards or Departments.
A receipt (see **appendix 5** for sample) must be issued to the donor by the ward or department as soon as the donation is received. Cash and cheques should then be taken to the nearest Cashiers office with the blue copy of the receipt as a backing document. **It is up to the fund holder or nominated officer to code the backing document with the fund number, observing the donor wish.** If this is not done the donation will be credited to the general fund. The Cashiers Office will issue an official numbered receipt, which can then be sent with a thank you letter or email by the initial recipient.

To ensure effective security donations must be taken to the Cashiers for banking as soon as possible and not kept on the wards/department.
- Giving Walls and Contactless Giving
These are currently situated in main sites and are available for contactless donations, with a default initially set as £3. Donations are processed electronically and appear in JustGiving reports and via an online portal.
- Centrally Received.
Charitable Funds/Treasury Management Staff arrange for income to be banked and ensure that acknowledgement is sent by the Fundraising Manager or Head of Charity.

If payment is to be made by cheque, the donor should be advised to make the cheque payable to '**Buckinghamshire Healthcare NHS Trust Charitable Fund**'.

c) Other Issues

Instruction in how to make a Donation and Donations Posters

The Charity's website and the posters provide donors with information on how to donate to Buckinghamshire Healthcare NHS Charitable Fund and all the fundraising activities that could be organised in order to help our charity. The Charity's website address is:

[Bucks Hospitals Charity](#)

Payroll giving

Under the Payroll Giving scheme, any employee can authorise their employer to deduct charitable donations from their pay before calculating Pay As You Earn tax. This way, the employee automatically gets tax relief at his or her top rate of tax.

From 6 April 2000, the £1,200 per year ceiling on the amount that an employee can give was abolished. There is no limit on the amount that can be given under the scheme.

If any employee is interested in this method of donation, they should contact the Payroll department of their employer who can supply a form for completion.

Additionally, payroll giving can be directly requested, simply by completing the **Payroll Giving in Action form** online. Just link to <https://www.givingonline.org.uk/>

Charity Aid Foundation (CAF) Voucher

If a voucher is received, it should be sent to the Head of Charity as the voucher is not a cheque and cannot be paid into a bank account. The voucher will be processed payment made into the appropriate charitable fund.

Just Giving and enthuse

The Trust has a “Just giving” website, <https://www.justgiving.com/bucksnhs/donate/> and also an enthuse site, [Make a donation to Buckinghamshire Healthcare NHS Trust Charitable Fund \(enthuse.com\)](https://www.enthuse.com/). These sites allow donors/fundraisers to make donations over the internet. This is extremely useful for fundraisers who may receive donations from all over the country or world. Details of the website are provided on the donations poster and the Trust’s external website.

Donations using Mobile Phones

General public and staff are able to donate from £2 to £10 using their mobile phones by texting BEST22 £2, £3, £5 or £10 to 70070. The Charity receives 100% of the donation.

d) Private Patient Fees and Medical Report Income

Gross **Fees Earned by individuals** (e.g. hospital clinical consultants) **MUST NOT BE** allocated directly to NHS Charitable Funds. Instead, if the fee earner (e.g. Consultant /Clinician) wishes to make a charitable donation:

1. **The monetary donation** should be made directly to the charity of the consultant’s choice at any time during the tax year.
2. The fee earner (e.g. Consultant) should declare the total amount paid over to all charities on his/her self-assessment tax return (form SA 100).

The income generated from signing medical reports, **CANNOT** be paid into the charitable funds. If this work is undertaken in Trust time, the income must be paid into the departmental revenue budget where the doctor is charged. If work is undertaken in the individual’s private time, and wishes to make a charitable donation, the related income should be treated in the same way as **fees earned by individuals**.

If fees are donated, then the donor can restrict the donation to particular limited purposes. However, it will be up to the Trustees to decide whether to accept the donation and, if accepted, how it is to be spent. Although the donation may be passed on to medical staff who donated it to administer (e.g. because the specified purposes is in that person’s area of responsibility) **the decision on spending**

is the Trustee's and not the donor's. If a donor were to provide a gift to a charity effectively under a gift aid arrangement and then gain personal benefit by the way in which that gift was used, this could invalidate the gift aid arrangement and therefore a taxable benefit for the donor would result.

Under current legislation, **it is unwise for a charity to enter into an arrangement whereby a third party (e.g. a patient) makes a payment directly to a charity for services provided by another party (e.g. a member of staff).** The payment is the taxable income of the service provider and must be declared by them to HM Revenue and Customs.

e) Staff approaching an outside organisation

A member of staff should not approach an outside organisation for financial/non-financial support/sponsorship to undertake charitable activities without prior approval of the Trustees. This approval may be gained by:

- a) Contacting the Head of Charity who will require detailed information concerning the request for support.
- b) The Head of Charity will satisfy themselves as to the charitable nature of the request, that it fits in with the charitable objectives of the individual fund concerned or the overall charitable objectives of the Trust.
- c) The Head of Charity refer the request to the Chief Executive if appropriate.
- d) The Head of Charity will ensure that the request for approval is placed on the next Charitable Funds Committee agenda, if appropriate.

f) Organisations approaching staff

A member of staff who is contacted by an outside organisation should refer the organisation to the Head of Charity, who is responsible for ensuring that:

- the offer is of a charitable nature,
- that it meets the charitable objectives of the individual fund and the overall Charity,
- that it does not impose any legal requirement on the Charitable Funds.

The Head of Charity will ensure that the request is placed on the next available Charitable Funds Committee agenda, if appropriate.

g) Non-Cash Gifts

Small gifts of a personal nature e.g. boxes of chocolates, bouquet of flowers, where the whole ward or department is to benefit need not necessarily be refused. However, gifts given specifically to an individual for their sole use should be politely declined. Gifts may be offered to a ward to be used for instance, in a raffle.

Any ward/department wishing to hold a raffle should contact the Head of Charity for advice.

All staff should ensure they follow the Trust's policy relating to Code of Conduct which is available on the intranet.

h) Legacies and Bequests

A significant level of income to the Charitable Funds arises from legacies or bequests, where a hospital or department is specified as a beneficiary in a Will.

The types of legacy gift are:

- Pecuniary legacy: this is a specific amount of money, decided by the donors.
- Residuary Legacy: this legacy means that after the donor's gifts to family and friends and other expenses, they can leave the remainder of their estate to be divided between their favourite charities. This is the most flexible option – They don't have to decide on an exact amount and it keeps pace with inflation.
- Reversionary legacy: this is a gift which is only paid after the death of someone else. If the donor has a spouse or partner, the donor may want to leave his/her entire estate to him/her on the donor's own passing, but the donor can specify that after their death, all or part of the remaining estate is paid to his/her favourite charities.

If any member of staff is approached by, or receives correspondence from, a solicitor/the Executors of a Will concerning a legacy they **MUST** refer the information to the Chief Financial Officer who will ensure the legacy/bequest is passed to the Head of Charity to administer and reclaim tax where applicable. **Only the Chief Financial Officer can extinguish liability and discharge a legacy.**

Appropriate records of all legacies received, together with information on potential legacies are kept by the Head of Charity. The Head of Charity can provide advice in respect of the wording of Wills.

We also have legacy advice available on our website:

[Leave a legacy – Bucks Hospitals Charity](#)

This includes details of will writing services from Farewill and KWIL. These are online services and can be accessed from the link above.

Legacies are recognised and accounted for when it is probable that it will be received. This will be once:

- i) There has been grant of probate
- ii) The executors have established that there are sufficient assets in the estate, after settling any liabilities, to pay the legacy; and
- iii) Any conditions attached to the legacy are either within the control of the charity or have been met.

The Charity adopted a policy of discounting the value of legacies where:

- i) The expected receipt date is more than 12 months after the balances sheet date
- ii) AND the expected nominal value of the legacy is over £1 million, or the expected receipt date is more than 3 years after the balance sheet date
- iii) AND the effect of discounting is material.

Material legacies which have been notified but not recognised as incoming resources in the Statement of Financial Activities are disclosed in the balance sheet notes.

The discount rate will be the prevailing rate in line with the Trust's General Discount rate disclosed in the Department of Health Group Accounting Manual

i) Investment Income

The principal source of dividends and interest are those derived from the Charitable Funds Investment Portfolio held with the Trust's investment manager.

The Chief Financial Officer is responsible for the recovery of tax from the HM Revenue and Customs Charities Division in appropriate cases where such interest is received net of tax.

Interest is also received from funds held in the Trust's Charitable Funds bank account.

Distribution of Investment Income to individual Charitable Funds is made quarterly, based on the average monthly balance of each fund over this period. Details of the Charitable Funds Investment Policy are included at section 3 (page 26) of these procedures.

j) Fundraising

Fund-raising for the general purposes of an existing Charity does not create a new charity and fund-raising is not a charitable purpose in itself. It has to be carried out in support of charitable purposes (see section 3 of these procedures for the definition of a charitable purpose).

The Trust as Trustee to the Charitable Funds, is responsible for ensuring that:

- a) Fundraising is properly carried out in line with the current Fundraising Regulator guidance;
- b) Expenditure is properly validated;
- c) All funds raised are properly accounted for;
- d) They are not seen to be speculating with charitable funds and that the costs of fund-raising are not excessive
- e) Fundraising is not prejudicial and does not harm the reputation of the Charity or Trust
- f) It is being carried out for purposes that the Charity considers meet its objectives
- g) To ensure that the charity does not need to purchase additional insurance cover.

In order that the conditions set out above are achieved, The Head of Charity deals with all matters relating to fundraising throughout the Trust. **Any member of staff who is proposing to carry out a fundraising project must, in all instances, contact the Head of Charity prior to any action being taken.**

For all fundraising activities, the Head of Charity will need the following information:

- a) name and designation of the fundraiser
- b) the name of the Ward/Department/Group or organisation
- c) contact address, telephone/fax number
- d) purposes, nature and period of the fundraising
- e) the estimated cost of the fundraising activity
- f) the amount expected to be raised

No commitment to fundraising should be made until approval has been given by the Head of Charity.

Under Charity regulations any donations received as a result of fundraising or an appeal must be used for the purposes that the fundraising advertised. If the proceeds of the fundraising cannot be used for that purpose, or more funds are raised than required, then under Charity regulations they are required to be returned. To ensure this is not problematic all fundraising literature should also include the caveat of 'for the purpose of XXXXX except where this is not possible or practical, where they will be used for an alternative charitable purpose within Buckinghamshire Healthcare'.

Members of staff and other organisations who wish to fundraise independently of the Trust Charitable Funds **must make clear to potential donors that they are doing so independently**

and not on behalf of the Trust. Members of staff must comply with the conditions detailed above.

More detailed information about the issues relating to fund-raising for charitable funds is contained in the Charity Commission Guide number CC20 and the Fundraising Regulator guidance. A copy of these Guides are kept by the Head of Charity.

The Head of Charity should be contacted for advice regarding the running of a raffle in accordance with the Lotteries and Amusements Act 1976, as amended by the National Lotteries Acts of 1993 and 2006.

k) Trading

Charity law does not permit charities to exercise a trade on a substantial or regular basis simply for the purpose of raising funds. Trading is only allowed if it is undertaken in pursuance of the principle charitable objectives of a charity, for example training and education by a school run as a charitable foundation. **The principal objective of the BHT charity is the relief of those who are ill; therefore we are NOT permitted to trade.**

The following will generally be regarded as the exercise of a trade:

- a) the provision of services for reward
- b) the sale of goods which have been bought in
- c) donated goods which have been altered or improved prior to sale

The straightforward sale of donated goods will not generally be regarded as the exercise of trade.

Members of staff should therefore, seek advice from the Head of Charity before considering any form of Charitable Fund activity which could be regarded as trading.

HM Revenue and Customs is the primary arbiter of what constitutes a “trade” for tax purposes and the fact that all profits or surpluses are to be used for charitable purposes is irrelevant. A tax liability arises if any surplus/profit results from the trade.

l) Income from other NHS organisations

Where income is generated from **non-charitable activity**, this income must be credited to the Exchequer funds of the Trust and **NOT** to Charitable Funds.

Income from other NHS Organisations will usually relate to Exchequer funds, as NHS organisations are not able to make charitable donations.

If a member of staff is in any doubt about the source of such an item of income generated to the Trust, they should contact their Finance Manager or the Head of Charity for clarification.

m) Rebates

Where income is generated from Exchequer **rebate activities**, this income must be credited to the Exchequer funds of the Trust and **NOT** to Charitable Funds.

n) Grants

Where members of staff are aware of any grants received from **government and public bodies** which are attributable to Charitable Funds (i.e. for a charitable purpose) these grants must be identified as charitable and not included in Exchequer funds of the Trust. The Charitable Funds Annual Accounts must identify separately all such grants and it is therefore essential that members of staff make this information available to the Head of Charity.

Grants that are received from **non-public bodies** for a charitable purpose are treated as Charitable Fund **donations**, and therefore should be identified as such.

o) Gains on disposal of Intangible and Tangible Fixed Assets

The annual accounts of the Charitable Funds must record all gains on the disposal of intangible and tangible fixed assets. Based on current definitions there are no intangible or tangible fixed assets held within the BHT Charitable Funds.

p) Charging for services to Patients

The HFMA current guidance states that NHS charitable funds considering to charge for part or all of their services, should bear in mind important considerations whether to charge, and if so, how much.

This guidance also states that the fees charged can more than cover the cost of the relevant services or facilities, provided that the charges are reasonable and necessary to carry out the charity's aims. However, where the amount charged means that the benefits are NOT available to a sufficient section of the public, this may cause difficulties. Charging **MUST NOT** result in the people with less resources being excluded and if the Trustees consider that charges are too high, provision must be made so that the people with less resources can benefit and such provision **MUST BE** more than minimal.

Making a charge without first properly considering the issues may jeopardise the fund's charitable status and be a breach of trust. Therefore, in order to ensure the compliance with this guidance, the Committee requires that these activities are assessed before implementing any recharge to patients in order to ensure that the appropriate provisions have been considered and the charges are justified.

2. EXPENDITURE

a) General

Charitable expenditure must be for the public benefit and cannot be for the benefit of a specific individual or group of individuals. It must have a direct or indirect link to actual benefit for the public or a wider group of individuals. Given that the principle purpose of the NHS is to deliver services to patients, then, in simple terms, the outcomes to be achieved using charitable funds should always be patient focused.

The Charity's funds are held as two main types:

- Unrestricted funds comprise those funds which the Trustees are free to use for any purpose in furtherance of the charitable objects. Unrestricted funds include designated funds, where the donor has made known their non-binding wishes or where the trustees, at their discretion, have created a fund for a specific purpose.
- Restricted funds which also have to fall within the purpose of the Charitable Funds, but which may have further restrictions placed upon them e.g. for the benefit of certain areas or departments or for certain types of expenditure e.g. training. The fund holders of these funds are expected to have a clear understanding of what restrictions are to be applied to those funds and ensure that the restrictions are complied with.

The statutory purpose of the Charitable Funds is defined as:

Any charitable purpose or purposes relating to the National Health Service wholly or mainly for Buckinghamshire Healthcare NHS Trust.

In addition, for all funds, further criteria should be applied before expenditure can be approved:

- Is the proposed expenditure for the public benefit/patient benefit?
- Does it fit with Buckinghamshire Healthcare's own priorities?
- Will it incur additional costs e.g. staffing, training, consumables?
- What arrangements are in place for when the funding ceases – is there an “exit” strategy?
- As a charity the activities are open to scrutiny by the public and all expenditure should be capable of being robustly defended in case of any query from a donor, the Charity Commission or the media.

If these criteria can be met, expenditure can be authorised if it falls into one of the following categories and is compliant with the fund purposes (e.g. a member of staff should not be paid from an equipment fund).

Charitable Funds can be used to supplement or subsidise public services when:

- They are within the charitable objects;
- They are in the interest of the Charity and its beneficiaries; and
- There is a clear justification for doing so.

The Trustee must be able to demonstrate that, before applying charitable funds towards service delivery, there has been a clear, independent and open decision-making process.

Benefits to Patients

- Improvements in the patients' physical conditions while in hospital over the level that would normally be expected to be provided in an NHS hospital
- Improvements in the patient's clinical care through:
 - Research (see section b.5 below for further information)
 - Education
 - Introduction of new technologies
 - New equipment
 - Advances in diagnosis
 - Advances in management

Benefits to Staff

For expenditure on staff to be charitable it should have a direct or indirect link with improving the level of care provided to patients. The Charity Commission accepts that, so long as a direct benefit to staff translates demonstrably to relief of sickness of NHS patients, it is a legitimate use of the unrestricted charitable funds to provide such a benefit. This may include, in certain circumstances, expenditure to improve staff recruitment, retention and morale.

- Improved conditions of work and welfare. As a rule this must be for a whole group of staff and not for specific individuals.
- Support for research
- Support for education
- Support for training

In deciding how to spend funds available for staff welfare purposes the Trustees need to consider:

- To what extent the intended charitable outcome from a particular payment can be measured and demonstrated.
- How effective the particular payment used will be in delivering the ultimate outcome.
- How strong the connection may be between the particular payment used and the charitable outcome intended.

This approach does not rule out funding to individual member of staff where there is a clear link to the care of patients.

b) Detailed Areas of Expenditure

1. Equipment

Charitable funding should normally be seen to be used to supplement the Trust's usual activities, which benefit the patients that are, were or will be treated at Buckinghamshire Healthcare NHS Trust.

Medical or other equipment can be purchased through the Charity if it meets the tests outlined above, the direct benefit to patients can be demonstrated and its compliance with the charity's objectives and purposes.

Under special circumstance and with approval of the Committee, equipment replacements will be considered by the charity when the expenditure is focused only on the patient benefit and it will have an immediate and direct effect in the services that are provided to the patients within the Trust.

Trust procedures on the procurement of medical and IT equipment will apply. This includes infection control procedures.

The purchase of medical equipment must be approved by the Medical Equipment Panel and Capital Management Group before any order is placed. The Charitable Funds Bid should be submitted to this panel before being passed to the Head of Charity for them to seek the required level of authorisation. Any bid or request for the purchase of medical equipment will be returned if approval has not been given.

The Medical Equipment Panel and/or Capital Management Group should indicate the equipment priorities that need to be considered, in the financial year, to the Charitable Funds Committee.

The Charitable Funds Committee may call fund holders to attend a Committee meeting to provide information in how the charitable funds monies are being used in line with the objective of the fund and for the benefit of patients that are/were treated by the Trust.

In most cases IT equipment is now seen as essential equipment and should usually be purchased through the Trust. IT equipment can only be bought through charitable funds where the equipment is going to be used primarily for charitable purposes e.g. direct patients activities or services, research, education and training or where it is necessarily, included as part of a larger project undertaken by the charity.

Only IT equipment which has been authorised by the Trust's IT department will be purchased to ensure that it is compatible with Trust systems. Requisitions for IT equipment will be passed to the IT department for approval before any order can be placed.

Equipment for individuals e.g. Phones, laptops or other mobile devices, will not be funded unless it can be demonstrated that it will be used for charitable purposes and is in the public benefit. The Charity will not fund the upkeep of such equipment or any consumables such equipment requires.

2. Employment of Staff

The Charity does not directly enter into contracts of employment with staff. Any members of staff, whether working directly for the Charity or on projects paid for by the Charity, enter into contracts of employment with Buckinghamshire Healthcare NHS Trust and the costs are recharged to the Charity. In order to consider whether to fund staff costs the Charitable Funds Committee will need to take into account:

- The project to be funded and whether the aims of that project meet charitable objectives. The Charity will not fund staff costs on an ongoing basis for undefined general purposes e.g. 'research'.

- Whether the fund has restrictions applied to it that prevent the funding of staff costs e.g. equipment only funds
- Whether the particular fund has sufficient monies to cover all the costs associated with staffing over the lifetime of the project. As well as salary costs, the total cost will include Employer's National Insurance and Pension Scheme contributions.
- Whether an 'exit strategy' has been considered for the staff costs. Either staff will need to be seconded into posts and their substantive post filled with temporary staff or staff will need to be recruited on a 'fixed term' basis. However fixed term contracts which are extended past a certain period can confer permanent employment rights so HR should be contacted for further information. The Charity will not cover any type of severance pay.

All bids sent for approval must include consideration of all the points above for it to be presented for approval. Costs of employing Trust staff cannot be recharged to the Charity except in the circumstances above.

3. Patient Amenities

Expenditure that improves the patient experience or the patient's environment meets one of the Charity's key purposes. Some issues that may need to be considered are:

- Is the proposed expenditure over and above the level that would normally be considered reasonable for an NHS Trust to provide?
- Is the level of expenditure proportionate with the number of patients that are likely to benefit from it? The larger the expenditure the greater the number of patients that could be expected to be able to benefit.
- Are there any ongoing running or maintenance costs associated with the initial expenditure? These will need to be considered as part of the approval for expenditure. For example, the installation of a water cooler in an outpatients' department will have ongoing costs of supply and maintenance.
- Are there any issues with infection control or security, or any other health and safety issues? The Trust's normal policies will need to be complied with.
- Could the expenditure adversely affect other patients' experiences or the Trust's reputation? Equality and diversity guidelines should be taken into account. Also people's perceptions of artwork etc. may vary if this is purchased when rooms are being refurbished.

4. Staff Amenities

What constitutes appropriate expenditure on staff amenities is a far more complex and problematic area. The overriding principles of expenditure leading to public benefit and being in line with the Charity's objectives should always be borne in mind. This can be translated into whether a donor, the Charities Commission, a patient or other stakeholder would consider the expenditure to be fair and reasonable and in the public interest. Areas of expenditure and issues that need to be considered are outlined below:

- **Training and Education**

The Charity will fund staff training and education **where it can be shown that there is a direct or indirect benefit to the patients or staff of Buckinghamshire Healthcare NHS Trust** and it is over and above the mandatory training required for the day to day operation of the service.

- The member of staff who is to attend the training event/course/conference must have the approval of their line manager or Head of Service and the fund holder before approval for the expenditure can be given. Attendance at a training event or conference, the subject of which, however commendable, **is not likely to benefit the health of the people of Buckinghamshire or our Trust patients, cannot be funded.**
- Charitable Funds should have confirmation from the applicant and fund holders that this petition for Training/Conference/Courses support has been previously requested to the Trust and cannot be covered by:
 - Statutory and Mandatory training - BHT
 - Health Education England funded training
 - Apprenticeship levy funds

The Charitable Funds expenditure request form also should contain a detailed explanation as to the impact the training will have on patient care and how this will be measured.

Patient benefit and public perception tests must be applied – all applications should clearly define a clear public benefit - this is the test of whether or not the expenditure is charitable and that the benefit must primarily be towards the patient and not to the staff member.

A Charitable Funds request may be approved for non-mandatory training or further education or where there is no statutory funding available (such as seminars, conferences and training courses) where there is a clearly identifiable patient benefit.

On receipt of all learning and development requests, the charity team will forward the application for charitable funding to the Education Learning Developments (EDL) Department, (unless their view is provided with the claim). They will review each request to ensure that the training is at the appropriate level for the individual and that no other source of public funding is available. No learning and development courses can be funded using charitable funds until confirmation is received from EDL.

Fund Signatories cannot authorise the spending of a sum greater than 20% or £500 whichever is the lower, of their fund balance in any financial year on learning and development opportunities. Above this expenditure limit, approval will be required by the Charitable Funds Committee.

Charitable funding is available for learning and development opportunities per individual employee of the Trust provided that all the requirements in this policy are fulfilled. A clawback agreement must be in place and signed by the individual prior to the release of funds for all applications. This clawback will enable the Charitable Funds to recover the amount of the funding in line with BHT Trust Policy, should the individual leave the Trust's employment within 6 months of the course taking place. Any resulted clawback should be credited back to the Designated Fund that originally funded the study.

The benefit of the training or education must be available for some time after it is undertaken i.e. members of staff on rotation or who are due to leave the employment of the Trust would not normally be entitled to be funded through the Charity.

Expenses for attending non-mandatory training such as overnight accommodation and travel can be funded in line with BHT Trust Policy and charged to the applicable Charitable Fund. All applicants should always choose the most economical method of travel and accommodation available at the time, given the charitable nature of the funding. For the avoidance of doubt:

- Travel expenses will be refunded for standard fares on trains or economy flights. First class or business class tickets may only be partially reimbursed to the extent that the member of staff pays any premium above standard or economy fares for these tickets

themselves.

- Reasonable subsistence and accommodation expenses will be refunded. Although it is recognised that costs vary according to geographical location, claims for reimbursement must be capable of being defended and information on costs of accommodation in that location should be able to be provided. Again members of staff may choose to 'upgrade' but any additional costs will need to be met by themselves.
- Travel or subsistence for any person accompanying the member of staff will not be refunded.
- If attendance at a conference is extended to cover a period before or after the conference days as a holiday the additional costs will be payable by the member of staff. The Charity will not fund any additional costs of 'open-ended' tickets and will only refund a scheduled return journey.
- Reimbursement claims must be submitted within three months of the expense being incurred. Failure to submit by the deadline will result in the expense claim being rejected.

Where the costs of attending a training event or conference have been significant the member of staff benefitting from this event may have to provide a presentation on their learning to the Trustees, demonstrating that it benefits the Trust's patients or staff.

The BHT Trust's study leave policy should be adhered to.

The Charitable Fund cannot be used to pay for professional subscriptions or membership fees, unless they benefit a number of individuals and must not be of personal interest to one member of staff.

Books, leaflets, posters, newsletters etc. that are used to educate or inform patients over the level that may be expected to be provided by the Trust can be an appropriate use of Charitable monies.

- **Conferences, special events and support by visiting speakers arranged by the Trust**

The Charitable Fund cannot be used to pay for team building events from any Designated Fund and these should instead be funded by individual department development budgets in line with BHT Trust Policy.

Charitable Funds cannot be used to pay for private study or to cover payments to the Trust for budget shortfalls.

Charitable Funding will not be used to support award dinners and attendance at functions. This expenditure should be covered by the Trust.

BHT internal training events **and** conferences are sometimes arranged using charitable funds. Where these are modest events e.g. a lunchtime or evening lecture, it is reasonable to make small payments or reimburse reasonable expenses to the speaker. Any lunches and dinners arranged can only be attended by professional colleagues and must be directly relevant to the speaking event. The reputation of the Trust and the Charity must be taken into account when arranging such events and the venue and cost of meal must be carefully considered and seen to be appropriate.

Where the event is opened up to outside attendees as a method of fund raising (as opposed to meeting a part of the cost) then the income and expenditure must be separately accounted for, and the guidance on fund-raising above taken into account.

Where there is a major event to be organised the Head of Charity may need to be contacted in advance for advice.

- **Entertaining and Social events**

Staff entertaining (even if funded by the Charity) is a taxable benefit except when specific criteria are met. In order for a taxable benefit not to be incurred the event needs to be open to all staff, or those in a specific department or location. These events cannot be open to guests without a taxable benefit occurring unless the guests are paying the full cost of the event. In addition, the costs of these events, including those available to all staff, cannot exceed £150 per annum per team.

When arranging staff events the reputation of the Trust and the Charity should be considered. Events that may be seen to be 'stunts' or lead to disrepute will not be supported by the Charity. The Charity will not fund the costs of alcohol.

Routine expenditure on general benefits for staff, such as tea, coffee, milk or water will not be funded by the charity. Occasional events such as modest departmental team events may have a strong motivational impact on staff and indirect benefit to patients. These can be supported at the discretion of the fund manager.

- **Retirement and long service awards**

The Charitable Funds Committee has enjoyed supporting these activities for several years. However, in order to comply with the guidance and regulations from regulatory bodies, it is necessary that all funds should be spent in activities that directly benefit the patients of the Trust and translate demonstrably to relief of sickness of patients. Therefore, the Charitable Funds Committee is no longer able to support expenditure related to retirement and long service awards.

Retirement functions will not be funded through the charity.

- **Other gifts**

Routine expenditure on gifts for staff will not be supported.

5. Research

Medical research financed from Charitable Funds may only be commenced when there is the intention at the outset that the results will be published, for example as an article in a professional journal.

Medical research is not always successful, and therefore there would be no point in publishing the results unless it is likely to assist future research. However, the Research and Development Department will monitor and review the progress of all research and the planned programme of payments.

The support by a charity of private commercial research is not permitted.

A research project funded by Charitable Funds must be for the public benefit and not for the benefit of a private individual or organisation (i.e. where the results are owned by the sponsoring drug company). Such research projects are exchequer income generation schemes.

Details of any proposed research to be met from Charitable Funds must be approved by the Research & Development Department prior to commencement. All intellectual property rights arising from any research must accrue to the benefit of the Trust.

The Research and Development Department will be pleased to advise and assist on any proposed research projects.

Below is an excerpt from the NHS Executive's Funds held on Trust guidance

Where charitable funds are used to provide grants or other funding for research, the Trustees have a duty to ensure that they have power to do this and that the research they are funding is charitable.

In any case of charitable research to which the charity devotes any resources, the basic duties of Trustees are to ensure that:

- a) the research falls within the scope of the charity's purposes and its powers, and is an effective way of fulfilling those charitable purposes*
- b) the research is well managed and cost effective*
- c) the research is good quality and*
- d) the research is used with the aim of achieving public benefit.*

These duties are onerous and should not be undertaken lightly.

Charitable purposes are those that the law acknowledges as carrying a public benefit in their fulfilment. It is important to understand that there is nothing charitable, and no inherent public benefit, in conducting research or in paying someone else to conduct it. A body whose purpose is merely to conduct or fund research in a particular field is not a charity. The charitable element, and the realisation of public benefit, lies in the use of research and its products to achieve the broader purpose, recognised as charitable. The task of charity trustees is to ensure that the useful products of the research which the charity has resourced are devoted to the active fulfilment of their charity's purposes and, thus, to the realisation of a public benefit.

When a drug company contracts with a researcher to undertake a clinical trial on its behalf, the contract, which is made between the researcher and the drug company, invariably makes it clear that the results are owned by the drug company. Therefore, even if in due course the results are made available to the public, it is the drug company that receives the results first in order to see if they are capable of being exploited commercially. This is therefore a business service undertaken by the researcher or by the NHS trust (depending on who signed the contract) and not a charitable activity.

*If such research is being undertaken on NHS premises, using NHS resources, then the NHS Trust may be entitled to recover its costs – dependant on the terms of the agreement between researcher and NHS Trust. Any such income should be accounted for within its **exchequer** funds as income generation and should not pass through NHS charitable funds – even as a matter of convenience.*

If it is the researcher rather than the NHS trust which signed the contract then at the end of the drugs trial, and after deducting any allowable costs including those due to the NHS, the researcher may be left with an amount of "profit". This clearly has tax implications for the researcher. They can defray some (or all) of this tax liability by making an outright gift of the amount into one of the charitable funds registered with the NHS trust – the donation should follow the tax rules e.g. gift aid.

The practicalities of carrying out the research must be considered, especially with regard to staff costs and the guidance contained in this document on the Charity funding staff costs should be complied with.

6. Fundraising/Publicity

All proposed fundraising schemes for Charitable Funds must be approved by the Head of Charity (see Section 2).

Any proposed fundraising scheme application must clearly identify all estimated costs in carrying out the scheme, including those of publicity and give an indication of anticipated income.

All publicity in respect of Charitable Funds must be approved in advance by the Communications Department and the Head of Charity.

7. Trading

The BHT Charity is not set up to undertake trading activities. If any member of staff is proposing any fundraising activity, which could be construed as trading, to provide for Charitable Fund income, they must consult the Head of Charity.

8. Expenditure approved by another Charity

Where another known charity (for example Scannappeal) has agreed to fund or part-fund a purchase this needs to be marked clearly on the paperwork in order that a recharge invoice can be raised to that charity.

The charitable funds will proceed to purchase this equipment or service, only when a "Mandate" has been received from the external charity authorising this transaction and when a charitable funds authorised non-stock requisition is received from the department/ward that requested the funding.

The charitable funds will raise a recharge invoice to the external charity for the equipment or service provided. A recharge invoice will not be raised, until the supplier invoice and the goods received notification, have been received and paid for by the charity.

Invoices are raised with a 30 day payment terms and are chased accordingly when these terms are exceeded.

In cases where another organisation is wholly funding a purchase or project, the funding can be received ahead of purchase or commitment of funds. In circumstances where NHS Charities Together is providing grant funding, the terms and conditions of that grant arrangement will be followed.

9. Management and Administration

Management and administration costs incurred by Charitable Funds includes central management and administration costs, which include the costs of legal advice, audit fees, payroll, creditors, financial information etc.

Costs are recharged to each fund on a quarterly basis, in proportion to fund balances. This is achieved by netting the costs against the investment income due to each fund. (See section 2). Distribution of investment income to individual Charitable Funds is usually made monthly based on fund balance.

10. Brokers Fees

Brokers fees are charged for the management of the investments within the Charitable Funds Investment Portfolio. These costs are billed separately on a quarterly basis in arrears. Investment income shown in fund balances is net of these costs.

c) Procedures for the committing of expenditure

The Trust's usual Requisitioning, Ordering, Receipt and Payment for Goods and Services procedures apply to both Charitable Funds and Exchequer funds. They must be complied with on all occasions charitable funds are to be committed. **In all cases, The Head of Charity or Financial Controller must be aware of orders being placed against Charitable Funds. All expenditure**

from Charitable Funds must be within the terms of any general and specific restrictions placed upon the relevant funds. All requisitions, payment requests etc. must be verified by the Head of Charity or Financial Controller following authorisation by one fund signatory.

After receiving all the appropriate and authorised documentation, the Charitable Funds department requires **at least 10 clear working days** to process and pay expenditure. This is to enable the charity to process the paperwork in a timely manner for the BACS weekly pay run. Please note the charity no longer pays by cheque, unless in exceptional circumstances.

Purchases should not be undertaken until The Charity Head of Finance and Governance has seen and authorised the proposed expenditure.

In instances where the Head of Charity is not sure that the expenditure meets the definition of being charitable, they may request further information from the fund holder. In cases where the expenditure does not meet the appropriate threshold for being charitable it will be refused.

1. Authorisations

The current Limits of Delegation Policy sets out the authorisation limits for Charitable Funds.

Where proposed expenditure on an item exceeds £5,000, a Charitable Funds Bid form must be completed (see appendix 2) and the appropriate levels of authorisation must be obtained.

2. Value Added Tax (VAT)

Certain purchases from charitable funds require completion of a VAT Exemption Declaration form. The VAT Exemption Declaration forms are held by the Head of Charity, who will complete the form, where applicable, and ensure that it is attached to the order.

There is no general relief from VAT for charities. However, zero rating can be obtained on the purchase of medical, scientific, computer, video, sterilising, laboratory or refrigeration equipment which will be used in medical research, training, diagnosis or treatment. The equipment must be purchased wholly from charitable funds in order to obtain the relief.

3. Charitable Funds Orders

Once the appropriate level of approval has been given a non-stock requisition should be completed, signed by the fund holder and forwarded to the Charitable Funds department, together with any supporting paperwork or quotations.

The Charitable Funds department will raise a Charitable Funds order and record the proposed expenditure as a commitment against that fund. Where goods have been ordered a copy of the order will be sent to Stores to receipt delivery.

Invoices will be paid against the order once receipt of the goods/services has been recorded, so it is important that this is notified to the Charitable Funds Department as soon as the goods or services have been provided.

There may be some instance, for goods that that are over and above what the Trust should supply (in order to benefit the patients and staff), where companies require payment of goods before delivery and therefore will not accept an official Charitable Funds order. When this occurs and there is a clear cost benefit and best value for money in procuring the goods directly from recognised high street/on line retailers/wholesalers (e.g. Ikea, DFS, Amazon, etc) the charity will give written authorisation to the department/fund holder for these goods to be purchased via the Trust using their computerised ordering system. These items will then be recharged to the Charity.

4. Charitable Fund Payment Requests

Payment requests are only to be used in an emergency when an urgent cheque or payment is needed. Charitable Funds orders should be used in normal circumstances.

A Payment Voucher should be sent to The Charity Head of Finance and Governance (Appendix 1) containing details of the reason for the request (with supporting documentation) and signed by one fund signatory, will ensure a cheque is raised.

Receipts/supporting documentation **must** be provided for reimbursements. Where payment is made in a currency other than British Pounds, using a credit card, the reimbursement will take place on production of the credit card statement showing the exact sterling amount charged. For foreign currency payments not made on a credit card, the exchange rate on the day the reimbursement request is received by The Charity Head of Finance and Governance will be used to calculate the amount owed.

Travel/mileage must be claimed using the Trusts travel and subsistence form as the amount reimbursed is calculated by Payroll, based on vehicle size and distance travelled.

Claims for reimbursement to a fund holder cannot be signed by that fund holder. In normal circumstances the fund holder's direct line manager should be asked to countersign the reimbursement. Where that line manager is not themselves a fund holder another fund holder on that fund may be requested to confirm that the expenditure is charitable.

5. Cheque/Payment with Order

In normal circumstances payments should be made only on the receipt of goods and services. However, in some instances, such as training courses, payments need to be made in advance. **Payments in advance for goods are not usually acceptable.** On receipt of the requisition marked "Cheque with Order" the Head of Charity will request a cheque to be raised or BACS or credit card payment made. Payment requests will be verified by the Head of Charity.

6. Petty Cash

Petty Cash is no longer used.

3. INVESTMENT OF FUNDS

The Charitable Funds policy related to the investment of funds is covered separately within the Charitable Funds Investment Policy (BHT Pol 147)

- Investment fixed assets are shown at market value.
- Quoted stocks and shares are included in the balance sheet at mid-market price, excluding dividends.
- Other investment fixed assets are included at Trustees' best estimate of market value.

4. BANKING

All banking arrangements for Charitable Funds must be in line with the procedures set out in the Standing Financial Instructions. All income to the Charitable Funds must be deposited in accounts held with the Government Banking Service (at the NatWest bank).

The Chief Financial Officer is responsible for ensuring that bank account balances do not become overdrawn or excessively high. Surplus funds are invested in the investment portfolio.

Under no circumstances should a separate bank account be held or operated for any fund or appeal sitting within the Umbrella charity.

The Chief Financial Officer is responsible for ensuring the secure operation of all Charitable Fund bank accounts.

5. REPORTING

a. Monthly Statements

All fund holders will be issued with monthly statements of income and expenditure.

It is the responsibility of all authorised officers to review the accuracy of account statements and to raise any queries with the Head of Charity.

A written record should be kept of all agreed amendments that are required to be made in order that these amendments can be checked against subsequent statements.

b. Statement on Unrealised Gains and Losses

Unrealised gains and losses on investments of Charitable Funds are allocated quarterly, based on the average monthly balance of each fund over this period. Any significant unrealised loss on the value of the investments may require specific action by the Trustees to temporarily curtail any further expenditure on all the charitable funds

c. Accruals and Commitments

While the Charitable Funds team try to ensure that commitments are recorded for all orders processed by the department, account statements may not currently include the value of all requests for payment placed or where goods and services have been received but not yet paid. It is imperative that fund holders take into account any outstanding commitments before placing further orders that would place their fund in an overdrawn situation.

d. The Reserve Policy and annual spending plans

The Trustees are under a legal duty to apply charitable funds within a reasonable time of receiving them but should also hold some money in reserve. The appropriate level of those reserves (the reserve policy) should be considered and reviewed regularly by the trustees. This policy should be available to any fund advisers and other NHS staff dealing with charitable funds.

Trustees are required to have a formal reserves policy, review this regularly and report on it in their annual report (Refer to CC19).

In the trustees' annual report should be reported:

- why you need to keep money aside instead of spending it on your charity's aims
- how much your charity holds in reserve
- why your charity needs to hold this amount in reserve

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

The reserves are maintained in a readily realisable form within the investment portfolio.

The Trustee is expected to ensure that charitable funds are spent, on the purpose for which they were donated, within a reasonable timescale, unless funds are being amassed for a large piece of expenditure. Delays in spending funds may result in a breach of trust.

Account balances are continuously monitored. The Charity Commission can hold the trustees in breach of trust if they accumulate funds without good reason.

Fund Managers are required to forward their spending plans for the next financial year to the Head of Financial Control by 31 January each year, for collation and presentation to the Charitable Funds Committee.

e. Risk Management Report and Register

Risks are managed by use of a risk register. This provides a description of the principal risks and uncertainties as identified by the Trustees, together with a summary of their plans and strategies for managing them and this information should be disclosed on the charity annual report (Balance Sheet notes). Risk management should be in line with Charity Commission Guidance CC26 [Charities and risk management \(CC26\) - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

The risk register should be monitored by the Charitable Funds Committee, periodically, to ensure actions are taken in the areas that have been identified to strengthen the position of the Charity. This is to ensure that the Trustees are covered for liability in line with the Charity Commission and SORP expectations.

f. Annual Accounts & Annual Report

The Trust must submit an Annual Report and the Chief Financial Officer is responsible for producing Annual Accounts for Charitable Funds. These reports must be submitted to the Charity Commission to the deadline set and must comply with charity law and the Statement of Recommended Practices issued by the Charity Commission.

6. AUDIT

a. External Audit

The Charity Commission requires that our charity has an independent audit. External auditors are now required to report separately to the Charity Commission on any matters of concern.

b. Internal Audit

All systems within the Trust relating to Charitable Funds are subject to continuous internal audit. All records within Divisions relating to Charitable Funds should be made available whenever required by internal audit staff.

c. Monthly Analysis

All charitable income and expenditure is reviewed on a monthly basis. If you are asked to provide further information about income or expenditure you must do so. If any transaction (income or expenditure) appears to be non-charitable and no explanation is provided to the Charitable Fund Accountant, the transaction will be removed from the funds and coded to the department's exchequer budget.

7. TRAINING

Training is available from the Head of Charity at the request of Fund Managers.

Below is a sample of the BHT Charity Fund Payment Voucher, please find the latest version here: [BHT Charity Fund Payment Voucher \(buckshospitalscharity.org\)](http://BHT Charity Fund Payment Voucher (buckshospitalscharity.org))



Buckinghamshire Healthcare NHS Trust
Charitable Funds
Payment Voucher

Please pay

Name of payee	
Address	
Post Code	

Date	Details	Cost
Totals		

Certified for Payment _____(Name) _____(Signature)

Payment Approved _____(Name) _____(Signature)

Trust Division Requesting Payment (Compulsory Information)	
--	--

Fund Number	Ledger Code	Cost
Total Cost		

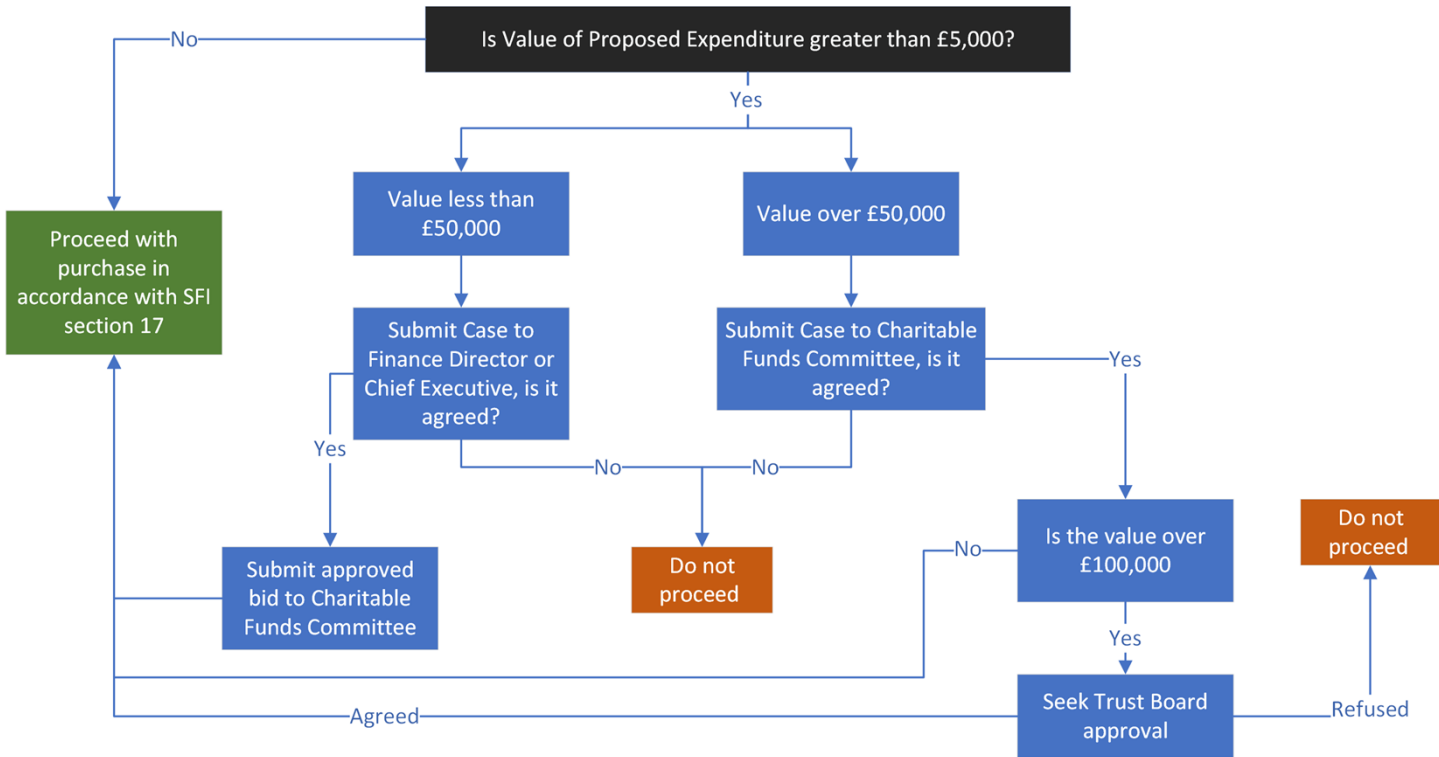


Below is a sample of the BHT Flowchart on the approval of Charitable Funds Expenditure, please find the latest version here: [Flowchart-on-the-approval-of-Charitable-Funds-Expenditure-1.png \(1456x1171\) \(buckshospitalscharity.org\)](#)

**Appendix 2:
Flowchart on the approval of Charitable Funds Expenditure**

Table outlining the authority to accept or expend Charitable Funds in accordance with the Trusts Standing Financial Instructions.
The below flowchart is created based on this table

Authority to accept or expend Charitable Funds (subject to funds being available and compliance with Trust deed)		
Board of Trustees (Trust Board)	≥ £100,000	Items exceeding £100,000 must go to the Trustee (Board) for approval.
Charitable Funds Committee	Up to £100,000	
Chief Executive	Up to £50,000	Summary of items approved to be reported to Charitable Funds Committee.
Director of Finance	Up to £50,000	Summary of items approved to be reported to Charitable Funds Committee.
Fund Manager	Up to £5,000	Summary of items approved to be reported to Charitable Funds Committee.



Below is a sample of the BHT examples of expenditure that is not charitable or which does not have the committees approval, please find the latest version here:

<https://www.buckshospitalscharity.org/wp-content/uploads/2023/02/Appendix-3-Examples-of-expenditure-that-is-not-charitable-or-which-does-not-have-the-Committees-approval.docx>

Examples of expenditure that is not charitable or which does not have the Committee's approval

Routine expenditure on gifts for staff will not be supported.

Expenditure which may be seen as inappropriate for a health organisation such as alcohol;

Routine expenditure on general benefits for staff, such as tea, coffee, milk or water will not be funded by the charity. Occasional events such as modest departmental team events may have a strong motivational impact on staff and indirect benefit to patients. These can be supported at the discretion of the fund manager.

Expenditure on events which may have a poor effect on the Charities' or the Trusts' reputation such as "stunts"; Attendance at a conference, the subject of which, however commendable, was not likely to benefit the health of the people of Buckinghamshire

Attendance at any event, accommodation or travel for a spouse or other person not employed by Buckinghamshire Healthcare NHS Trust. If an event has been arranged that other people can attend they must contribute the full cost of the event;

Items essential to the structure of the hospital

This would be refused as it is a clear case where an item should be provided by the Bucks Healthcare Trust and constitutes exchequer funding

Purchase of a PC that is incompatible with BHT Trust equipment.

A study day when the individual concerned is leaving the employment of BHT

Membership of professional organisations for the benefit of an individual will not be supported by the charity. Where the membership has a clear group benefit in terms of access to publications or training at preferential rates, such that the cost is outweighed by the financial benefits of avoided costs, the fund manager will have the discretion to support the membership.

Expenses incurred when normal purchasing guidelines have not been adhered to (e.g. express delivery charges, maintenance agreements on equipment) unless there are valid reasons.

These guidelines will be reviewed regularly. If you have any comments or questions please do not hesitate to contact The Charity Head of Finance and Governance, on 01494 411700 or on the Trust's e-mail system.

Below is a sample of the BHT VAT and Charities, please find the latest version here:

<https://www.buckshospitalscharity.org/wp-content/uploads/2023/02/Appendix-4-VAT-and-Charities-.docx>

VAT AND CHARITIES

Purchases made by the Trust

Certain goods purchased or hired by eligible bodies, which include Regional, District and Special Health Authorities, and NHS Trusts using funds provided by a charity or from voluntary contributions are eligible for zero-rating by the supplier. (Throughout this section the term Health Authorities should be taken to mean also NHS Trusts).

The relief covers "relevant goods", as follows:-

- Medical, scientific, computer, video, sterilising, laboratory or refrigeration equipment for use in medical or veterinary research, training, diagnosis or treatment. Zero-rating is also available for parts and accessories for use in or with these items. Please see below for further details.
- Computer services by the way of provision of computer software solely for use in medical research, diagnosis or treatment.

These items must be purchased or hired using money **wholly** from charitable funds or voluntary contributions to qualify. Health Authorities cannot pay in part for the purchase or hire of such items. When goods are being bought or hired out of such funds it is worthwhile ensuring wherever possible that the goods being purchased will be eligible for zero-rating under these rules to maximise the relief available.

Examples of articles, which are eligible for relief as medical, scientific, computer, video, sterilising, laboratory or refrigeration equipment, or as parts and accessories.

Anaesthetic apparatus	Graduated medicine measures
Bandages and dressings	Hoists and other patient lifting devices
Highly specialised beds, designed to prevent deterioration in a patient's condition or materially assist recovery (e.g. net suspension beds, medical waterbeds)	Laboratory glassware and plastic ware Patients' stretchers and trolleys
Adjustable hospital beds, which have either a tilting action or a variable height feature	Physiotherapy apparatus (including specialised play equipment designed for sick or handicapped children)
Centrifuges	Refrigeration equipment
Clinical thermometers	Resuscitation equipment
Computers and peripheral units	Sphygmomanometers (blood pressure equipment)
Drip poles	Stethoscopes
Electron and other microscopes	Surgical gloves

First aid boxes and medical kits containing both eligible and ineligible items provided they are only supplied as single pre packed units

Surgical instruments
Tapes and disks specially designed for computer use

Video equipment (including cameras and tapes)

X-ray equipment and X-ray films

Computer equipment includes any computer, its peripherals and parts and accessories. This includes disks and tapes specially designed for use with the computer, but general purpose tapes or items such as paper are not included.

Refrigeration equipment includes both freezing and cooling equipment and parts and accessories designed solely for use with such equipment.

Video equipment includes all types of video equipment and systems including accessories and tapes.

Examples of articles, which are ineligible for relief as medical, scientific, computer, video, sterilising, laboratory or refrigeration equipment, or as parts and accessories.

Air conditioners

Drugs

Amenities for patients or staff (e.g. television or radio sets, tape recorders, soft furnishing, easy chairs)

Drug Trolleys

Handicraft materials for occupational therapy

Blankets and towels

Medical stationery

Catering equipment

Over bed tables and patients lockers

Standard camera equipment and films

Tapes and disks not specially designed for computer use

Closed circuit television systems

Toys (unless specially designed for sick or handicapped children)

Consumable items for use in with medical, scientific or computer equipment (e.g. chemicals, gas cylinders, paper, ink and cleaning fluids)

Training equipment e.g. first aid dummies

Tape recorders

Amersham Hospital
Whielden Street
Amersham
Buckinghamshire
HP7 0JD
Tel: 01494 411700
www.buckshealthcare.nhs.uk

**DONATED MEDICAL AND SCIENTIFIC EQUIPMENT ETC.
PURCHASING BY AN ELIGIBLE BODY**

Buckinghamshire Healthcare NHS Trust
Charitable Funds
Amersham Hospital
Whielden Street
Amersham
Buckinghamshire
HP7 0JD

Telephone: 01494 411700

Declare that the above named organisation is buying from:

The following services:

And is paying for this supply with funds provided by a charity or from voluntary contributions.

I also declare that the goods are to be used in medical research, training, diagnosis or treatment.

I claim that the supply is eligible for relief from Value Added Tax under Group 15 of the Zero Rate Schedule to the Value Added Tax 1994 – VAT Notice 701-6

Signature:

Date:

Buckinghamshire Healthcare NHS Trust
Charitable Fund Order No

Date:

Registered Charity Number 1053113

Providing a range of acute and community services across Buckinghamshire
Chair: Hattie Llewelyn-Davies Chief Executive: Neil Macdonald

Below is a sample of the BHT VAT and Charities, please find the latest version here:
<https://www.buckshospitalscharity.org/wp-content/uploads/2023/02/Appendix-5-Donation-letter.docx>



Buckinghamshire Healthcare
 NHS Trust

The Trustees for the Buckinghamshire Healthcare NHS Trust Charitable Fund

A registered Charity No. 1053113

Finance Department
No.....
 Trust Headquarters
 Dept. Only)
 Amersham Hospital
 Whielden Street
 Amersham
 Bucks HP7 0JD
 Telephone 01494 411700

Receipt

(Cashier)

I,.....Address:.....

, Post Code:....., UK.

Give to Buckinghamshire Healthcare NHS Trust Charitable Fund, The sum of
 £....., which I wish to be used for (Please select one):

The General Purposes of the Charity Patients Staff Research

Or without imposing any special restriction, it is my wish that my donation should be used for:

Special Purpose

This Donation has been given in:

Cheque (No/(s))..... Cash

Donor's Signature..... Date: /

..... /

Donor's e-mail Address.....

Staff Member Receiving Donation..... Date: /

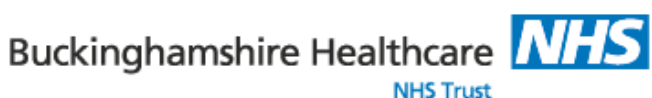
..... /

Gift Aid Declaration

I would like the charity to reclaim tax on my donation and confirm that I am a UK tax payer.
 (Please tick).

(Please note that you must pay an amount of Income Tax and/or Capital Gains Tax for this tax year at least equal to the tax that the charity will claim from HM Revenue & Customs on your Gift Aid donation.)

Below is a sample of the BHT Gift Aid Declaration, please find the latest version here: <https://www.buckshospitalscharity.org/wp-content/uploads/2023/02/Appendix-6-Gift-Aid-Declaration.pdf>



Gift aid declaration

For past, present and future donations

By signing a Gift Aid declaration, every £1 you give, Buckinghamshire NHS Trust Charitable Fund can claim an additional 25p back in tax, so you can make your donation go much further at no extra cost to you.

Most people in the UK are eligible to sign a Gift Aid declaration. Even if you are retired, you may be paying more than enough tax on your private pension or on your savings to qualify.

All you need to do is complete the declaration form below, and send this to Buckinghamshire Healthcare NHS Trust, Charitable Fund, Amersham Hospital, Whielden Street, Amersham, HP7 0JD.

Please treat all qualifying gifts of money made as Gift Aid donations:

Today In the past 4 years In the future

Please tick each box you wish to apply.

I can confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each year (6th April to 5th April) that is at least equal to the amount of tax that all the charities or Community Amateur Sports Clubs (CASCS) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand the charity will reclaim 25p for every £1 that I have donated on or after 6th April 2008.

Title First Name Surname

Full Home Address

Postcode Email

Telephone

Signature Date

Please notify us if you:

- Want to cancel this declaration
- Change your name or home address
- No longer pay sufficient tax on your income and/or capital gains

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

Data Protection We would like to keep you up to date with information about our fundraising appeals and charitable work. Please tick here if you prefer us not to contact you by post by email



Below is a sample of the BHT Donation Poster, please find the latest version here: [286286 Bucks Charity A3 Poster NEW.indd \(buckshospitalscharity.org\)](https://www.buckshospitalscharity.org)



DONATE NOW

To help your local NHS Trust deliver the best patient care

At Buckinghamshire Healthcare NHS Trust we have a charity dedicated to improving our patients' care, in our hospitals and in our community, through extra funding for equipment, research, staff and patient welfare.



Find out how you can make a difference with Buckinghamshire Healthcare NHS Trust Charitable Fund at:

www.buckshospitalscharity.org



Donate right now, just text **BEST22 £2 to 70070**.
You can donate **£1, £2, £3, £4, £5 or £10** by text



Make a donation via Just Giving at:
www.justgiving.com/bucksnhs/donate



Opt for payroll giving and every pound you give will only cost you 80p. Just look for the form on our website



Want to cycle the length of Great Britain, run the London marathon or cycle to Paris? Look up our charity challenges online



Find out how to leave a legacy of outstanding health facilities for 500,000 people

Scan this code to find out more:
Buckinghamshire Healthcare NHS Trust Charitable Fund Registered charity 1053113

www.buckshospitalscharity.org



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Please find the latest version of the Bid for Charitable Funds Expenditure Under £5,000 here:
[Form for Expenditure Under £5,000 – Bucks Hospitals Charity](#)
please find the latest version of the Bid for Charitable Funds Expenditure Over £5,000 here:
<https://www.buckshospitalscharity.org/wp-content/uploads/2022/07/Bid-for-Charitable-Funds-Expenditure-Over-5000---June-2022.pdf>

Equality Impact Assessment - Toolkit

Please refer to the Equality Impact Assessment guidance when completing this template

This Equality Impact Assessment (**EQIA**) toolkit is to help managers ensure that when creating or changing a strategy, policy, process, function or service that it is legally compliant with the Equality Act 2010 and the Public Sector Equality Duty.

It is essential that you complete this form when you undertake an EQIA. This form is to be completed when you are reviewing a strategy, policy or function. It must also be completed when you make any service changes that affect staffing structures, patients' services, or the local community.

The EQIA will help you to detect any unlawful discrimination and also prompts you to look at how your policy, process or function/service embeds equality of opportunity and fosters good relations.

The Equality Duty will not be satisfied if equality is considered after changes or decisions are made and it must be integral to initial steps. Please note only staff that have attended the face to face EQIA training Session or completed the mandatory Equality & Diversity training which is available online, can complete the EQIA form.

The toolkit is divided into;

- Stage 1 - Screening
- Stage 2 - Full EQIA
- EqIA work force profile (Appendix A)

Appendix A is provided by HR on request to assist managers when undertaking staff organisational change and it will assist you to complete the work force profile.

If you experience difficulties in completing the EQIA please contact the Equality & Diversity Manager on 01494 734149.

If you require information on workforce profile please contact your HR business partner.

At the start of the review you need to identify the people who will lead and be responsible for undertaking the EQIA, and the other people who will contribute to the

EQIA. You should also notify your Associate Chief Operating Officer of the EQIA so that they can plan for the sign off stage.

It may be relevant to involve patients, carers, staff or the unions, in order to provide challenge to the assessment. Try to get a balance of skills and experience as well as mixture of staff at different levels. The EQIA assessment team need to have enough knowledge of the service to make valid judgements, but they also need to be as objective as possible.

For large service reviews it is good practice to invite challenge of the EQIA assessment from an existing working group or stakeholders.

Try to avoid duplication if you are undertaking a service/ staff review, the same team should undertake the EQIA, simultaneously.

Division:	Corporate Services
Service:	Finance – Charitable Funds
Title of Proposal:	Management of Charitable Funds Policy and Procedure
Lead Officer (Author of the Proposal):	Jane Lucas
Names of other Officers involved:	Charitable Funds Team, including Doug Mottram - Communications and Engagement Officer and the Fundraising Manager (being recruited)
Overall Findings: Highlight any risks or key actions	No key risks identified. Key action on accessibility for all.

Screening - Initial Assessment

Stage – 1

The screening process must be used on all new policies, projects, service reviews and staff restructuring. If you are not able to determine why your proposal has a positive/negative / neutral effect on patients, services users or staff you will require a more detailed analysis and need to conduct a full equality impact assessment.

Questions	Answers
1. Brief summary of the project/ policy including the main aims and proposed outcomes.	This policy covers the work of the charitable fund and provides details of the work that we do, how we fundraise and how charity money can be spent.
2. Could the proposed strategy, policy, service change, or function have a direct or indirect effect on patients, service users, staff or local community? Please explain your answer.	Yes, we will offer a wide range of opportunities and activities in respect of raising funds. We are aware that some opportunities we offer are not accessible by all; but are sensitive to this in the balance of what we promote and ensure that we encourage ideas from all. We are also aware that our communications should be accessible by all and to facilitate this we ensure that we meet the 2018 Digital Accessibility Requirements. This is achieved by ensuring our website has tools to support people with Sensory Loss who may be using technology such as screen readers, for example by providing ‘alt text’ on all images. Any videos we produce to be shared on social media or via our website will include subtitles and limit the amount of text on-screen. We will also work to provide documentation and information in an Easy-Read format where applicable. Much of this work is also outlined the Trusts internal Comms practices which as a team we work too.
3. Could the proposal have a positive or negative effect on patients, service users, staff or local community by the protected characteristics (age, disability, gender, gender re-assignment, marriage & civil partnership, pregnancy & maternity,	Age Discrimination Groups: Disability Groups: Gender Groups: Gender Reassignment:

<p>race religion or belief, sexual orientation?</p> <p>Briefly explain your answer by considering each characteristic and state the impact on each group.</p> <p>**Please ensure you write a response for each characteristic**</p>	<p>Marriage & Civil Partnership:</p> <p>Pregnancy & Maternity:</p> <p>Ethnic Groups:</p> <p>Faith Groups:</p> <p>Sexual Orientation Groups:</p> <p>There is a neutral effect on all characteristics.</p> <p>We are open to suggestions on fundraising from anyone and encourage any challenges and would promote a diverse range of events.</p> <p>We are open to bids and requests from all and look to ensure that information is accessible.</p>
<p>4. Is there any indication or evidence (including from engagement/consultation with relevant groups) that different groups have or will have different needs, experiences, issues, and priorities in relation to the proposals? Or do you need more information?</p>	<p>Not at this stage. We aim to be inclusive and encourage wide participation.</p> <p>As we expand our offering on Communications and Engagement, we will start to measure participation, and this will allow us to monitor and encourage wide participation.</p>
<p>5. What measures are you proposing to take to mitigate /reduce the impact of your proposal for any of the protected characteristics, within patients, service users or staff?</p>	<p>Awareness for all staff involved in fundraising and specific training for key individuals to initiate best practice.</p> <p>All future fundraising developments should be undertaken with awareness of best practice.</p> <p>Consideration of initiatives that promote inclusion. Also, collaboration with other charities (local and some specialist national charities) which encourages participation locally and nationally.</p> <p>We will also work to ensure we offer communications around our work in a diverse way, utilising a wide range of differing communications</p>

	tools, as well as working to engage directly within all the communities of Buckinghamshire.
6. Are there any measures that you can take to produce a positive impact for any of the protected characteristics, within patients, service users or staff?	<p>For legacy giving the patient information leaflet has been recently reviewed. This is open to everyone as are the will writing services.</p> <p>As we move forward with further integrating a communications plan to raise the profile of the charity, we will work to ensure diverse representation across our communications. We will also ensure we produce communications that are accessible to all by utilising a wide range of communications platforms and strategies.</p>
7. As a result of the screening is a full EQIA necessary?	No

Signed off by	
Name of lead officer:	<i>Jane Lucas</i>
Signature & date:	<i>10/02/2023</i>
Name of Executive Lead	<i>Kishamer Sidhu</i>
Signature & date:	<i>16/02/2023</i>

Meeting: Trust Board Meeting in Public

26 April 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 March 2023
Purpose	Assurance
Previously considered	Transformation Board 18.04.2023 Q&CGC 19.04.2023 F&BPC 25.04.2023

Executive Summary

This document provides an Integrated Performance Report for review.

The report was discussed at the Trust's Transformation Board on 18th April 2023. Key points made in the discussion included:

- Noting some signs of early improvements in the numbers of Medically Optimised for Discharge patients.
- Flagging the importance of looking at average waiting times and RTT compliance as well as the longest waiters for this financial year and beyond.
- Recognising the improvement in mandatory training completion numbers.
- Continued focus on developing new metrics and presentation of data in the IPR to align with the Trust's breakthrough objectives.

A revised version of the IPR will be circulated in draft to Board colleagues in first half of May for comment.

The Quality metrics were considered in detail at the Quality & Clinical Governance Committee on 19 April 2023 and detailed discussions took place related to Trust performance against the complaint response target. A verbal update will be provided to Board following the Finance and Business Performance Committee meeting on 28 March 2023.

Decision	The Board is requested to consider performance and risk impact.
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Relevant Strategic Priority

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

Integrated Performance & Quality Report

March 2023

CQC rating (July 2022) - GOOD

OUTSTANDING CARE

HEALTHY COMMUNITIES

AND A GREAT PLACE TO WORK



Integrated Performance & Quality Report

Introduction & Contents

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

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

Outstanding Care

Provide outstanding cost effective care

Operational Standards

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

- Elective Recovery
- Waiting List
- Activity
- Outpatients
- Cancer
- Diagnostics

Quality and Safety

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

Finance

Healthy Communities

Taking a lead role in our community

Community Activity

- Community Contacts
- Caseload

Community Hospitals

- Length of stay
- Discharge Destinations

Community Productivity

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

A Great Place to Work

Ensuring our people are listened to, safe and supported

People

- Vacancies
- Occupational Health
- Sickness
- Training

Report changes this month

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

Added

Removed

- Maternity metrics - new metrics being constructed for April's report.

Changed

Executive Summary

The IPR this month reflects a challenging month for the Trust with the management of Industrial Action, continued pressures at the front door of the hospital and significant work underway to deliver to financial year-end and plan for the next financial year.

The Urgent and Emergency Care indicators reflect a relatively stable position with significant change to deliver a new emergency care clinical model being delivered in April and May that should start to see marked improvements in performance and the reduction of long waits in ED from June onwards. It is worth noting the improvement in the numbers of Medically Optimised for Discharge patients which is the result of some early success from the new Health and Care Integration Programme with the council.

There were two patients waiting over 78 weeks at the end of March 2023 both as a result of patient choice, i.e. the Trust was able to offer options for treatment in March but patients chose to take a date beyond March. This is a significant achievement for the Trust given that there were 691 patients waiting over 78 weeks in April 2022. Cancer performance continues to improve with the cancer 62-day backlog continuing to reduce in line with our trajectory and performance improving as well. There is a national focus for 2023/24 on the Cancer 28 Faster Diagnosis Standard and the Trust is well positioned to deliver the 75% target achieving 73.2% in February. A deep dive accompanies the IPR providing detail on community waits where there has been significant improvement in waits in the majority of areas with challenges remaining particularly in Podiatry and children's community services.

Diagnostic waits continue to be a challenge for the organisation due to demand increases, largely driven by increased cancer referrals (a good thing) and constrained capacity. Additional capacity for MRI and Non-Obstetric Ultrasound has been purchased from external providers to help reduce the backlogs which we expect to start to impact from May and there is a broader programme of work in train to develop our wider capacity strategy to meet the growing demand now and in the future.

With regards quality and safety indicators it is important to note:

- Continued improvement in complaints performance and reduction in complaints waiting over 90 days
- That the maternity indicators are undergoing a full review with a revised proposal coming forward in May. There are no areas of concern to highlight this month.

With regards the people indicators it should be noted that:

- Vacancy rates continue to decrease after successful recruitment in a range of areas. These rates will increase as new roles are advertised agreed through financial planning but the progress made is significant.
- There has been a significant uptick in statutory and mandatory training completion with the Trust nearly reaching the standard of 90%.

The IPR continues to undergo review and a draft revised version will be circulated for comment from F&BP members in the first half of May.

Integrated Performance & Quality Report

Overall Performance Summary



March 2023		Assurance		
		Pass 	Hit and Miss 	Fail
Variance	Special Cause - Improvement 	★ Open pathway 78 week breaches	★ Open pathway 52 week breaches E.Coli bacteraemia infections VTE Assessments Early Warning Score compliance Community urgent 2 hour response Health Visitor appointments - 14 days Nursing and Midwifery vacancy rate Trust vacancy rate Sickness - musculoskeletal Sickness - mental health Corporate Induction	★ Complaints response rate Turnover rate Data security awareness training Statutory & Mandatory training
	Common Cause 	★ Theatre utilisation Outpatient appointment disruption Hospital Standardised Mortality Ratio (HSMR)	ED attendances Ambulance arrivals Discharges by 5pm Cancelled operations Cancer treatment levels - 31 day treatments Faster diagnostic standard (28 days) Cancer wait times - 2 Week Waits Incidents that are low/no harm Medication incidents Medication incidents as SIs Number of Falls Pressure Ulcers - cat 2, 3, 4 & unstageable SIs confirmed Never events MRSA bacteraemia infections C Difficile infections MSSA bacteraemia infections Klebsiella spp bacteraemia infections Treatment escalation plan compliance Non critical care inpatient cardiac arrests Complaints received Friends and Family test - response rate Community average Length Of Stay Community waiting list size Average time to replace vacancies Referrals into OH and Wellbeing - stress Sickness - Covid 19 Occupant 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 Medically optimised for discharge bed days lost Open pathway performance Elective activity Outpatient DNA rate Outpatient letters to GPs within 14 days Cancer screening Diagnostic activity levels Falls per 1,000 bed days Pseudomonas aeruginosa bacteraemia cases Complaints outstanding at 90 days Friends & Family test - positive responses Sickness
	Special Cause - Concern 		Overall size of the waiting list 21 day LOS - Community Employee relations cases closed	12 Hour waits in ED Medically optimised for discharge patients 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.

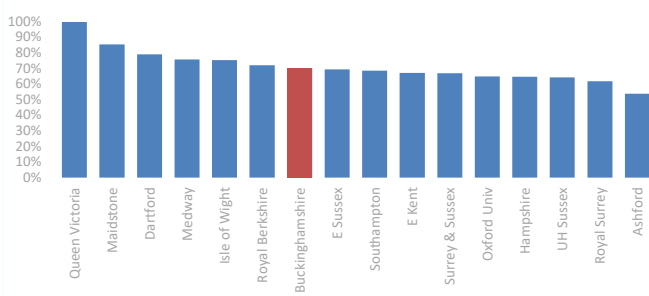
Integrated Performance & Quality Report



Benchmarking Summary for South-East Region

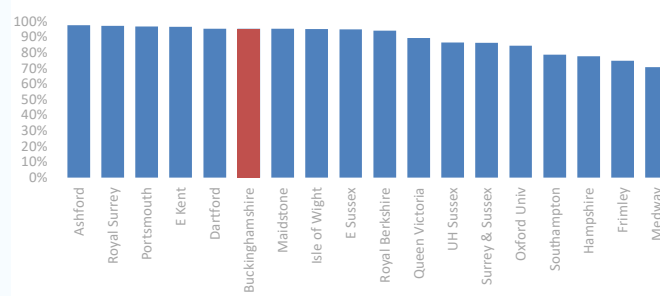
ED 4 hour performance

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



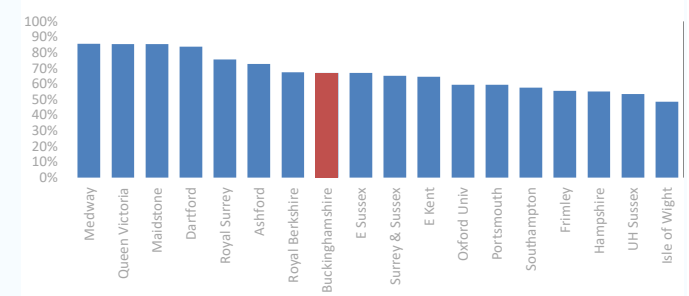
2 week wait cancer

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



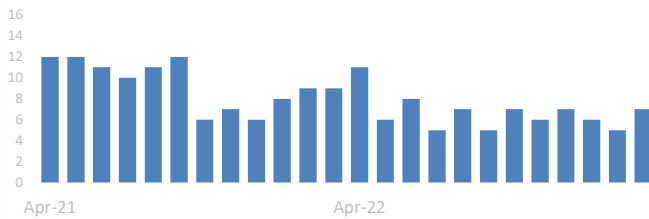
62 day wait cancer

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



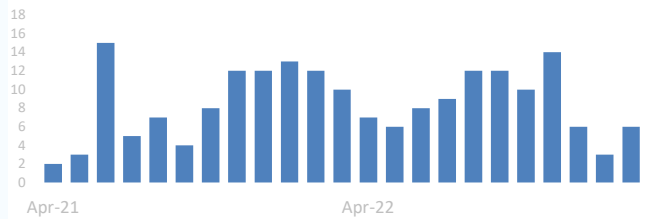
ED 4 hour performance ranking

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



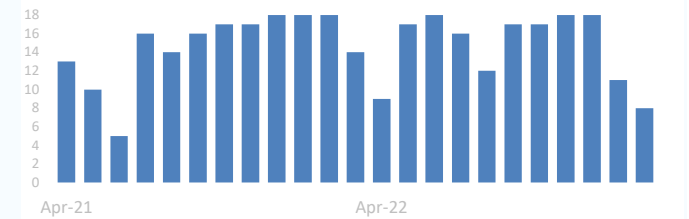
2 week wait cancer ranking

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



62 day wait cancer ranking

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



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

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

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

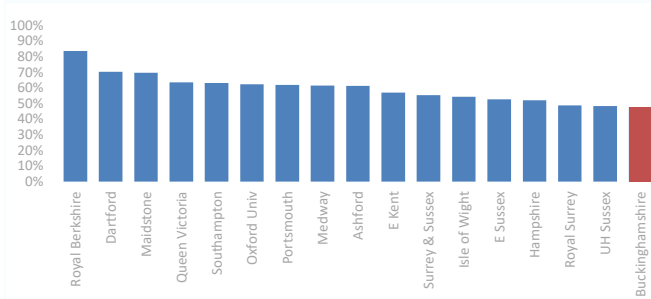
Integrated Performance & Quality Report

Benchmarking Summary for South-East Region



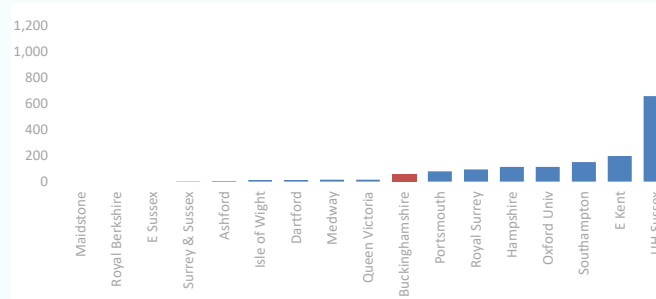
RTT performance

South East RTT performance benchmarking - Feb-23



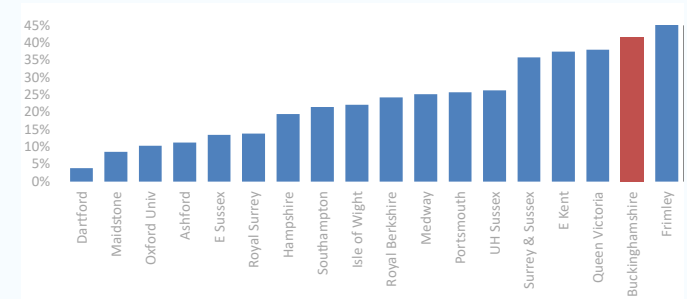
78 week waits

South East over 78 week waits benchmarking - Feb-23



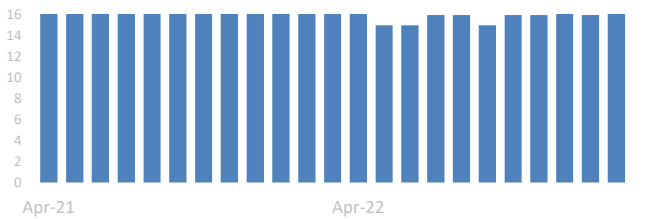
Diagnostic performance

South East diagnostic performance benchmarking - Feb-23



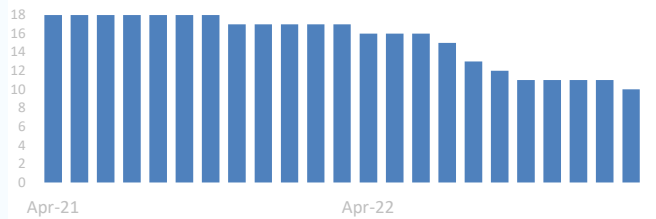
RTT performance ranking

South East RTT performance benchmarking - historic rankings out of 16



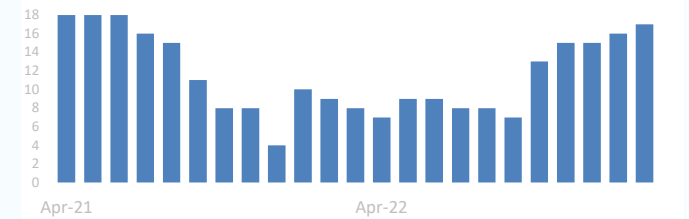
78 week waits ranking

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

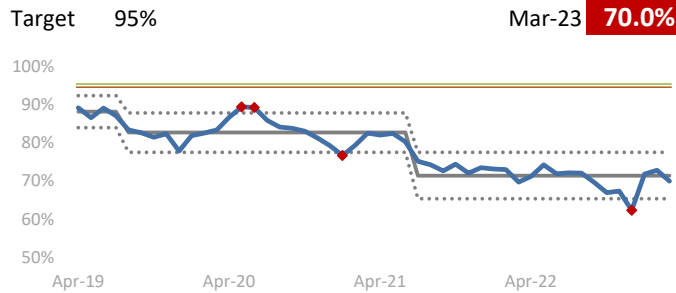
There is significant work underway through the Trust's Urgent and Emergency Care Programme and work with partners to drive a step change in performance and the waits for patients. These interventions start to impact from April and include:

- A new consultant rota in place from 3 April (delivered) to increase the number of senior decision-makers between 8am and midnight.
- Consultant recruitment to expand consultant workforce to consistently deliver said rota. Interviews booked for 27 April.
- Expansion of the Same Day Emergency Care (SDEC) service to c.double the number of patients taken out of ED for assessment and treatment from ED each day from 21 April (delivered).
- Opening the new Paediatric ED to create additional assessment space and better flow for Paediatrics on 25 April.

These changes will continue over May and beyond with impact starting to be seen in a sustainable way from end May onwards. A trajectory for improvement for these key metrics is being developed and will be presented to F&BP in May.

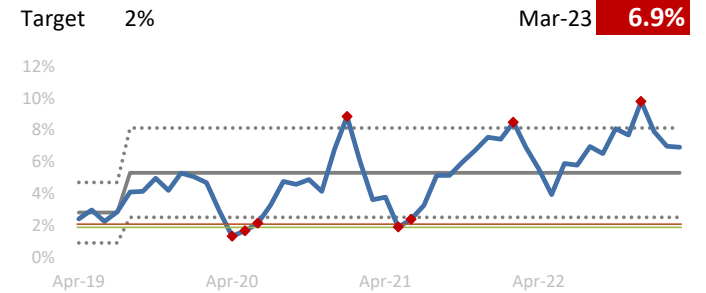
ED 4 hour performance

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



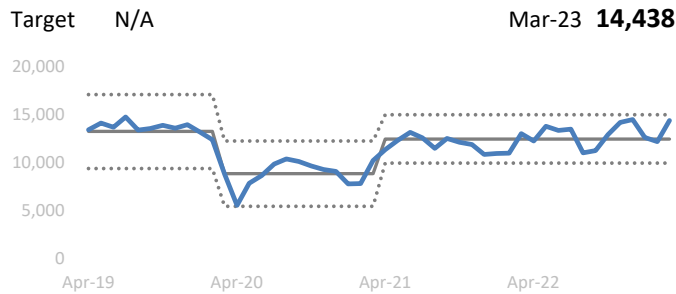
12 hour waits in ED

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



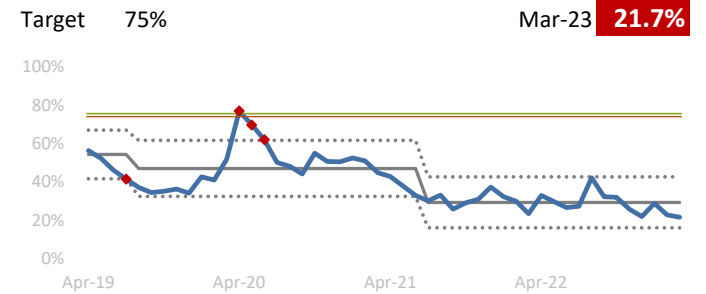
ED attendances

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



Senior decision-maker seen within 60 minutes

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



Target

Outstanding Care

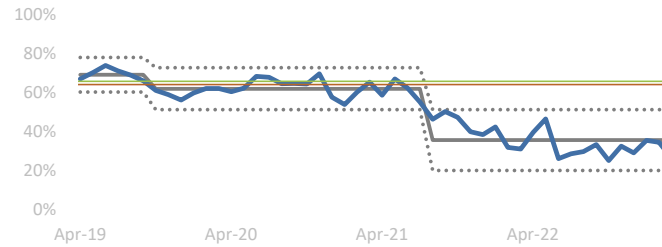
Operational Standards - Urgent & Emergency Care

The measures and plan outlined above will also drive sustained improvement in ambulance handover delays building on the work that has already been done in the Emergency Department which has seen a sustained improvement over the last quarter.

Ambulance handovers within 15 mins

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

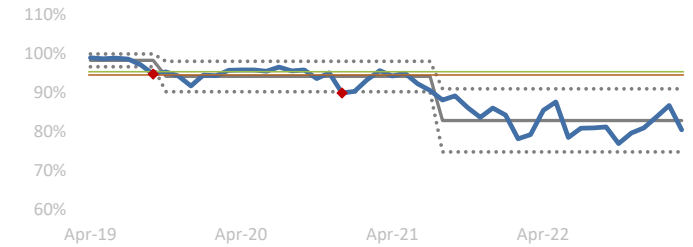
Target 65% Mar-23 **26.6%**



Ambulance handovers within 30 mins

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

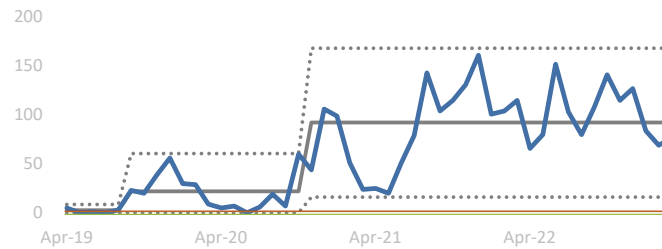
Target 95% Mar-23 **80.5%**



Ambulance handovers over 60 mins

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

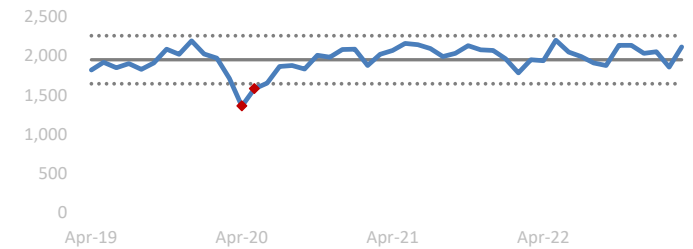
Target 0 Mar-23 **76**



Ambulance arrivals

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

Target N/A Mar-23 **2,119**



— Target

Outstanding Care

Operational Standards - Urgent & Emergency Care

Medically optimised for discharge

We have seen some small improvements in our Medically Optimised for Discharge numbers through the joint programme with the council. New 'top 50 waiter' weekly review meetings have been instituted across the system to unblock issues and significant progress has been made in reducing some of the longest stayers particularly in our community wards.

Social workers are now working directly back on some of the wards in the Trust with the aim for all wards to be covered by the end of June.

A trajectory for MOFD reduction is being developed and will be reported on as part of the IPR.

21 day LOS – Acute

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

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

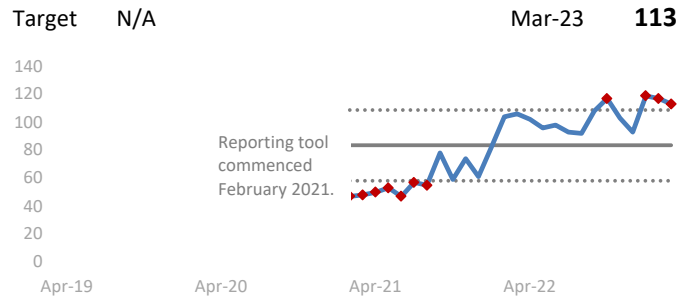
Discharges by 5pm

We have seen a slight decrease in the number of discharges by 5pm in this reporting period.

We are revising our discharge policy and will be launching an internal discharge improvement programme in the coming months to drive a further organisation-wide focus on this issue.

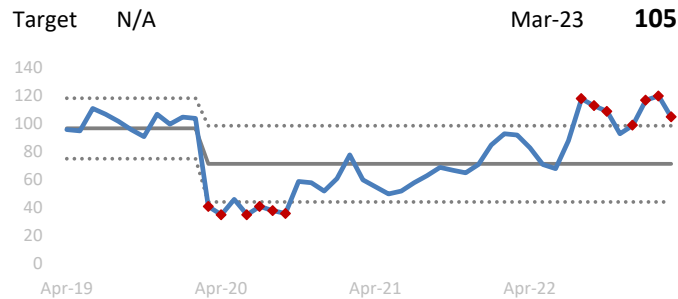
Medically optimised for discharge

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



21 day LOS - Acute

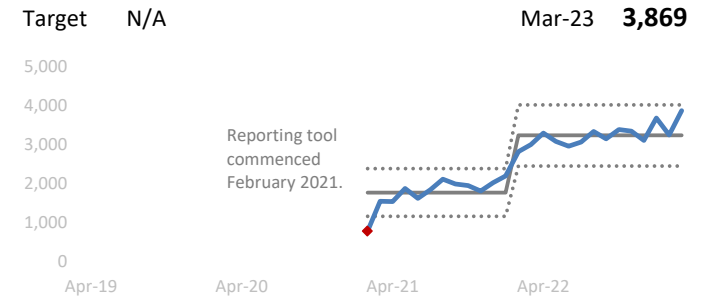
Count of patients in an acute bed at the end of the month who have a total length of stay of more than 21 days.



Target

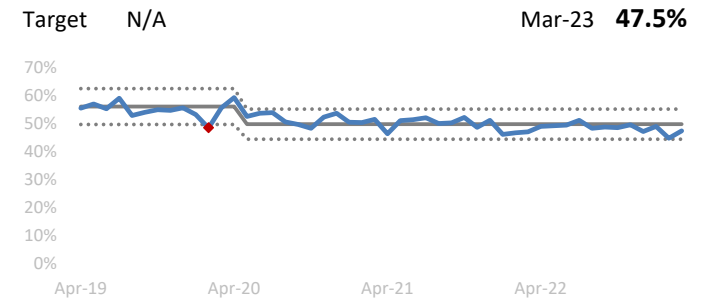
MOFD Bed days lost

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



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.



Outstanding Care

Operational Standards - Elective Recovery

Overall size of the waiting list

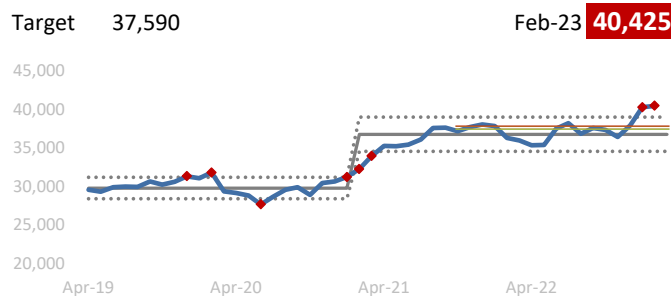
The waiting list has continued to grow as all referrals are merged to one list at the point of triage. This has led to a pronounced increase but ensures all patients can be prioritised by clinical need and considered as one complete waiting list rather than a separate referral list and waiting list. This process has been enhanced by the implementation of robotic services and, once lists are amalgamated, will provide a transparent record of the number of patients waiting for treatment.

Open pathways

RTT performance remains static with cancer and urgent patients treated at the start of the pathway and long waiting patients treated from the end. This will continue while the Trust focuses on reducing waiting times and an improvement will be seen when waiting times start to recover to pre-pandemic levels and more patients are treated within 18 weeks.

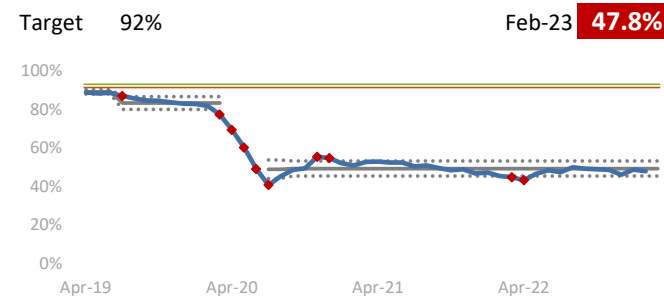
Overall size of the waiting list

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



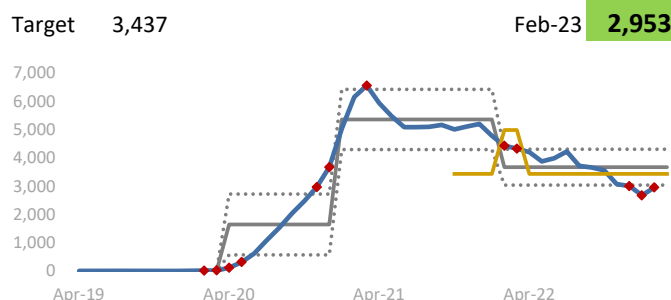
Open pathway performance

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



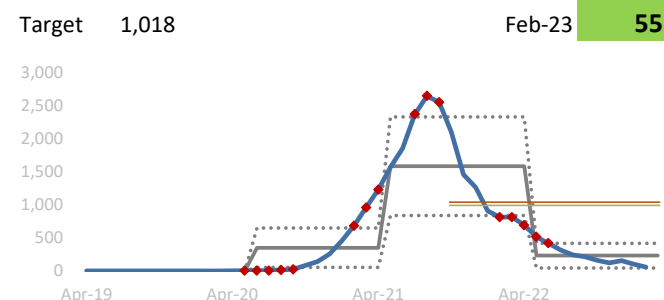
Open pathway 52 week breaches

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



Open pathway 78 week breaches

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



Target

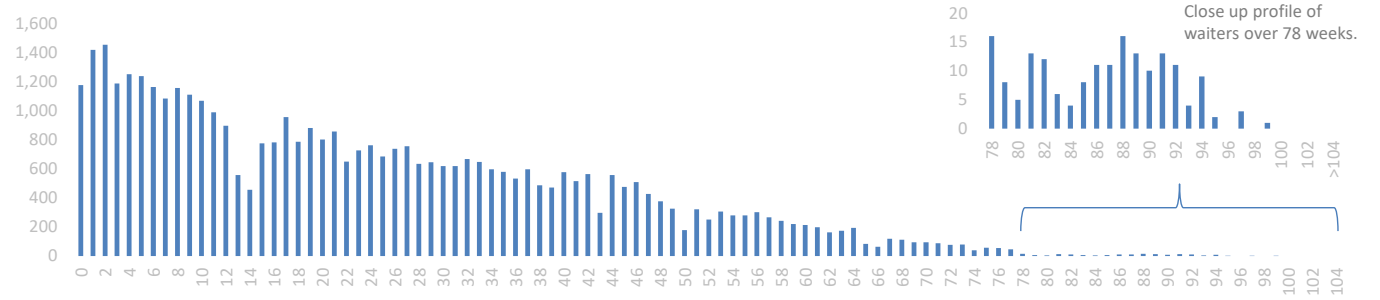
RTT data runs one month in arrears due to RTT submission date being later than IPR production date.

Outstanding Care

Operational Standards - Elective Recovery

Open pathways by weeks wait

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



Outstanding Care

Operational Standards - Elective Recovery

Cancelled elective operations

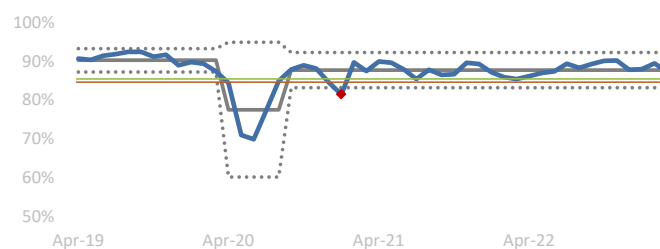
35 patient operations were cancelled on the day in March. This is higher than expected and was due to staff sickness and clinical reasons.

While we aim to cover staff sickness as much as possible, the acuity of each operation must be assessed to assure cover is appropriate. Unfortunately this is not always possible but each patient is rebooked for their operation within 28 days of the cancellation.

Theatre utilisation

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

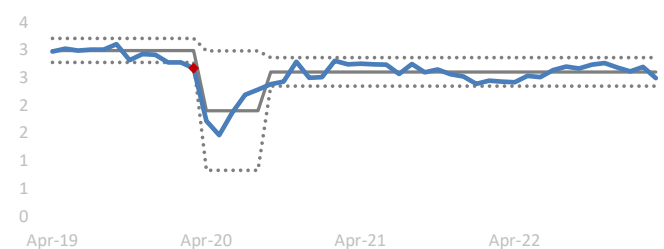
Target 85% Mar-23 **87.3%**



Theatre cases per 4 hours planned time

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

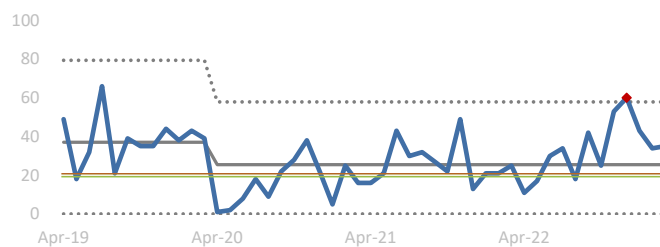
Target N/A Mar-23 **2.5**



Cancelled elective operations

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

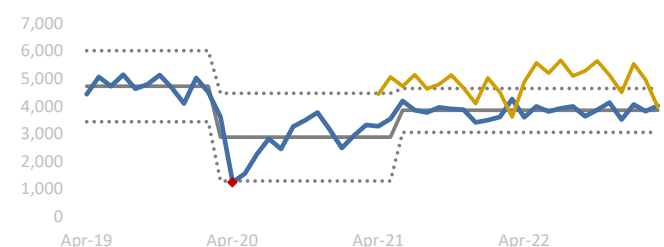
Target 20 Mar-23 **35**



Elective Activity

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

Target 3,974 Mar-23 **4,026**



Target

Outstanding Care

Operational Standards - Elective Recovery

DNA

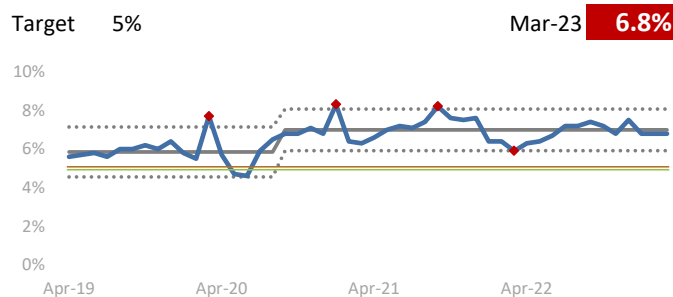
The patient rate of not attending is starting to reduce. We continue to improve communication with telephone calls and text reminders to ensure this is minimised as much as possible, and this work will be developed further with further robotic assistance.

Outpatient activity delivered remotely

There continues to be a trend for patients requesting face to face appointments rather than virtual. As we continue to see our longest waiters, who are mainly surgical patients, this is beneficial for the patient and clinician with appropriate decisions made at the first attendance. However more medical specialities continue to offer virtual appointments and this will be encouraged in 2023/24.

Outpatient DNA rate

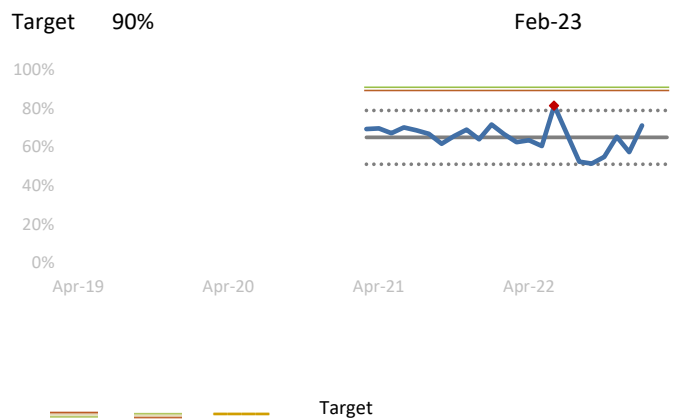
Percentage of patients who did not attend outpatients over all outpatient attendances and DNAs during the month.



Latest data not available at time of report production

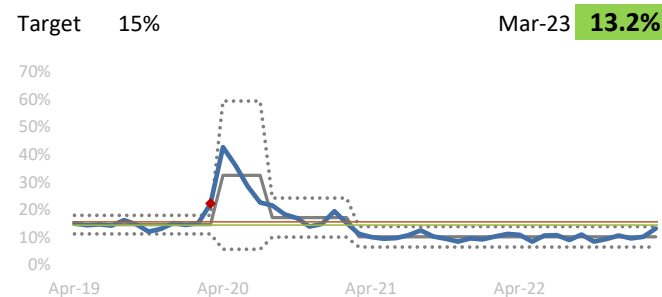
Outpatient letters to GPs within 14 days

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



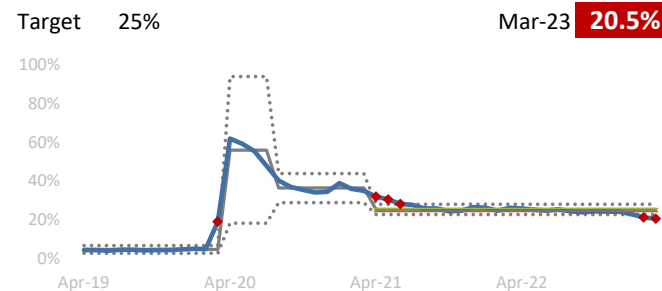
Outpatient appointment disruption

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



Outpatient activity delivered remotely

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



Outstanding Care

Operational Standards - Elective Recovery



62 day pathway

Performance of 65.1% has been reported in February (performance reporting month) an increase of over 14% in 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 168 at the end of March against a trajectory of 178. 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

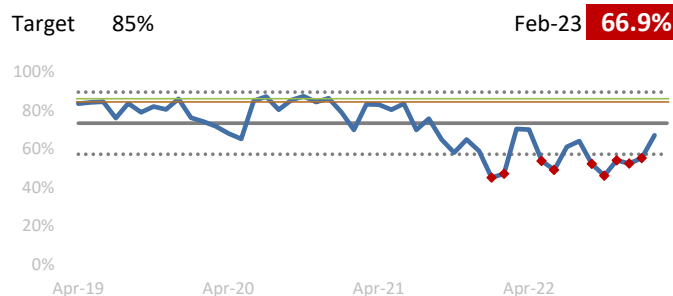
Work continue to ensure that patient have access within 14 days. The Trust achieved 95.3% compliance against a performance standard of 93% in February 2023. Work continues with TVCA to implement national best practice timed pathways which, while seeking to delivery 28 Fast Diagnosis Standard, will also 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

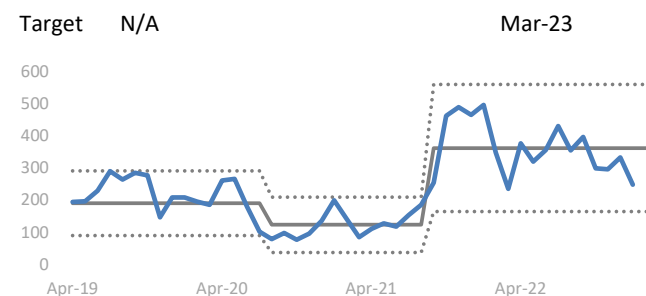
The percentage of patients treated in month within 62 days over all patients treated in month. For 62 day pathway patients.



Latest data not available at time of report production

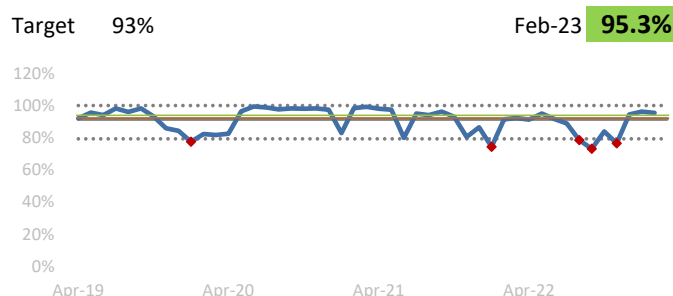
Cancer Wait Times - 62 day waiters

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



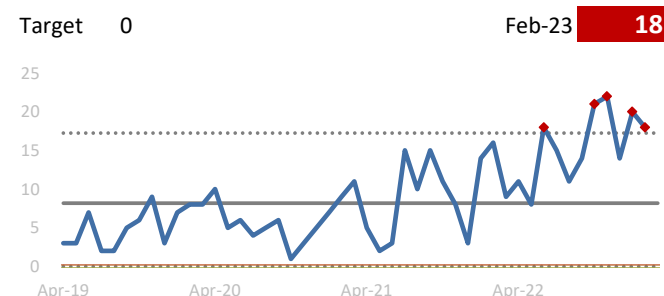
Cancer Wait Times - 2WW

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



Cancer Wait Times - 104 days

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



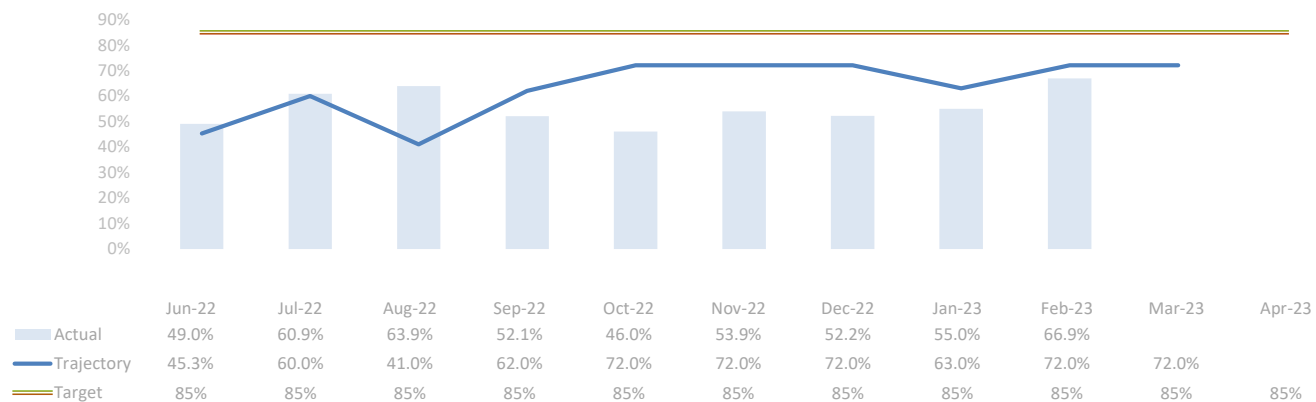
Target

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

Outstanding Care

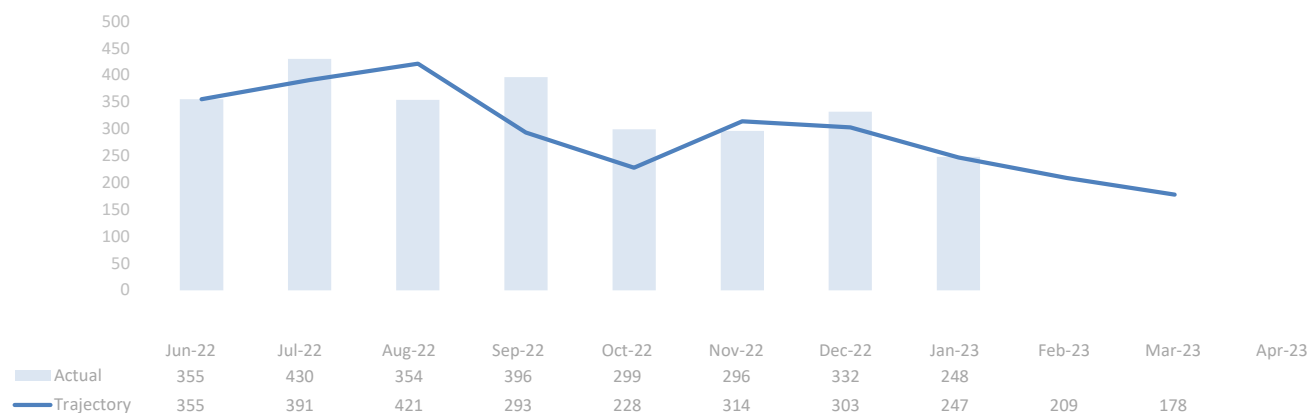
Operational Standards - Elective Recovery

Cancer performance - 62 day trajectory



Latest data not available at time of report production

Cancer backlog - 62 day waiters trajectory


















Outstanding Care

Operational Standards - Elective Recovery

Cancer backlog - 62 day waiters by tumour site

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

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

Latest data not available at time of report production

Outstanding Care

Operational Standards - Elective Recovery

31 day treatments

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

Faster diagnostic standard

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

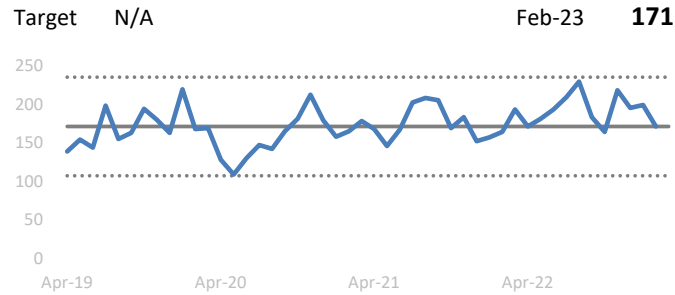
Improvement were seen in month with a reported performance of 73.1% against a target of 75%

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 88.9% against a target of 90%.

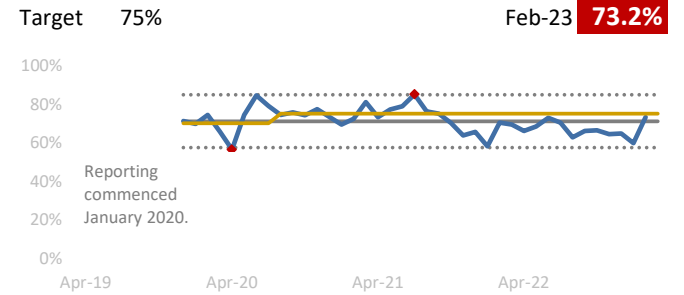
Cancer treatment levels - 31 day treatments

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



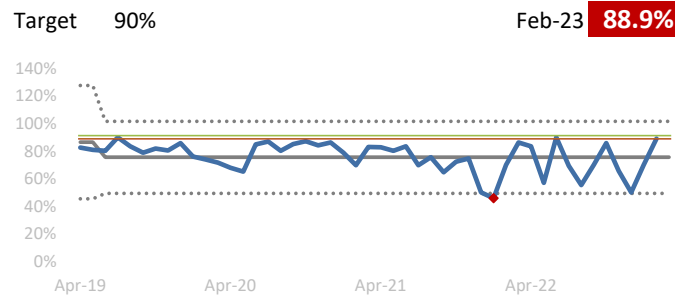
Faster diagnostic standard (28 days)

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



Cancer screening

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



Target

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

Outstanding Care

Operational Standards - Elective Recovery

Diagnostic compliance

The number of patients having their diagnostic procedures within 6 weeks is slowly improving. Demand continues to be higher than pre-pandemic, often related to increased cancer demand and activity levels remain similar to those seen previously.

Actions have been agreed to increase activity with an aim to reducing the number of patients waiting over 6 weeks, although cancer and urgent referrals remain the priority.

Non-endoscopic breaches

Additional MRI capacity is being sourced and agreed for the coming year. This will provide a steady increase in coming months resulting in shortening of waiting times.

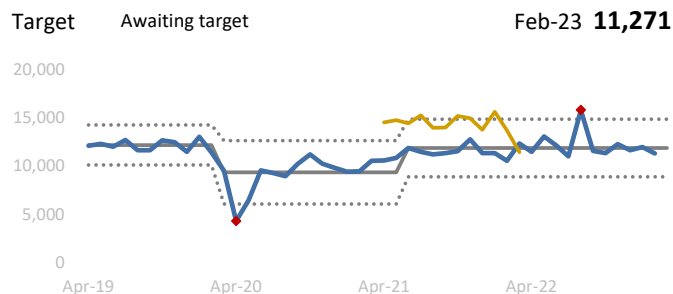
Endoscopic Patients waiting >6 weeks (breaches)

The endoscopy department have completed training requirements to move to transnasal diagnostic procedures for appropriate patients. This is a quicker and easily accessible procedures and will provide additional capacity where needed.

In addition to this, the Trust will continue to optimise use of available facilities and insource to provide ongoing additional capacity.

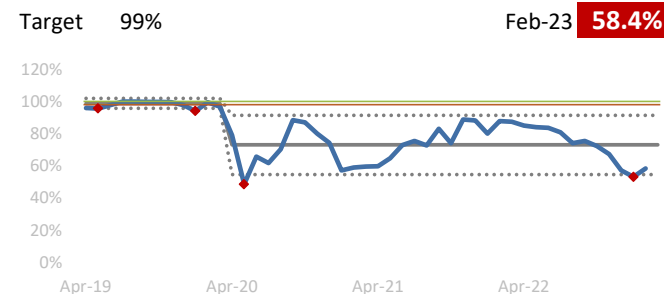
Diagnostic activity levels

The number of diagnostic tests or procedures carried out in the period. Based on DM01 definitions.



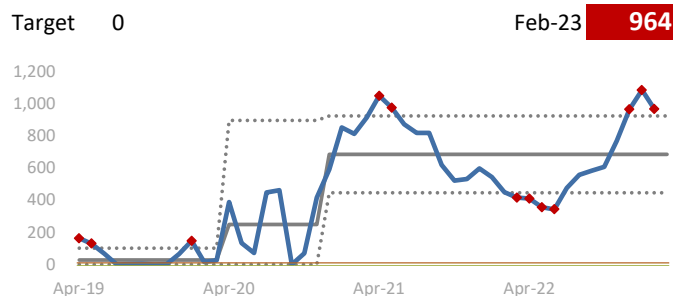
Diagnostic compliance

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



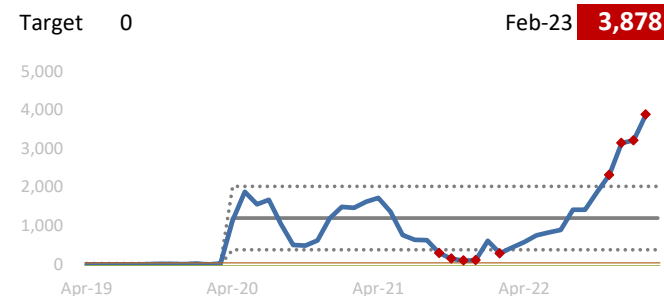
Endoscopic patients waiting > 6 weeks

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



Non-endoscopic DM01 breaches

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



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

Outstanding Care

Operational Standards - Quality & Safety

Incidents reported

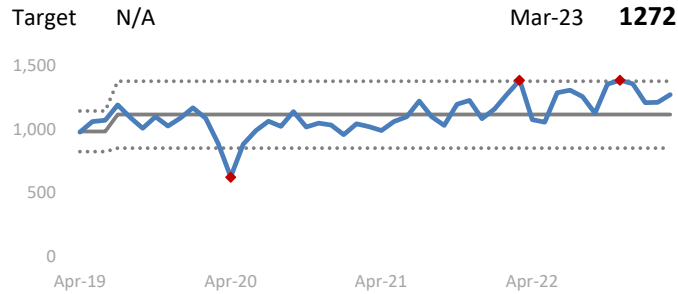
Improvement in the number of incidents reported since upgrade of incident reporting system in April 2022.

Excellence reporting

Over 1,000 excellence reports submitted across the Trust in 2022-23 as colleagues show appreciation of, and recognition for the excellent practice of other colleagues. This is higher in comparison to previous year number of excellence report.

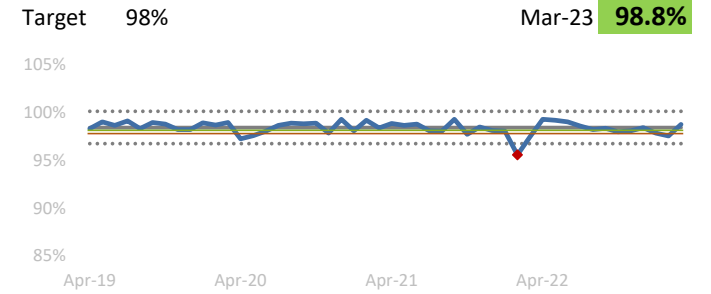
Incidents reported

Total number of incidents reported on DATIX during the month.



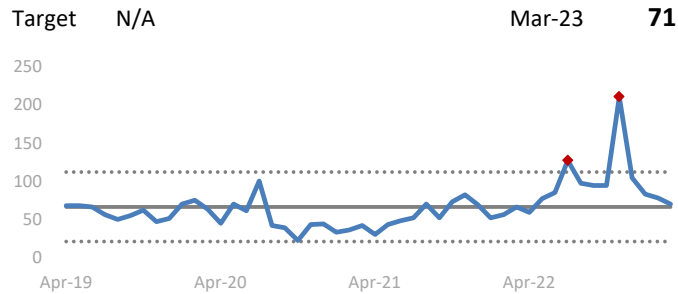
Incidents that are low/no harm

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



Excellence reporting

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



Target

Outstanding Care

Operational Standards - Quality & Safety

Medication Incidents

Medication incidents reporting shows common cause variation. No medication related incidents declared as serious incident.

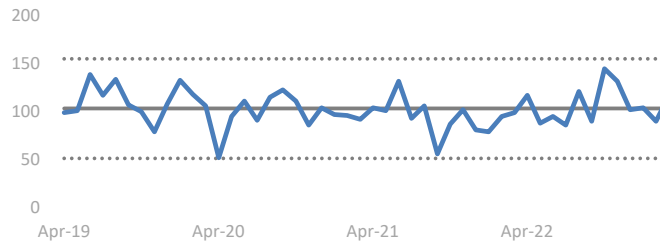
Falls

Falls rate per 1,000 occupied bed day remains below target. The Trust Fall policy and mandatory training review is ongoing and will include new information about post falls management. Inpatient falls incident thematic review ongoing and the report will be presented to the Harm Free Care Group and Quality & Clinical Governance Committee.

Medication incidents

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

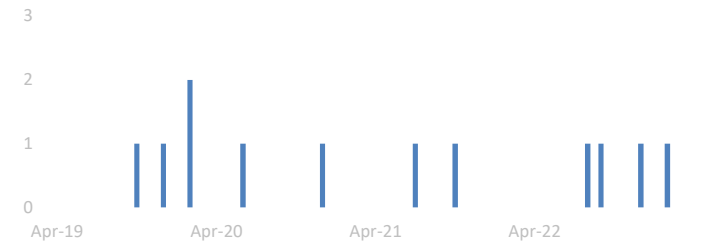
Target N/A Mar-23 **116**



Medication incidents as SIs

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

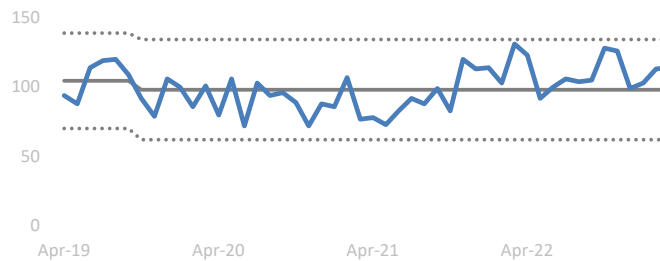
Target 0 Mar-23 **0**



Number of falls

Total number of inpatient falls reported on DATIX.

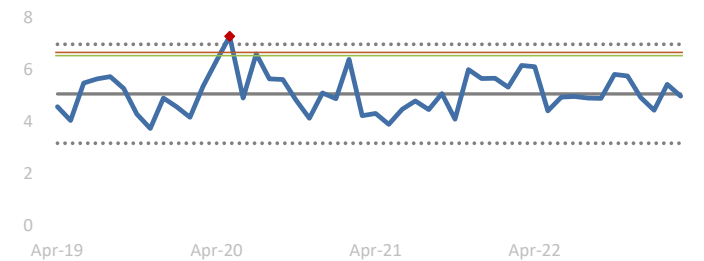
Target N/A Mar-23 **114**



Falls per 1,000 bed days

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

Target 6.6 Mar-23 **5.0**



Target

Outstanding Care

Operational Standards - Quality & Safety

Pressure ulcers

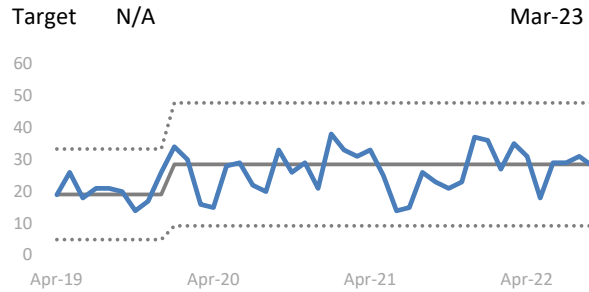
Reduction in the number of pressure ulcers incidents reported in comparison to previous month. Pressure ulcer incidents thematic review ongoing and outcome is scheduled for presentation to Patient Safety Group and Quality & Clinical Governance Committee in May 2023.



Latest data not available at time of report production

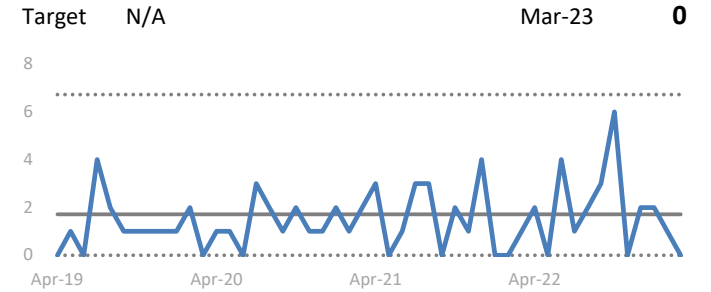
Pressure ulcers - category 2

Number of acquired category 2 pressure ulcers.



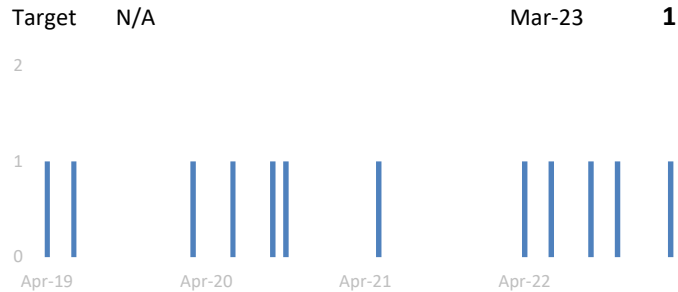
Pressure ulcers - category 3

Number of acquired category 3 pressure ulcers.



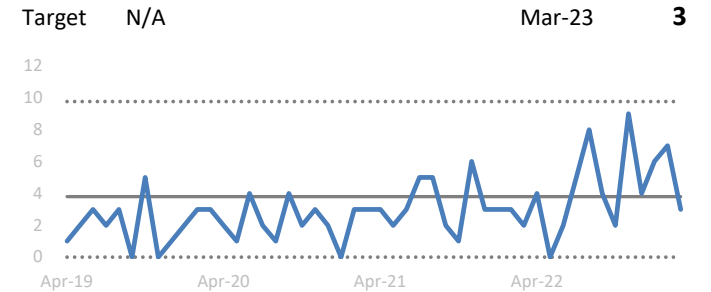
Pressure ulcers - category 4

Number of acquired category 4 pressure ulcers.



Pressure ulcers - unstageable

Number of acquired unstageable pressure ulcers.



Target

Outstanding Care

Operational Standards - Quality & Safety

SI's confirmed

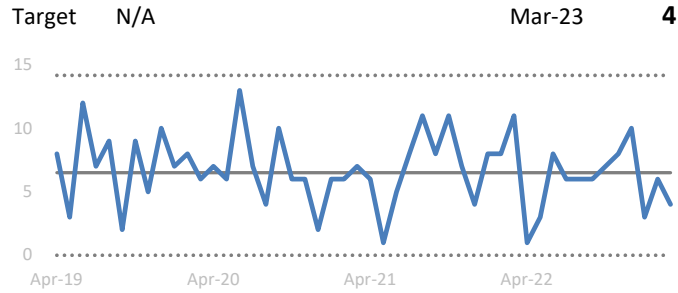
No serious incidents declared as Never Event in March 2023.

HSMR

Rolling 12-month HSMR for December 2022 is 93.9 and classified as "lower than expected".

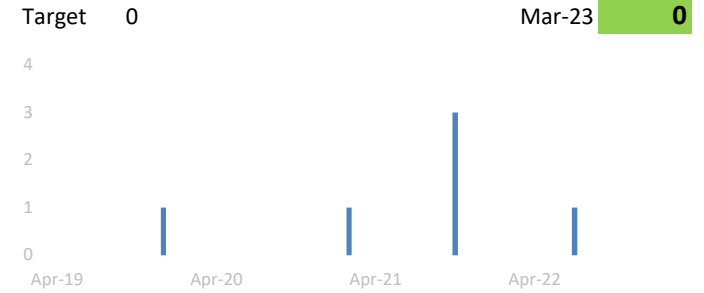
SI's confirmed

The total number of Serious Incidents confirmed during the month.



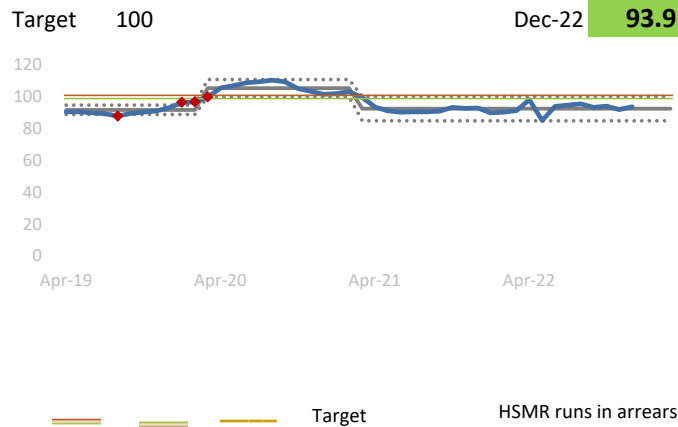
SI's declared as never events

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



HSMR

Hospital Standardised Mortality Ratio (rolling 12 months).



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

Outstanding Care

Operational Standards - Quality & Safety

Infection Control

1 *Clostridium difficile* infection (CDI) case was reported, below target of 4.5 per month.

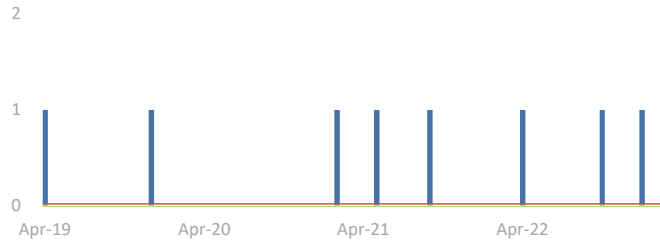
No MRSA, E coli and Klebsiella spp bacteraemia reported in March 2023.

Pseudomonas aeruginosa bacteraemia and MSSA bacteraemia showing common cause variation.

MRSA bacteraemia

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

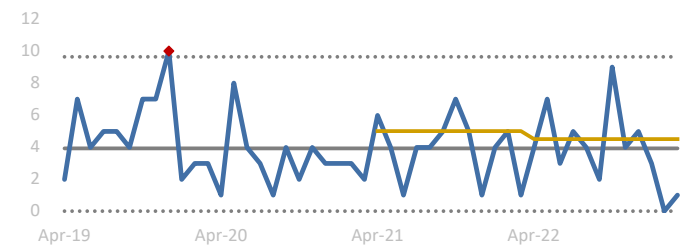
Target 0 Mar-23 **0**



Clostridioides difficile

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

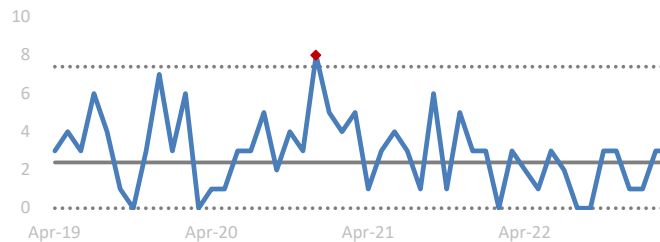
Target 4.5 Mar-23 **1**



MSSA bacteraemia

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

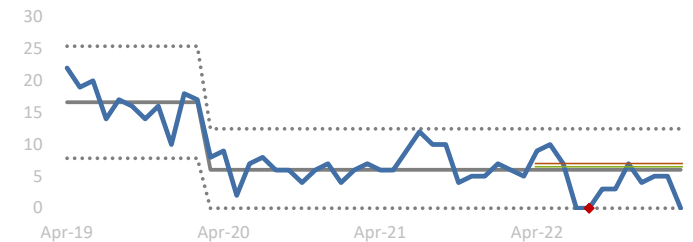
Target N/A Mar-23 **3**



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 Mar-23 **0**



Legend: Target (Yellow line)

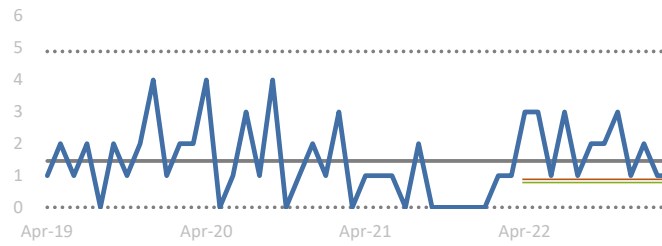
Outstanding Care

Operational Standards - Quality & Safety

Pseudomonas aeruginosa bacteraemia

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

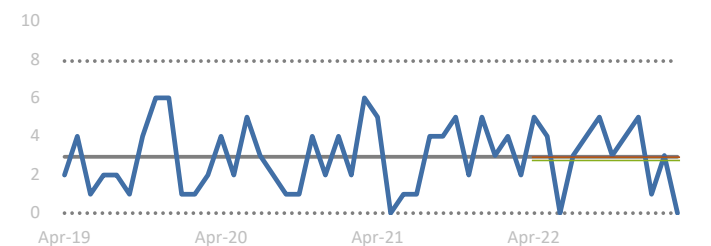
Target 0.8 Mar-23 **1**



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 Mar-23 **0**



— Target

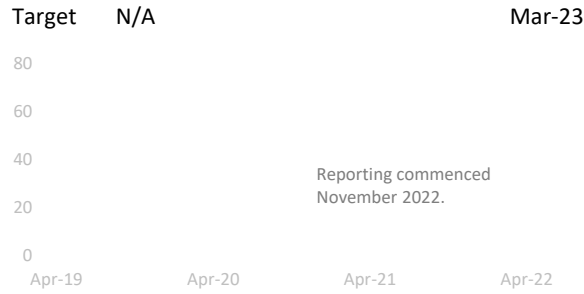
Outstanding Care

Operational Standards - Quality & Safety

Latest data not available at time of report production

Influenza cases

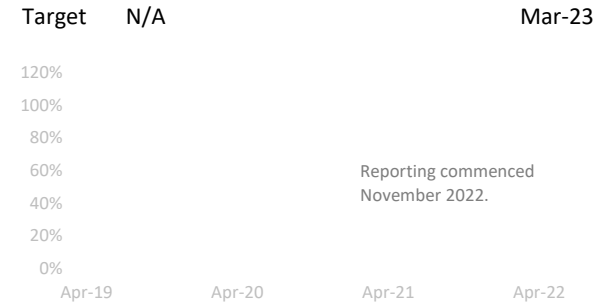
Total number of Flu cases.



Latest data not available at time of report production

Influenza cases - hospital acquired

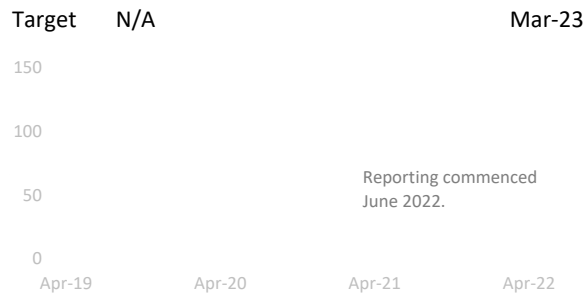
Proportion of influenza cases that were hospital acquired (probable and definite) as a total of influenza cases in month.



Latest data not available at time of report production

Covid cases

Total number of Covid cases.



Latest data not available at time of report production

Covid cases - hospital acquired

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



Target

Outstanding Care

Operational Standards - Quality & Safety

VTE assessment

VTE assessment compliance above the set target of 95%.

Treatment escalation plan

TEP compliance 95% with sustained compliance against the Trust target 90%.

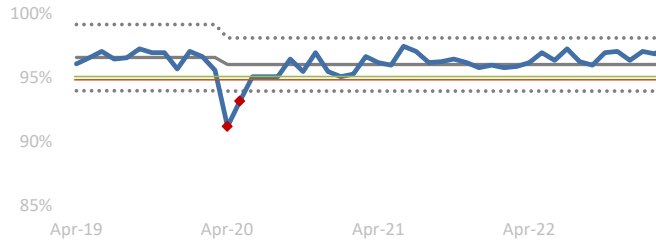
Early warning score

Continue to achieve 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.

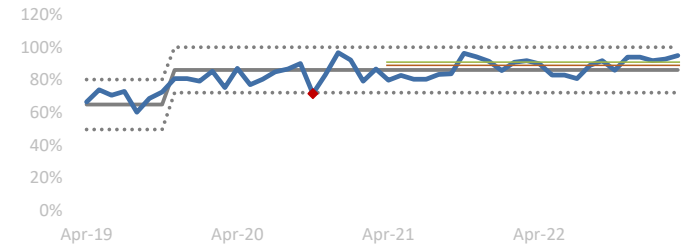
Target 95% Mar-23 **97.7%**



Treatment escalation plan compliance

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

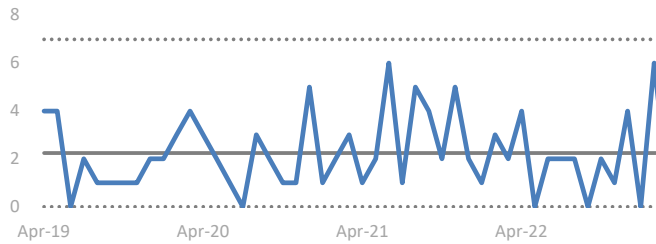
Target 90% Mar-23 **95%**



Non-critical care inpatient cardiac arrests

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

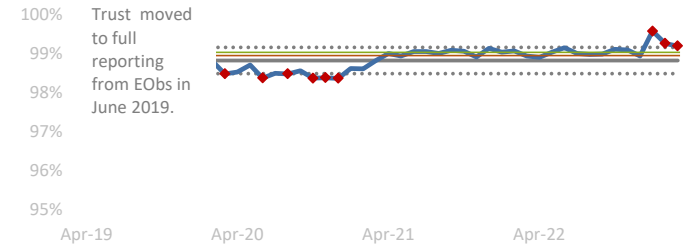
Target N/A Mar-23 **1**



Early warning score

Percentage compliance with early warning score (EWS) completion.

Target 99% Mar-23 **99.2%**



Target

Outstanding Care

Operational Standards - Quality & Safety

Complaints

Continues reduction in the total number of complaints still open after 90 days.

Improvement in complains rate in comparison to previous month and sustained improvement since April 2022.

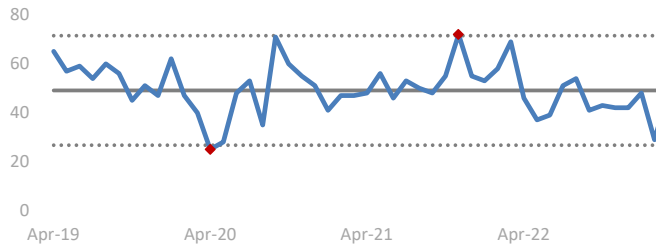
Patient partners continue to participate in the roll out of clinical accreditation programme in the Trust.



Complaints received

Number of complaints received during the month.

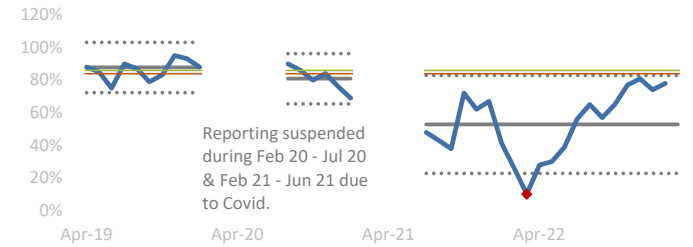
Target N/A Mar-23 **47**



Complaint response rate

Percentage of complaints responded to within 25 days of receipt.

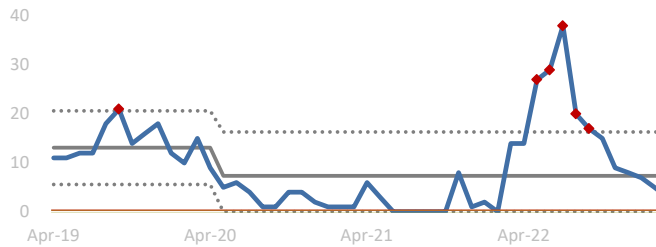
Target 85% Feb-23 **78.0%**



Complaints outstanding at 90 days

Number of complaints still open after 90 days.

Target 0 Mar-23 **3**



Target

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

Outstanding Care

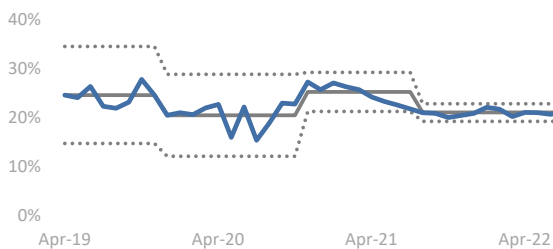
Operational Standards - Quality & Safety

Friends and family test

Friends and family test - response rate

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

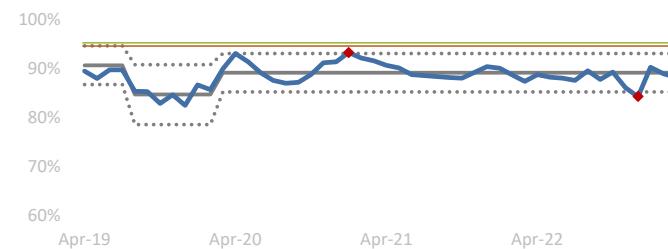
Target Awaiting target Mar-23 **21.5%**



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% Mar-23 **88.2%**



— Target

Outstanding Care

Operational Standards - Quality & Safety

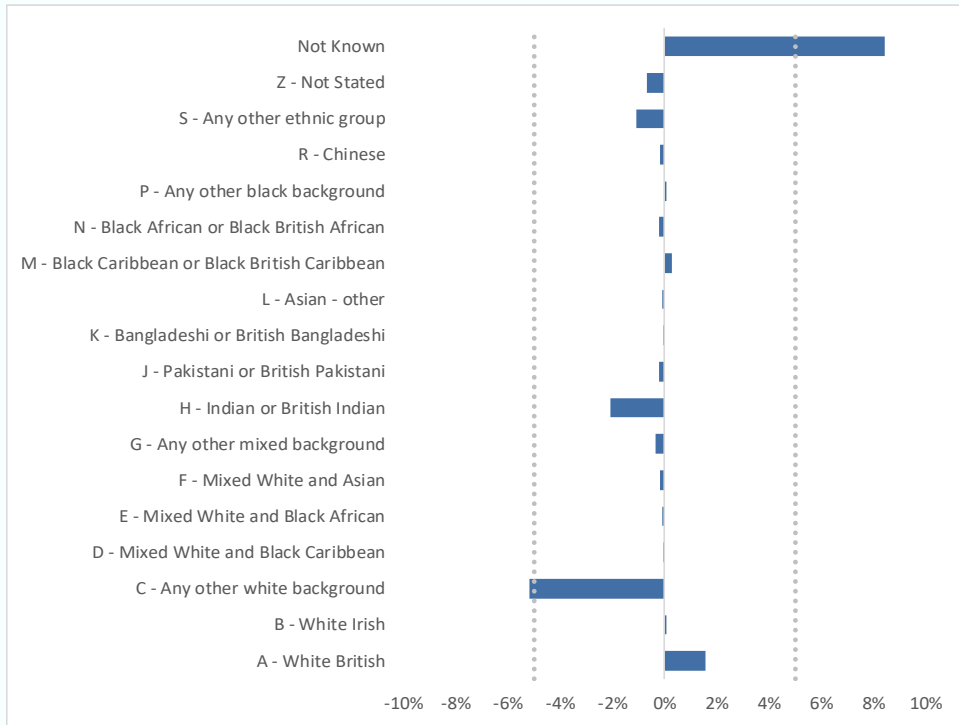
Maternity metrics currently under review. New metrics will be available for April's report.

 Target

Ethnicity and deprivation

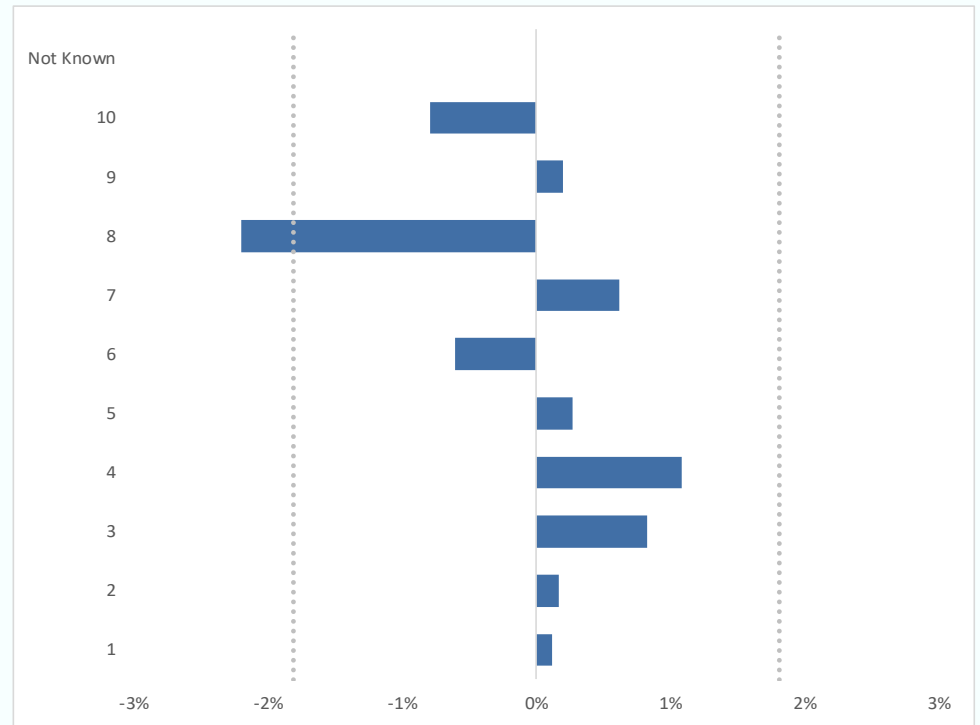
Ethnicity comparison compared to Buckinghamshire Population by waiting list

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



IMD comparison compared to Buckinghamshire Population by waiting list

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



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

Healthy Communities

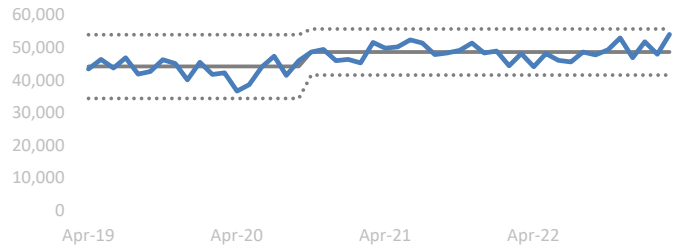
Community Activity

Caseload

Community contacts

Total number of attended community contacts in the month.

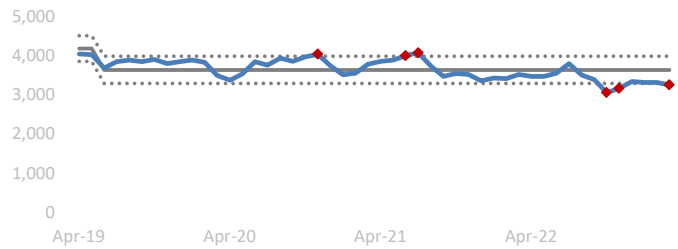
Target N/A Mar-23 **54,100**



Community District Nursing caseload

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

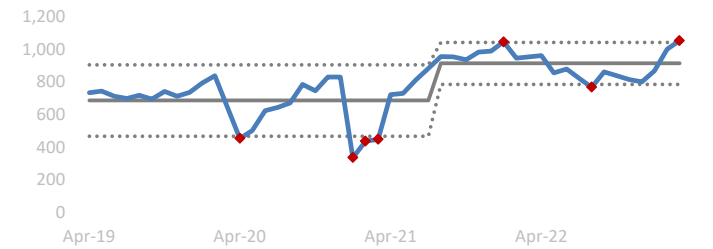
Target N/A Mar-23 **3,259**



Community RRIC caseload

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

Target N/A Mar-23 **1,054**



Target

Healthy Communities

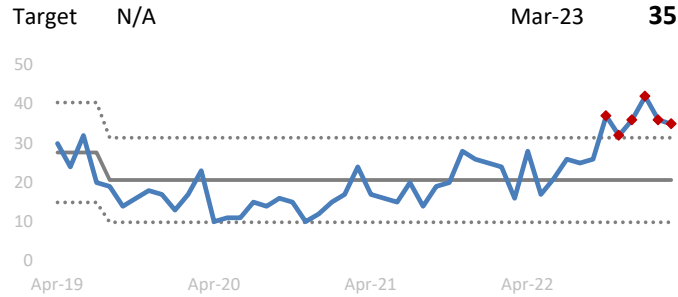
Community Hospitals

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

21 day LOS – community hospitals

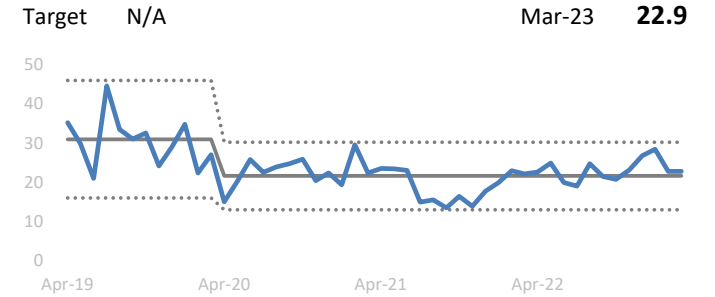
21 day LOS - community hospitals

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



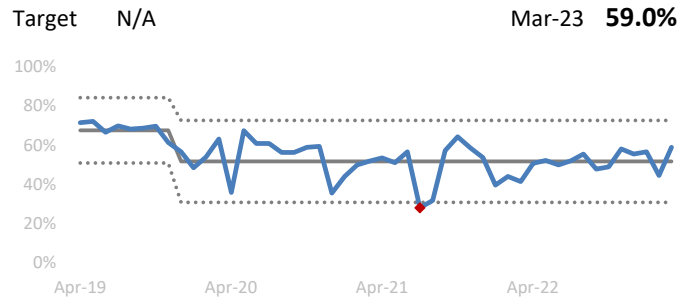
Average LOS - community hospitals

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



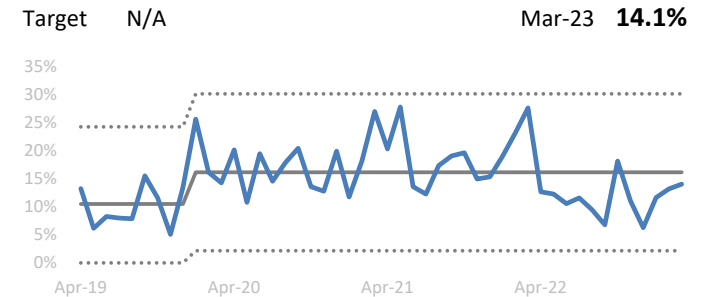
Discharges home

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



Discharges to residential/care home

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



Target



Healthy Communities

Community Productivity

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.

We continue to raise that the infographics attached to this report are not representative of an accurate end of month compliance which follows a period of validation. HV service currently report on the total number of infants who turned 30 days in the quarter who received a face-to-face New Birth Visit (NBV) within 14 days from birth, by a Health Visitor with mother.

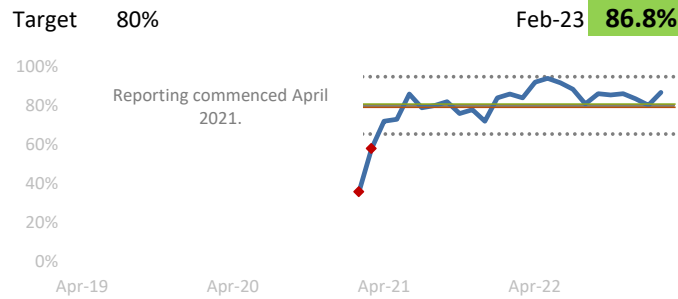
There is a piece of work being completed with informatics team and Data analyst to understand the reason for the discrepancy.

Community waiting list size

The infographics show a reduction in community waiting list size. As previously described, the Health Visiting waiters are caseload numbers that are 'open to the service', who may never need to access the service and therefore will not receive a first appointment. Due to resourcing difficulties this work has slowed significantly, recruitment remains a priority to focus clearing a backlog of administration which we can see has started to reduce the 'open to the service' clients. Efforts continue to reduce the 'open to service' clients, but progress remains slow due to resourcing issues. Interviews being held in February to recruit to vacancies and a project lead is currently undertaking a full admin review to identify admin need and efficiency savings. We are continuing to review with Corporate Apps ways in which we could add these referrals without a ticking clock. The majority of waits 100 to 208 weeks are in children services - Given the above explanation the data should be extracted from this report for

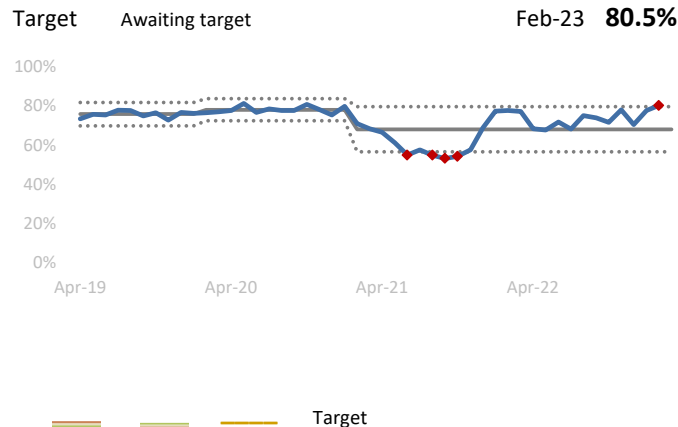
Urgent 2 hour response

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



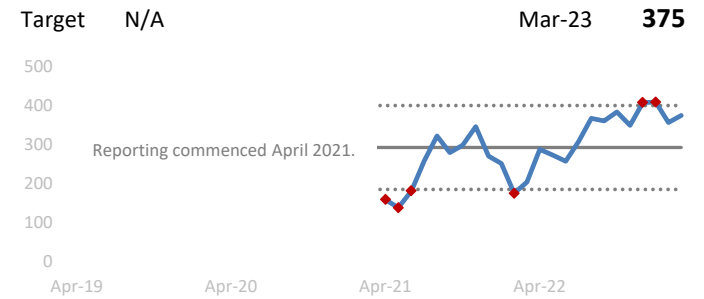
Health Visitor appointments - 14 days

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



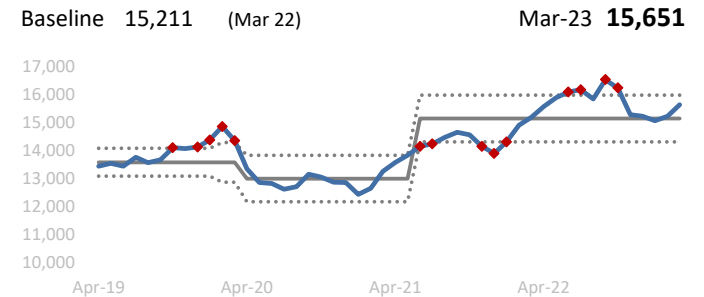
Urgent community response referrals

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



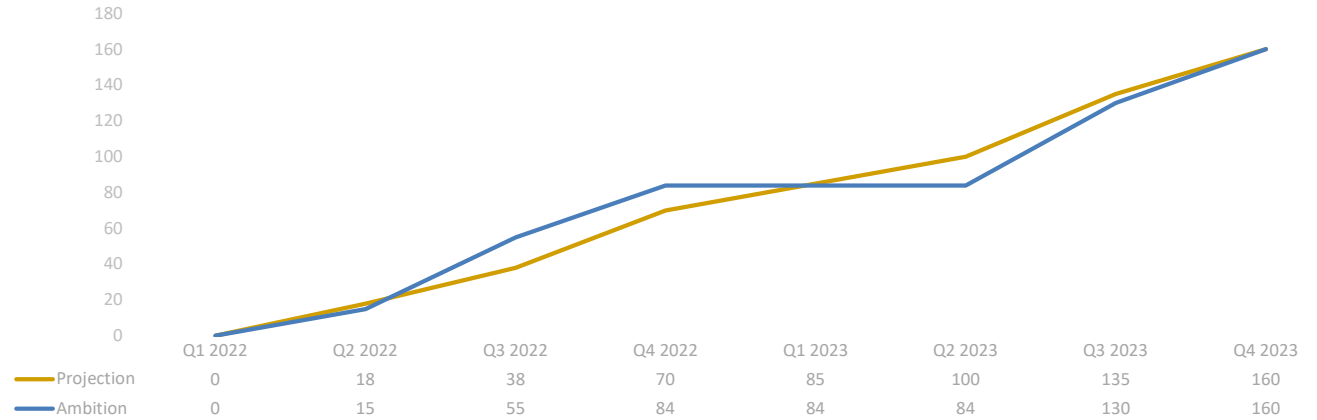
Community waiting list size

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

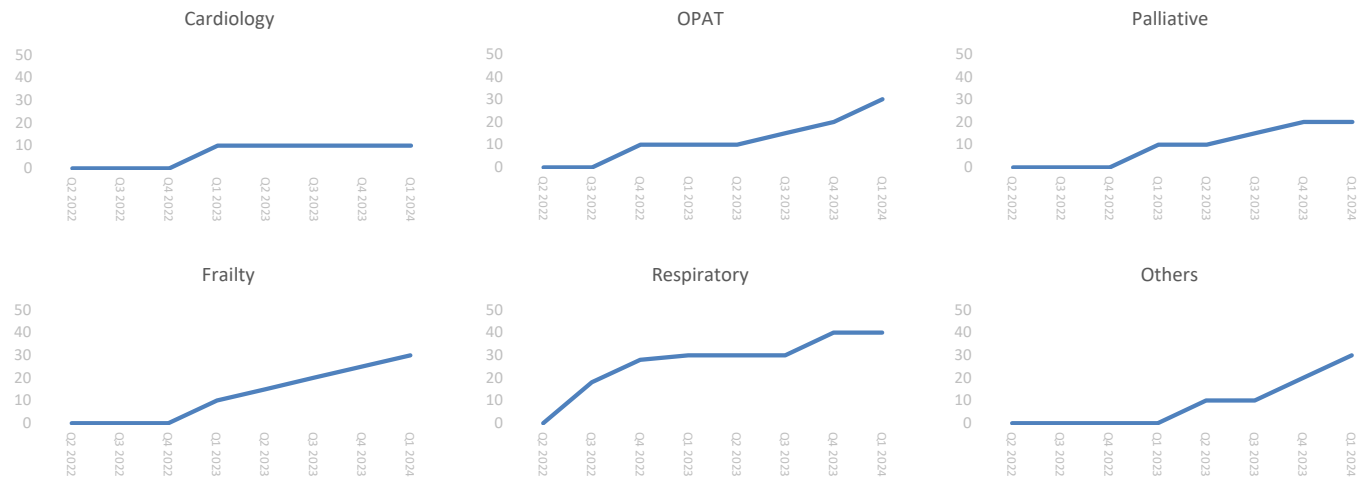


The aim is to provide patients with a safe alternative to hospital care through community-based acute health care using remote monitoring and tele-health where appropriate. Two pathways (Respiratory - BIRS Team) and IV treatment (OPAT) have been operational since June 2022.

Bucks Hospital at Home capacity and ambition



Bucks Hospital at Home actuals and projections



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Nursing and Midwifery Recruitment

The nursing vacancy rate reduced by 0.5% in month to 6.2%. Year to date, the number of nurses working at the Trust has increased by 89. This increase is the result of ongoing international and UK graduate recruitment. 185 International Nurses have now arrived in this financial year. We have been granted further funding to recruit an additional 100 internationally trained nurses in f/y 23/24.

The April IPR will reflect the adjusted establishments for fy 23/24 and therefore we will see an increase in the vacancy rate.

Turnover

The turnover rate fell by 0.5% to 12.5% in March, which is the lowest rate since March '22.

In March a total of 53 colleagues left BHT (excluding end of fixed term contracts).

Of those that left, 12 were from Nursing and Midwifery, 12 Admin & Clerical and 5 Health Care Support Workers. 6 colleagues retired, with 1 Admin and Clerical colleague returning.

The highest proportion of leavers (37.9%) had less than one years' service. One of our 2 key People Priorities for 23/24 is to improve the first-year experience of our colleagues, as well as the continuation of our Trust wide People Promise exemplar retention programme.

The main reason cited for leaving was work-life balance (26%) in Q1 23/24 a key focus is to improve visibility, equity, and opportunity for 'balanced working' to fit with both colleague's career and personal circumstances, while meeting service needs.

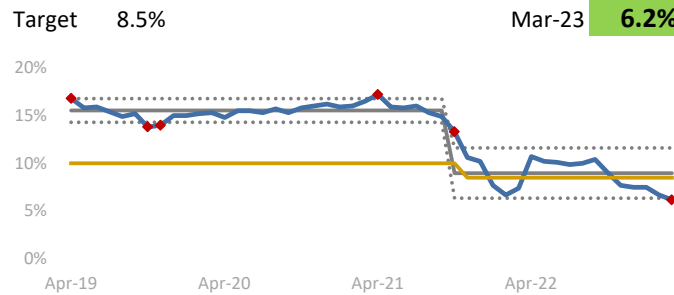
Recruitment

Recruitment processes are continually being reviewed and this month we have made changes that enables us to use systems differently, leading to a better candidate experience.

The most recent Health Care Assistant Assessment Day resulted in 37 offers and 40 HCSW are booked into our April induction, which is a record number. We are preparing to attend the health and social care jobs live event in June, with an expected footfall of over 14,000 potential candidates. This is part of our strategy to enhance

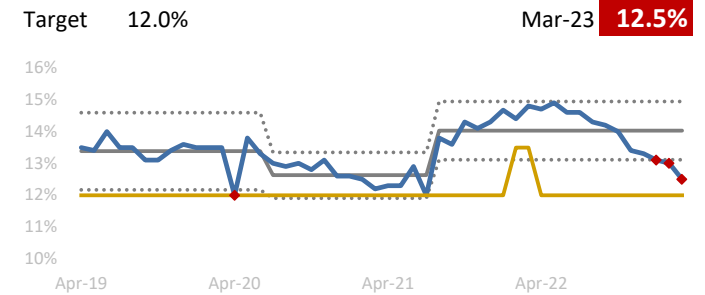
Nursing and midwifery vacancy rate

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



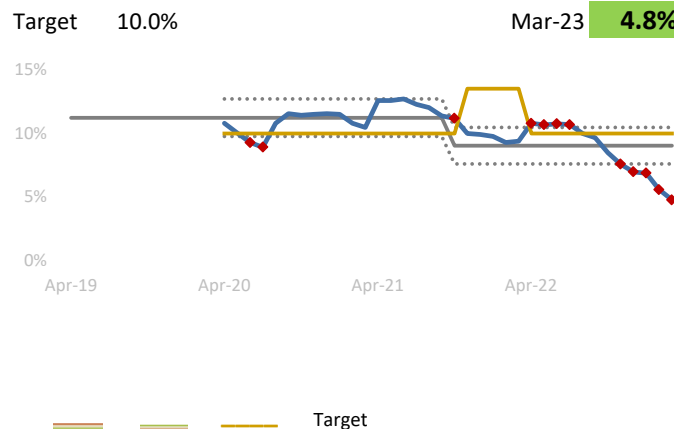
Turnover rate

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



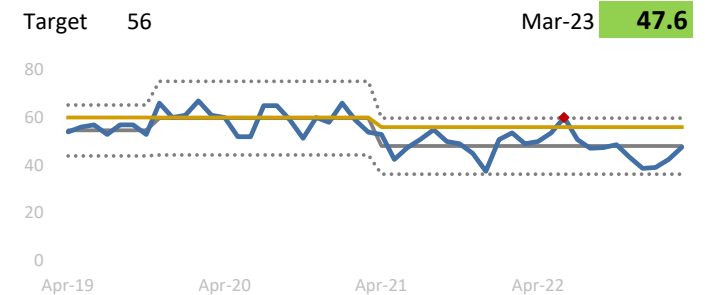
Trust overall vacancy rate

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



Average time to replace vacancies

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



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Sickness

Sickness absence has slightly reduced to 3.7%, but still above our target of 3.5%

Revision of the policy for management of sickness absence will take place Q1 23/24, to ensure support is targeted at preventing sickness and helping those on sick leave to return in a timely and appropriate way.

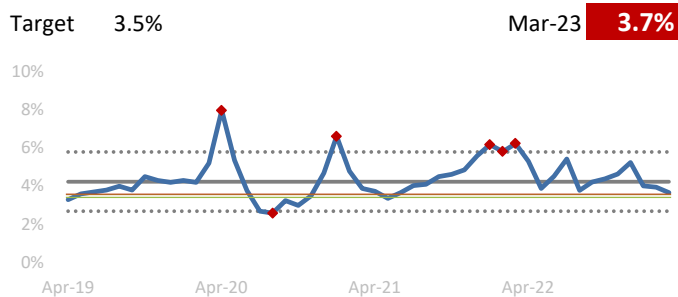
Vaccinations – COVID-19 booster and seasonal flu

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 Trust wide campaign.

There will be a smaller Spring offer aimed at high-risk categories.

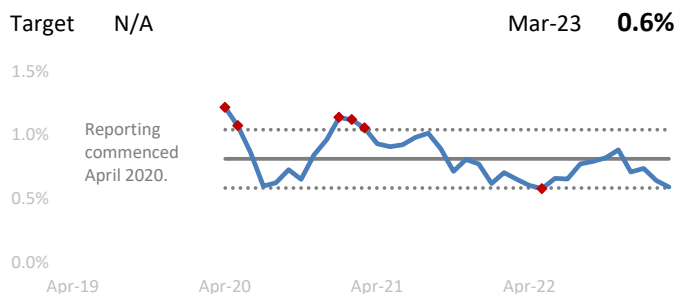
Sickness

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



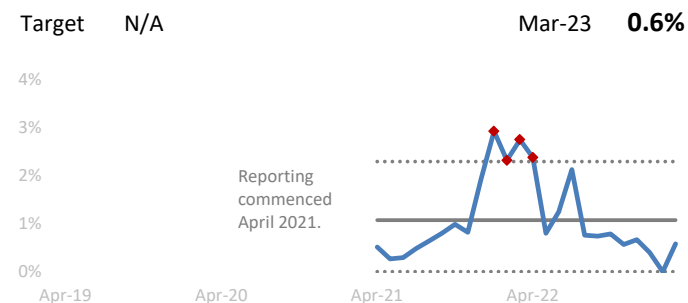
Sickness - mental health

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



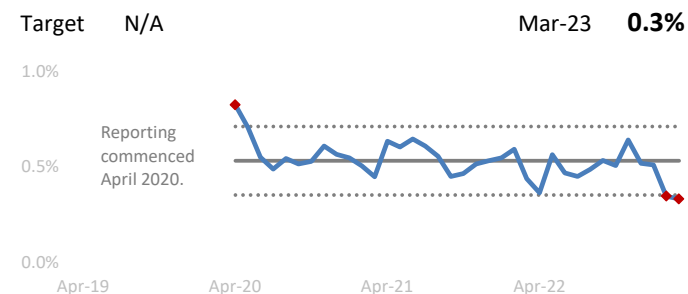
Sickness - Covid 19

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



Sickness - musculoskeletal

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



Target

A Great Place to Work

Ensuring our people are listened to, safe and supported

Occupational Health and MSK

Health summits in collaboration with Occupational health, Wellbeing and Human Resources continue to support Managers with the sickness absence cases and general wellbeing of their department.

Our OH dedicated physio support continues to support both the prevention of sickness and where required, rehabilitation into the workplace.

Wellbeing and stress referrals

As a Trust we have invested in supporting colleagues Wellbeing.

Average Mental Health sickness absence rate for 22/23 was 0.71%. The steady reduction (0.89% in November 22) continues and stands at 0.59% for March 23 and is one of the lowest rates seen in the last 2 years.

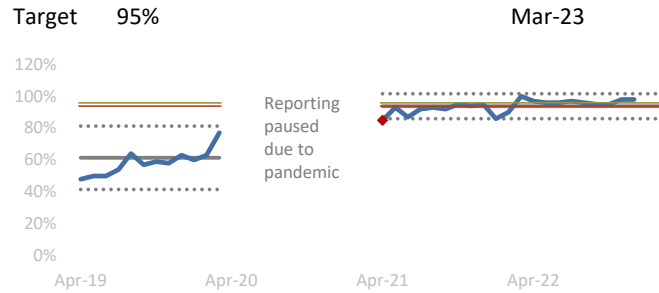
The total number of stress referrals has reduced slightly this month to 110. The high number of stress referrals this year is evident when comparing the average number of stress referrals for 22/23 (109) compared 21/22 (80).

This reflects the longer-term psychological impact of the covid pandemic which was anticipated and expected to continue into 23/24 and we have appropriate support in place.

Latest data not available at time of report production

Occupational Health Management referrals

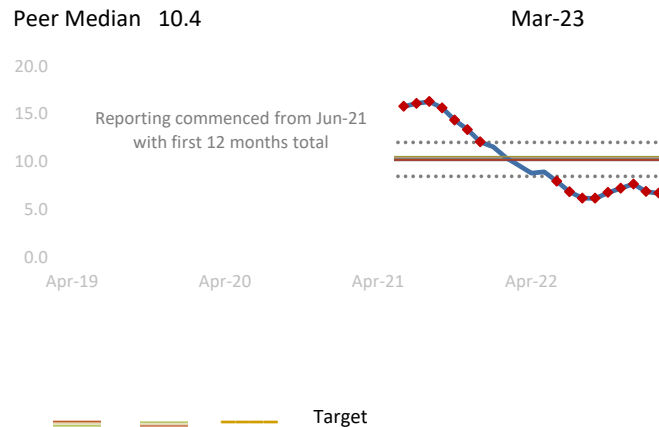
Occupational Health Management Referrals – first appointment offered within 10 working days of receipt.



Latest data not available at time of report production

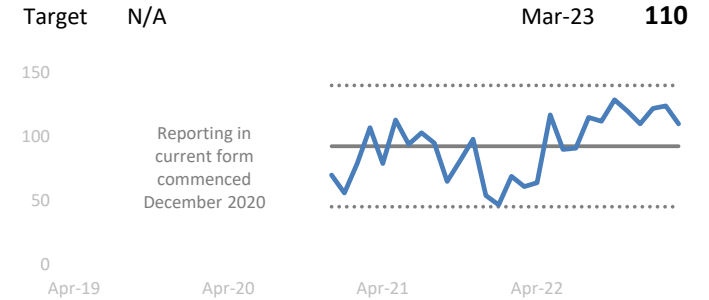
Employee Relations Cases Closed

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



Referrals into OH and Wellbeing - stress

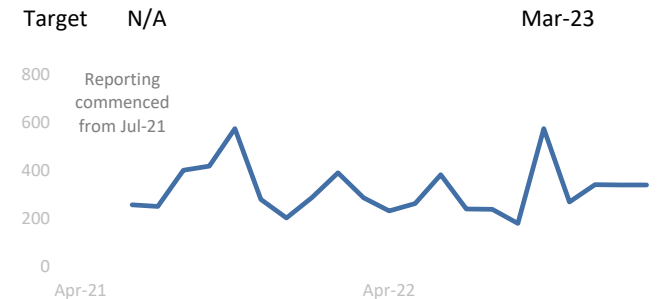
Referrals into Occupational Health and Wellbeing for stress per month.



Latest data not available at time of report production

FTSUG outreach contacts

Freedom To Speak Up Guardian Outreach contacts within month.



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Data Security awareness training

As at 31.3.2023, Trust -wide compliance remains at 90%. The Information Governance Team continue to follow-up non-compliance and send comms bulletins and newsletter reminders. On direction from the SIRO the Information Governance team will be running an audit of staff who have been consistently non-compliant, for escalation.

Statutory & Mandatory training

Trust-wide compliance has again improved since the previous month, with the Trust-wide position at 89.5%
We are supporting individual divisions that are below 90% to reach compliance.

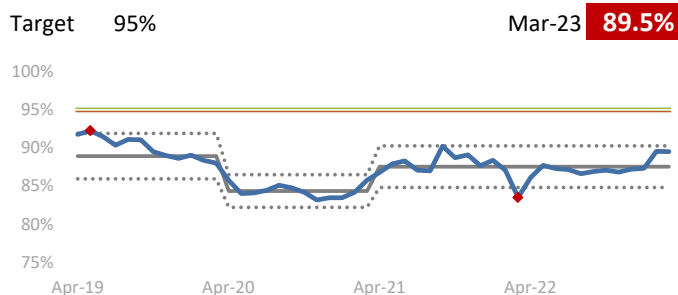
Payday training will be returning from May 23 to improve compliance further.

Corporate induction

A 99% attendance record has been achieved at the BHT Welcome & Induction. 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 was successfully delivered in March and will be continued quarterly throughout 2023/2024.

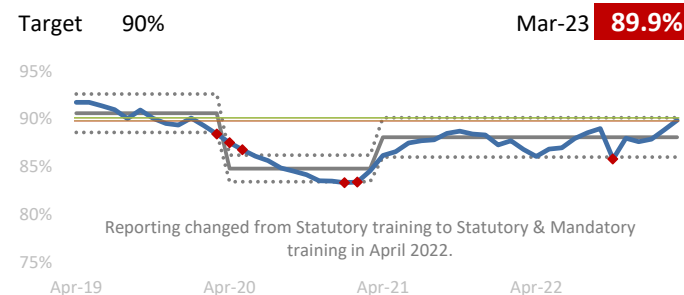
Data security awareness training

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



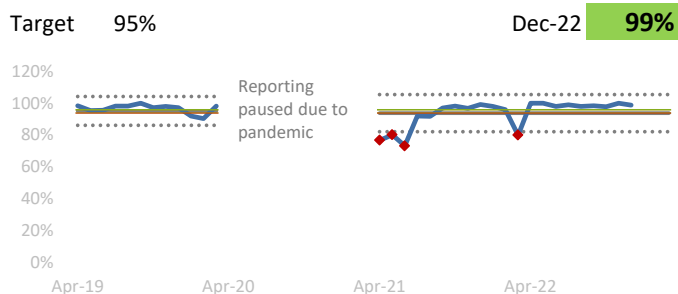
Statutory & Mandatory training

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



Corporate induction

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



— Target

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

Integrated Performance & Quality Report

SPC Charts

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

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

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

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

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

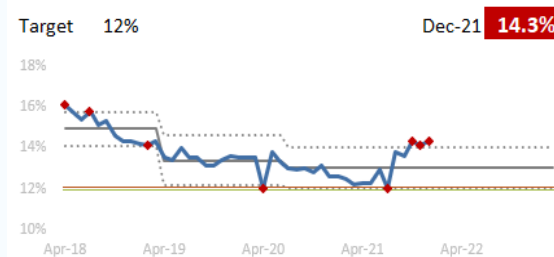
In these charts, where it looks like there has been some kind of change in the variability or average result in the reported data, the limits and the central line have been adjusted to indicate when it appears - statistically - that the change happened. This should be a prompt for users of the chart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

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


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


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

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



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

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

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

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

26 April 2023

Agenda item	BHT 2023-24 Operating Plan Transformation Priorities		
Board Lead	Duncan Dewhurst, Chief Digital Information Officer		
Type name of Author	Debbie Hawkins, Head of QI & Transformation		
Attachments	BHT 2023-24 Operating Plan Transformation Priorities		
Purpose	Approval		
Previously considered	Transformation Board 18.04.2023		

Executive Summary

The 2023/24 Operating Plan was presented to Trust Board in March 2023. This signalled that the Operating Plan setting transformation priorities would be presented to Trust Board in April 2023.

This paper summarises the Trust's medium-term strategic goals, the Trustwide areas of focus for 2023/24, and the transformation priorities for 2023/24.

Progress on delivery of key milestones and measures will be reported to Trust Board through the Integrated Performance Report.

Decision	The Committee is requested to <ul style="list-style-type: none"> APPROVE the transformation priorities for 2023/24 as part of BHT's 2023/24 Operational Plan.
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Relevant Strategic Priority

Outstanding Care ☒	Healthy Communities ☒	Great Place to Work ☒	Net Zero ☒
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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	<ol style="list-style-type: none"> Failure to provide care that consistently meets or exceeds performance and quality standards including safety, experience and outcome. Failure to deliver our annual financial and activity plans. Failure to work effectively and collaboratively with external partners Failure to provide consistent access to high quality care for Children and Young People (CYP) Failure to support improvements in local population health and a reduction in health inequalities Failure to deliver on our people priorities related to recruitment &

	<p>resourcing, culture & leadership, supporting our staff, workforce planning & development and productivity.</p> <p>7. Failure to provide adequate buildings and facilities.</p> <p>8. Failure to learn, share good practice and continuously improve.</p>
Financial	Financial aspects of transformation plans are included in the Financial plan.
Compliance 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.

BHT 2023-24 Operating Plan Strategic Priorities and Transformation Plans

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).



Our transformation plans are our medium-term plans to both help us achieve our Areas of Focus for 2023/24, and our medium term goals.

2023/24 Operating Plan: Urgent and Emergency Care



Our vision ...	Deliver outstanding care
Our medium-term goals...	We will see people as early as possible when they need our services, to improve outcomes. We will deliver value for our residents by continuously improving our services and the use of resources.
Our strategy to achieve this...	Working with our partners we will provide highly responsive urgent care services close to home. For more serious or life-threatening emergency care needs we will offer centralised care with the very best expertise, from the best facilities to maximise the chances of survival and good recovery.
Change in this area will happen by ...	<ol style="list-style-type: none">1. Reducing Admissions2. Increasing Bed Capacity3. Improving Internal Flow4. Improving Discharge Structure
This will have the benefit of ...	Patients seen in the right place, at the right time, first time People will return home after a hospital admission as quickly as possible, and recover with support that meets their needs Residents will have better access to urgent care outside of hospital Improved patient experience with care delivered closer to home Effective partnership working to plan and co-ordinate health and care services around the person Improved efficiency and productivity
We will know we've succeeded when ...	There are less than 4% of patients waiting 12 hours or more in the Emergency Department More than 76% patients in the Emergency Department are seen within 4 hours We have eliminated corridor care
Key Milestones	<ul style="list-style-type: none">• By May '23: New Front door footprint in place (SDEC/UTC)• Jun '23: Urgent Treatment Centre (UTC) open 24 hours every day• By Aug '23: Virtual ward pathways implemented• By end Sept '23: Transfer of Care Hub Open to support discharge (joint initiative with Buckinghamshire County Council)• By Mar '24: Procurement complete for Urgent Treatment Centre from April '24 onwards

2023/24 Operating Plan: Planned Care



Our vision...	Deliver outstanding care
Our medium-term goals...	We will see people as early as possible when they need our services, to improve outcomes. We will deliver value for our residents by continuously improving our services and the use of resources.
Our strategy to achieve this...	We will establish a world class planned care centre with clear separation from emergency care services. We will deliver quality critical care, surgical services reducing wait times for surgery, delivered by an Elective Care HUB methodology.
Change in this area will happen by ...	<ol style="list-style-type: none">1. Improving theatre utilisation2. Establishing fit-for-purpose theatres estate3. Reducing outpatient follow-ups4. Transforming outpatients services with a focus on digital changes5. Digitising the patient pathway (admissions)6. Improving radiology productivity
This will have the benefit of ...	Fewer people waiting for planned procedures and faster access to cancer treatments Improved attendance rates and reducing appointment cancellations Fewer unnecessary outpatient follow-up appointments Better patient and staff experiences Improving the value unit of each elective procedure
We will know we've succeeded when ...	We have zero 65 week waiters by end Mar '24 We achieve 62 day compliance for 2 Week Waiters by end Mar '24 We have improved productivity by 5% by Mar '24 We have converted 500 unnecessary Outpatient Follow-up appointments to New Outpatient Appointments
Key Milestones	<ul style="list-style-type: none">• By end Jun '23, Elective Hub accreditation• By end Sept '23, above 90% of all theatres estate fully operational• By end Mar '24, theatres 'cases per list' at pre-pandemic levels (Case mix 2.8 per list)• By end Mar '24, increased number of patients on PIFU pathway• By end Mar'24, reduced number of patients 'on hold'

2023/24 Operating Plan: Healthy Communities



Our vision...

Deliver outstanding care

Our medium-term goals...

We will prevent people dying earlier than they should, with a particular focus on addressing inequalities in access and outcomes.

Our strategy to achieve this...

We will improve access to and effectiveness of our services for communities experiencing the poorest outcomes.

Change in this area will happen by ...

1. Reducing smoking in pregnancy
2. Improving referrals to cardiology for people living in the most deprived areas
3. Improving referrals to the in-house smoking cessation service and the community stop smoking service
4. Improving the early identification of frailty
5. Improving access to healthcare services closer to the community particularly for areas of inequality
6. Making better use of data to identify and target care for areas of inequality

This will have the benefit of ...

Children will get the best start in life
People live more of their lives in good health
People spend more time in their old-age living independently well at home and less time in hospital
Better outcomes in major diseases like cancer and cardiovascular disease for people living in deprived area

We will know we've succeeded when ...

By Mar '24, less than 5% of women will be smoking in pregnancy at the time of delivery.
By Mar '24, % of people being referred to cardiology services from the most deprived areas will have increased.
By Mar '24, more than 30% of patients in the Emergency Department will have a documented frailty score.

Key Milestones

- By Jul '23 (date tbc), Trustwide Community Estates Strategy developed
 - By Jun '23, Health Inequalities dashboard developed
 - Deliver a fully functioning in-house tobacco dependency service for acute patients with a robust discharge plan into community stop smoking support (date tbc)
- As the programme is still in development, further milestones are being determined.*

2023/24 Operating Plan: Digital



Our vision...

Outstanding Care, Healthy Communities and Great Place to Work

Our medium-term goals...

Transform the clinical and business practice, processes and culture of the Trust to reflect a modern and sustainable approach to using digital systems, data and technology to enable delivery of the Trust's strategic goals

Our strategy to achieve this...

We will complete the work to stabilise our core infrastructure, modernise our systems and processes through the adoption of an Electronic Patient Record (EPR) in acute and community and transform the way we work by delivering new digital capabilities

Change in this area will happen by ...

1. As part of the wider Electronic Patient Record (EPR) programme work, implementing community and maternity EPR and core enablers this year
2. Implementing new data dashboards
3. Completing key infrastructure projects and major work to improve the cyber security of our systems
4. Targeting digital improvements to support productivity (e.g. digital dictation) and patient flow

This will have the benefit of ...

Improved maternity and community patient journey
Greater visibility of data to drive operational improvement and support clinical practice
Compliance with core cybersecurity standards
Improved productivity supported through digitisation and automation

We will know we've succeeded when ...

Digital transformation contributes to the clinical transformation improvement measures set out on earlier slides. It is also a key enabler to the ambition to improve productivity by 5%.

Key Milestones

- By Dec '23, EPR Full Business Case Approved
 - By Jan '24, Maternity EPR implemented
 - By Oct '23, Patient Flow implemented
 - By Jul '23, 97% compliance for Data Security & Protection toolkit
- Note dates are tbc subject to business case approval.*

2023/24 Operating Plan: Organisational Development Programme

The Trust's development plan for the organisation was presented to Trust Board in Feb '23 (summarised below). This will underpin and enable the delivery of the strategic goals.



Governance and Delivery Mechanism for 'Areas of focus for 2023/24'

Vision	Key Area of Focus	Executive Champion	Reporting Framework	Trust-led Delivery Mechanism	Team-led Improvement
Outstanding Care	Improve waiting times in our emergency department, with <4% of patients waiting more than 12	Chief Nurse Chief Operating Officer	1. Integrated Performance Report (IPR) 2. Transformation Board Reports	<ul style="list-style-type: none"> • UEC Programme 	<p>Achievement of all breakthrough objectives is a combination of</p> <ol style="list-style-type: none"> 1. Corporate/Trust-led Actions 2. Team-led improvements
	Improve safety, with 80% of acute and community services having a clinical accreditation assessment by Apr '24, and 40% of those assessed achieving silver accreditation	Chief Nurse	1. Integrated Performance Report (IPR)	<ul style="list-style-type: none"> • Trust Performance Framework • Nursing and midwifery AHP board 	
	Improve productivity in every service, with overall Trust improvement of at least 5%	Chief Medical Officer Commercial Director Chief Finance Officer	1. Integrated Performance Report (IPR) 2. Transformation Board Reports	<ul style="list-style-type: none"> • Trust Performance Framework • Transformation Programme Boards 	
Healthy Communities	<p>Improve access and effectiveness of our services for communities experiencing the poorest outcomes, with priorities to</p> <ul style="list-style-type: none"> • 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 	Chief Digital & Information Officer Chief Medical Officer	1. Integrated Performance Report (IPR) 2. Transformation Board Reports	<ul style="list-style-type: none"> • Healthy Communities Programme Board 	<p>The latter is particularly important to enable Trustwide ownership and contribution to achieving our ambitions. This is supported and enabled through</p> <ol style="list-style-type: none"> a) Corporate communications e.g. Monthly Team briefs, leadership briefings b) Leadership focus on embedding within teams and retaining continued focus
Great Place to Work	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)	Chief People Officer	1. Integrated Performance Report (IPR)	<ul style="list-style-type: none"> • Trust Performance Framework 	
	Develop operational and clinical management and leadership skills in key roles, with the aim of 300 managers in key roles equipped with enhanced technical, management and leadership skills (impact measured by quarterly pulse surveys and national staff survey)	Chief People Officer	1. Integrated Performance Report (IPR)	<ul style="list-style-type: none"> • Trust Performance Framework 	

Meeting: Trust Board Meeting in Public

26 April 2023

Agenda item	Month 12 2022/23 Finance Report
Board Lead	Chief Finance Officer
Type name of Author	Kishamer Sidhu, Chief Finance Officer
Attachments	Month 12 2022/23 Finance Report
Purpose	Assurance
Previously considered	EMC 25.04.2023 F&BPC 25.04.2023

Executive Summary

The Trust is reporting a 2022/23 Year end Deficit of £14.27m deficit against its statutory reporting position, which is consistent with the revised £(14.30)m 2022/23 Plan agreed with NHSE/I.

There are material increases this month for pensions (£11.3m), central wage award notifications (£13.5m) and PPE (£1m). All of which we fully or near fully funded in month 12.

The position excludes £2.9m of FRS 11 impairment benefits the organisation will see on its assets, principally due to price fluctuations. These will shown on the face of the income and expenditure report but excluded for statutory target reporting purposes.

Both the Executive Management Committee and the Finance and Business Performance Committee are due to consider the report on 25 April 2023 and will provide a verbal update to the Board.

Decision	The Board is requested to note the report
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Relevant Strategic Priority

Outstanding Care <input checked="" type="checkbox"/>	Healthy Communities <input checked="" type="checkbox"/>	Great Place to Work <input checked="" type="checkbox"/>	Net Zero <input checked="" type="checkbox"/>
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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.
Financial	Achieving our financial targets for 2022/23
Compliance <small>Select an item. Select CQC standard from list.</small>	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 The Trust is reporting a 2022/23 Year end Deficit of £14.27m deficit against its statutory reporting position, which is consistent with the revised £(14.30)m 2022/23 plan agreed with NHSE/I.
- 1.2 Income is £45.60m favourable to plan at year-end 2022/23. Other income for 2022/23 is £42.9m favourable to plan (at £81.2m actual outturn), the month 12 reported position includes £11.23m for 2022/23 retrospective pay award funding and £13.52m for 2022/23 NHS employer pension contributions, these are offset by costs in the expenditure position of the Trust.
- 1.3 Pay expenditure is £(36.50)m adverse to plan for financial year 2022/23, due to continuing operational pressures resulting from demand and pursuit of elective activity. In addition £(13.52)m NHS employer pension contribution costs and £(11.23)m NHS 2022/23 pay award costs in Month 12 2022/23.
- 1.4 Non Pay expenditure is £(8.80)m adverse to plan for financial year 2022/23, driven in part by attempts to improve patient wait times. This is partially offset by Clinical Supplies £2.90m 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 agreed to improve its 2022/23 Financial outturn from £(17.60)m deficit to £(14.30)m deficit.
- 2.2 The Trust has achieved this revised 2022/23 deficit plan, reporting a 2022/23 deficit of £(14.27)m.

3 Capital

- 3.1 The Trust has reported £20.62m Capital expenditure against its revised allocation of £20.7m for 2022/23. The Trust has delivered a total 2022/23 Capital Plan of £28.50m including additional CDEL funding received, Lifecycle and Grants & Donations in 2022/23.

4 Balance Sheet

- 4.1 The value of the Trust's balance sheet is £21.10m better than plan at 2022/23 financial year-end, due to the cash position being £7.30m better than plan, capital creditors (£7.9m) and asset revaluations (£7.8m). This is partially offset by Other Current Liabilities being £(10.0)m worse than plan at financial year-end, driven by 2022/23 pay award costs.
- 4.2 The Trust continues to closely monitor its cash position, to ensure liquidity.

5 Action required from the Trust Board

- 5.1 The Committee / Board is requested to:
 - a) The Board is asked to note the report

APPENDICES

Appendix 1: Month 12 2022/23 Finance Report

Finance Report Month 12 - 31st March, 2023

OUTSTANDING CARE
HEALTHY COMMUNITIES
AND A GREAT PLACE TO WORK

Contents

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

Financial performance

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	43.0	45.4	2.4	516.1	518.8	2.7	516.1
Other income	3.6	35.8	32.2	38.3	81.2	42.9	38.3
Total income	46.6	81.2	34.6	554.4	600.0	45.6	554.4
Pay	(28.4)	(57.6)	(29.2)	(339.3)	(375.8)	(36.5)	(339.3)
Non-pay	(16.1)	(19.3)	(3.2)	(189.9)	(198.7)	(8.8)	(189.9)
Total operating expenditure	(44.5)	(76.9)	(32.4)	(529.2)	(574.5)	(45.3)	(529.2)
EBITDA	2.1	4.3	2.2	25.2	25.5	0.3	25.2
Non Operating Expenditure	(3.3)	(1.4)	1.9	(39.5)	(36.4)	3.1	(39.5)
Retained Surplus / (Deficit)	(1.2)	2.9	4.1	(14.3)	(10.9)	3.4	(14.3)
Adjusted financial performance excluding profit on disposal of assets and excluding impairment	(1.2)	(1.2)	(0.0)	(14.3)	(14.3)	0.0	(14.3)

Executive Summary

- The Trust reports an £(14.27)m deficit position for 2022/23, in line with the revised 2022/23 plan as agreed with BOB ICB (£(14.3)m deficit full year 2022/23).

- The Trust Capital allocation for 2022/23 was £20.7m, having also received net additional capital support totalling £0.7m for the year. The Trust Capital Expenditure against this allocation for 2022/23 totalled £20.62m.

- These items form part of the overall BOB ICB 2022/23 financial recovery plan.

- Contract Income includes ICB to ICB agreements for 2022/23 Contractual funding, with Northants agreed at PBr was a pressure of circa £0.5m. NW London and Frimley ICB Financial agreements were in line with allocation, removing a pressure of circa £1.7m.

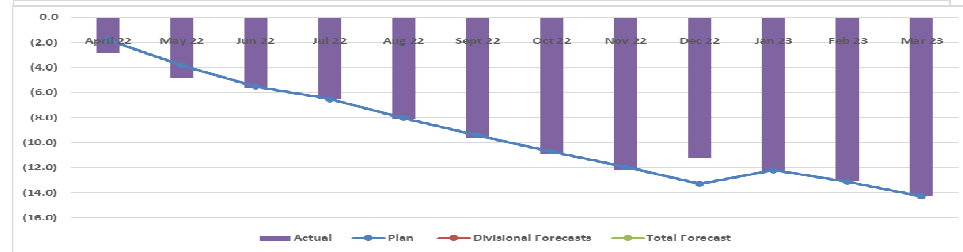
- Other income totals £81.2m for 2022/23, £42.9m favourable to plan. The Month 12 reported position includes £11.23m for 2022/23 retrospective Pay Award funding and £13.52m for 2022/23 NHS Pension Contributions, these are offset by costs in the expenditure position of the Trust.

- Pay costs for 2022/23 total £(375.8)m, £(36.5)m adverse to plan. Key drivers of this adverse position include retrospective 2022/23 Pay Award costs of £11.46m and NHS Pension contribution costs of £13.52m, Wellbeing Day costs of £1.74m and Annual Leave c/fwd costs of £0.20m. Further details and actions being taken are provided on page 5.

- Non-pay operating expenditure totalled £(198.7)m, £(8.8)m adverse to plan. Overspends continue on Independent Sector costs totalling £(5.91)m YTD. In addition, consultancy costs report a £(3.26)m overspend. These overspends are partly offset with clinical supply underspends totalling £2.90m. Further details are provided on page 6.

- Non operating expenditure reports a £3.1m favourable variance to 2022/23 plan, £2.87m of this relating to Impairment charges, this is excluded from NHSE/I financial performance metrics against which the Trust is measured.

Graph 1 - Income & Expenditure YTD position & Forecast



Key Highlights: Income

NHS Income and Activity

- The contract income position totalled £518.82m for 2022/23 which is £2.75m favourable to plan, Northants Contract PBr c£(0.50)m realised risk was more than offset by £2.80m additional Non Recurrent Elective and Non Elective funding from NHSE Specialised Commissioning. The Month 12 Other Income position includes £11.23m for 2022/23 retrospective Pay Award funding and £13.52m for 2022/23 NHS Pension Contributions, these are offset by costs in the expenditure position of the Trust. Additionally Education & Training income is £7.26m favourable to plan for 2022/23..

- Elective recovery funding (ERF) received by the Trust as part of our contract baseline values for 2022/23, with additional funding being made available from NHSE Specialised Commissioning as above.

- The Statistical Process Control Chart (Graph 2) for Contract Income shows income is close to the mean with a few exceptions. The February 2021 position includes £2.6m additional monies received from NHSE relating to funding support for lost income during the Covid-19 pandemic and the March 2021 position includes further income received to cover income lost during the Covid-19 pandemic totalling £2.8m. The increase in contract income in September 2021 relates to the back-dated medical and agenda for change pay award income and the additional BOB ICS ERF allocation. The March 2022 position includes an additional £2m received from Bucks CCG. The increase in income in month 3 reflects agreed changes to income for the June 2022 Final Plan submission, and M6 reflecting pay award funding for the previous 6 months. The increase in month 9 relates to the additional Specialist Commissioner income for Elective and Non Elective ERF totalling £2.8m for 2022/23.

Table 2 - Breakdown of Contract Income

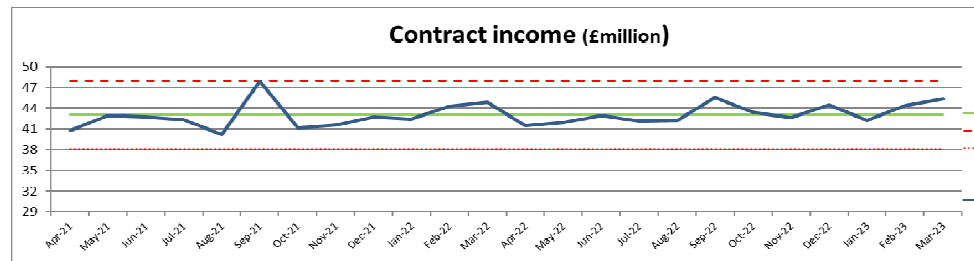
Commissioner (£m)	Annual Budget Total 2022-23	YTD Budget	YTD Actuals	YTD Variance
BOB ICS (Block)	347.5	347.5	348.2	0.7
BOB ICS (Additional Inc)	38.5	38.5	38.5	0.0
Bob Block Sub Total	386.1	386.1	386.7	0.7
Associates	35.1	35.1	35.2	0.1
Specialist Commissioners	70.9	70.9	73.2	2.3
Regional Specialist	5.5	5.5	5.6	0.1
Other NHS	3.7	3.7	3.2	-0.5
Bucks Council	14.0	14.0	14.0	0.0
Other Income	0.7	0.7	0.9	0.1
Total	516.1	516.1	518.8	2.8

Other Income

Table 3 - Breakdown of other income

Category (£m)	Annual Budget	YTD Budget	YTD Actuals	YTD Variance
Research	1.2	1.2	1.8	0.7
Education And Training	11.4	11.4	18.6	7.2
Non-NHS PPS & Overseas Visitors	3.5	3.5	3.4	(0.1)
Injury cost recovery scheme	1.2	1.2	1.0	(0.2)
Donated Asset Income	1.0	1.0	2.1	1.1
Other Income	20.1	20.1	54.3	34.1
Total	38.4	38.4	81.2	42.8

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



- Other Income (Table 3) is £42.8m favourable to plan for the year which includes £11.23m for 2022/23 retrospective Pay Award funding and £13.52m for 2022/23 NHS Pension Contributions.

- Private Patient and Overseas work is £(0.1)m below plan for 2022/23 at £3.4m.

- Donated Asset Income is £1.1m ahead of plan for 2022/23. 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 £7.2m favourable to plan for 2022/23, due to a combination of recurrent and non recurrent income, in part driven by the budget.

Key Highlights: Expenditure (Pay & Workforce)

Table 4 - YTD pay position (excl. employers pension top up of £13.52m)

Pay category (£m)	YTD Budget	YTD Spend *	YTD Variance	% of Total Pay Bill	Last Year YTD Spend	Last Year % of Total Pay Bill
Substantive	337.40	305.54	31.86	84.3%	248.2	83.3%
Overtime	0.00	1.69	(1.69)	0.5%	1.3	0.4%
Bank	1.21	26.70	(25.49)	7.3%	21.6	7.3%
Locum	0.67	9.26	(8.59)	2.6%	7.6	2.6%
Agency	0.05	19.11	(19.06)	5.3%	19.2	6.4%
Total	339.33	362.31	(22.98)	100.0%	297.9	100.0%

• Pay expenditure totals £(375.83)m for 2022/23, £(36.50)m adverse to plan, including £(13.52)m employers pension top up which is excluded from the table above. The full year actual expenditure includes £(13.52)m for additional NHS Pension contributions, £(11.23)m for 2022/23 retrospective Pay Award, £(1.74+B31)m for additional 2022/23 Wellbeing Day, £(0.77)m for Working Time Directive and £(0.20)m for Annual Leave accrual. Key pressure areas in pay include Integrated Medicine Division, £(9.34)m adverse to budget 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 £(2.50)m adverse to budget, relating to waiting list initiative payments and Medical locum usage. Womens & Childrens Services is £(1.67)m adverse to budget and Socialist Services £(1.28)m adverse to plan, both largely due to unmet 2022/23 CIPs.

• The 2022/23 Pay position includes the implemented 2022/23 pay award and 2022/23 CEA Awards within the divisional positions and these costs have been matched with budget.

• Temporary staffing expenditure (Bank, Agency & locum) totals £(55.07)m for the financial year, £(5.62)m in Month 12. A large proportion of these temporary staff costs are offset by vacancy related underspends against substantive budgets. Agency expenditure totals £(1.85)m for the month, £(19.12)m for the financial year, equating to 5.1% of total Pay costs for financial year 2022/23.

• The Pay Statistical Process Control Charts are detailed below (Graph 3/4). Key highlights include the increase in total pay costs in February 2021 and 2022, relating to provisions for the Flowers legal case, unsocial hours claims and payment of consultant CEA awards. The increase in total pay costs in March 2021 and 2022 includes payment of the bank winter incentive payments and year end pay related provisions as noted above. The drop in pay costs in April 2022 reflect the one of adjustments made to the position in month 12 and the release of 1/12th of the annual leave accrual. The increase in agency costs from January 2021 onwards relates to management of the wave of the Covid -19 pandemic. The increase in agency costs in March 2022 relates to H2 investment costs. The increase in total pay costs in September 2022 relates to payment of the 2022/23 pay awards to staff including backdated pay awards for April 2022 through to August 2022. The decrease in agency costs in September 2022 relates to the recategorization of YTD agency invoices to theory spend categories and the decrease in costs in December 2022 relates to the recategorization of agency invoices to other spend categories and reduced usage for elective activity over the Christmas holiday period.B19

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

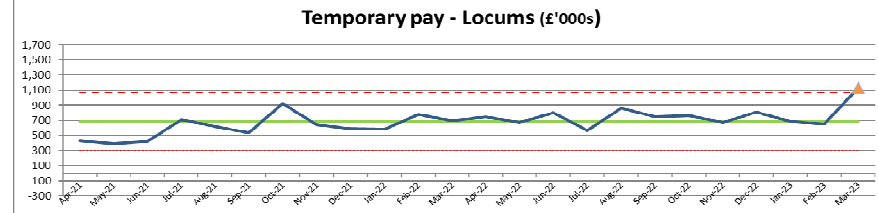
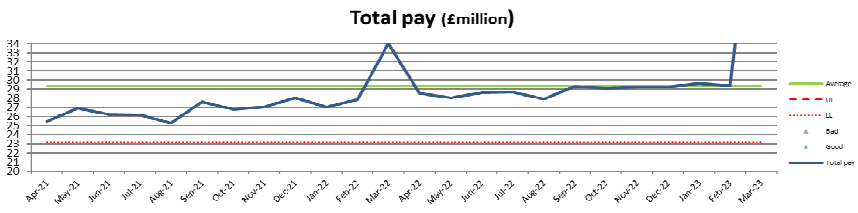


Table 4B - Staffing Actuals & Forecast - Temporary staffing breakdown

£000's	Actual											
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Agency	1,579	1,684	1,460	1,844	1,738	1,126	1,456	1,853	1,337	1,507	1,680	1,852
Bank	1,868	1,947	1,913	1,939	2,134	1,939	3,065	2,185	2,292	2,513	2,314	2,636
Locum	740	772.99	816.71	571.80	873.76	756.38	780.13	670.20	812.19	683	653	1,127
Total Temp Staffing	4,187	4,404	4,189	4,356	4,746	3,779	5,301	4,709	4,440	4,703	4,646	5,616
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	38,441
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	44,056
Plan	27,565	27,823	27,755	27,461	27,601	31,263	28,313	27,874	28,304	28,430	28,452	28,416
Variance to Plan	- 1,102	- 413	- 957	- 1,232	- 362	- 1,932	- 814	- 1,357	- 979	- 1,181	- 946	- 15,640

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	50.2	52.2	(2.0)
Clinical supplies	40.6	40.6	37.7	2.9
Other non-pay	99.0	99.0	108.7	(9.7)
Total Expenditure	189.9	189.9	198.7	(8.8)

• Non-pay expenditure totals £(198.70)m for Financial Year 2022/23, £(8.80)m adverse to plan.

• Key drivers of the Financial Year 2022/23 Non Pay position include:

• Independent sector usage is £(5.91)m, with spend in Integrated Medicine and Surgery & Critical Care. This overspend is partly offset with underspends in clinical supplies (excluding drugs) totalling £2.90m for Financial Year 2022/23. 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 £(3.26)m variance to Plan for 2022/23

Table 6 - YTD drugs position

Drug Categories (£m)	Annual Budget	YTD Budget	YTD Actuals	YTD Variance
PBR Drugs	11.3	11.3	15.3	(3.9)
PBR excluded Drugs	37.0	37.0	34.9	2.1
Other Drug Items	1.9	1.9	2.1	(0.2)
Total expenditure	50.2	50.2	52.2	(2.0)

• 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.

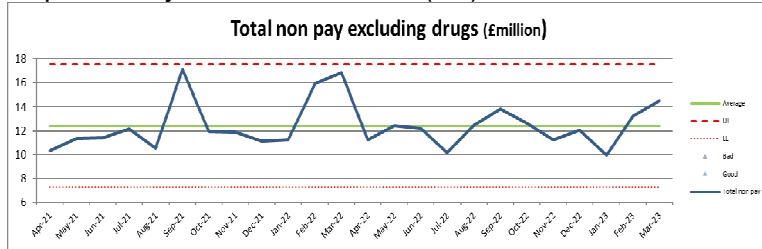
• Drugs expenditure totals £(52.2)m for the year, which is £(2.0)m adverse to plan.

• Statistical Process Control charts (SPC) for non pay and PBR Excluded drugs expenditure are+I5 detailed below (Graph 4). Key highlights show:

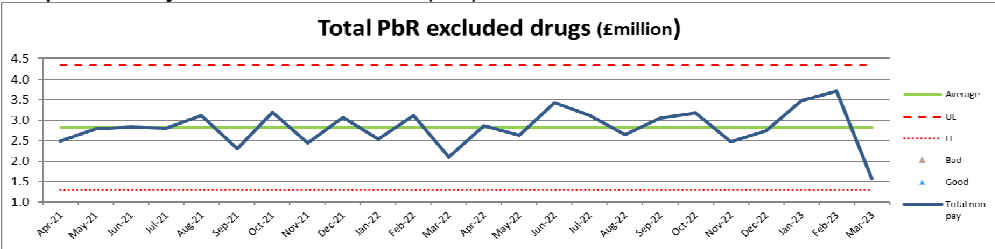
- March 2021 costs were above the mean average as activity levels begin to increase after the short Feb. The August 2021 position included a £1.0m VAT reclaim and the September 2021 cost increase related to non pay expenditure. The increase in non pay expenditure in February & March 2022 related to expenditure 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				
								M08	M09	M10	M11	M12
Integrated Medicine	(94.5)	(109.0)	(14.5)	(94.5)	(109.0)	(14.5)	N/A	(9.2)	(8.5)	(9.1)	(8.9)	(9.8)
Integrated Elderly Care	(48.6)	(47.6)	1.0	(48.6)	(47.6)	1.0	N/A	(4.9)	(4.0)	(4.2)	(3.5)	(3.9)
Surgery And Critical Care	(113.1)	(115.5)	(2.4)	(113.1)	(115.5)	(2.4)	N/A	(9.7)	(9.1)	(10.0)	(9.6)	
Women and Children	(49.4)	(49.4)	(0.0)	(49.4)	(49.4)	(0.0)	N/A	(4.2)	(4.2)	(4.2)	(4.3)	(4.3)
Specialist Services	(87.9)	(89.6)	(1.7)	(87.9)	(89.6)	(1.7)	N/A	(7.0)	(7.2)	(7.8)	(8.6)	(8.0)
Total Clinical Divisions	(393.4)	(411.1)	(17.7)	(393.4)	(411.1)	(17.7)		(25.3)	(33.4)	(34.4)	(35.3)	(35.6)
Chief Executive	(3.9)	(3.3)	0.6	(3.9)	(3.3)	0.6	N/A	(0.3)	(0.3)	(0.3)	(0.2)	(0.5)
Chief Operating Officer	(3.6)	(5.2)	(1.6)	(3.6)	(5.2)	(1.6)	N/A	(0.4)	(0.3)	(0.3)	(0.3)	(0.2)
Commercial Director Mgmt	(0.0)	0.4	0.4	(0.0)	0.4	0.4	N/A	0.1	0.1	0.0	0.0	0.1
Finance Dept.	(7.0)	(4.0)	3.0	(7.0)	(4.0)	3.0	N/A	(0.3)	(0.6)	1.6	(0.5)	(0.1)
Information Technology	(16.4)	(15.5)	1.0	(16.4)	(15.5)	1.0	N/A	(1.2)	(1.2)	(1.0)	(1.5)	(1.7)
Property Services	(56.9)	(59.7)	(2.9)	(56.9)	(59.7)	(2.9)	N/A	(3.8)	(5.3)	(4.7)	(5.7)	(6.4)
Human Resources	(0.7)	3.3	4.0	(0.7)	3.3	4.0	N/A	0.4	0.8	0.3	0.2	0.2
Medical Director	(0.5)	(0.4)	0.1	(0.5)	(0.4)	0.1	N/A	0.0	(0.1)	(0.0)	0.0	(0.2)
Nursing Director	(17.8)	(17.4)	0.4	(17.8)	(17.4)	0.4	N/A	(1.5)	(1.5)	(1.5)	(1.5)	(1.0)
PDC And Depreciation	(29.0)	(26.9)	2.1	(29.0)	(26.9)	2.1	N/A	(2.8)	(2.5)	(2.3)	(2.2)	(1.2)
H2 Investments	0.0	0.0	0.0	0.0	0.0	0.0	N/A	0.0	0.0	(0.0)	0.0	(0.1)
Total Corporate	(135.8)	(128.6)	7.2	(135.8)	(128.6)	7.2		(9.7)	(10.8)	(8.3)	(11.7)	(11.1)
Contract Income	516.1	518.8	2.8	516.1	518.8	2.8		42.6	44.5	42.2	44.4	45.4
Corporate Services / Provisions	(1.2)	10.0	11.2	(1.2)	10.0	11.2		0.7	0.6	(0.8)	1.7	4.3
Donated Asset and Impairment Adj	0.0	(3.3)	(3.3)	0.0	(3.3)	(3.3)		0.1	0.1	0.1	0.1	(4.1)
Mitigations Required	0.0	0.0	0.0	0.0	0.0	0.0						0.0
Retained Surplus / (Deficit)	(14.3)	(14.3)	0.0	(14.3)	(14.3)	0.0		8.4	1.0	(1.1)	(0.7)	(1.2)
Adjusted Financial Performance excluding Profit on disposal of Assets	(14.3)	(14.3)	0.0	(14.3)	(14.3)	0.0						

Key reasons for the 2022/23 Divisional variances are:

Integrated Medicine £(14.52)m overspend in 2022/23

Pressure areas include recovery insourcing costs for Dermatology £(2.10)m overspent, A&E Front door Pressures, £(2.66)m overspent, Drugs spend above last year's levels, £(2.0)m adverse, Escalation pressures £(1.32)m adverse, SMH UTC pathway additional costs, £(2.22)m adverse, and CIP under delivery £(2.88)m.

Integrated Elderly Care (£0.96m underspend 2022/23)

Pay underspent by £0.09m, driven by underspend of £0.83m across Nursing and £0.25m underspend across Prof & Tech staff Partially offset by overspends of £(0.28)m on A&C (Locality Teams & Mortality Review) and £(0.16)m on Medical Staffing (Locums & Agency) in Elderly Medicine and Junior Drs. Non Pay £(0.32)m overspent in 2022/23, due to PFI £(0.21)m and £(0.21)m Therapies Clinical Supplies (Enteral Feeds).. This is offset by £1.19m over performance on income in 2022/23 (BCC Owl Income, MSW & Mortality review).

Surgery & Critical Care £(2.5)m overspend 2022/23

Pay overspend of £(2.50)m is the key issue driving the YTD adverse position, supporting additional activity, Waiting List Initiative (WLI) spend is £(0.43)m overspent YTD and other Medical staffing temporary staffing total £(1.15)m due to locum and agency usage supporting vacancies and leave. These pressure areas are offset by favourable variances across Nursing (£0.60m) due to vacancies across Theatres & ICU at the beginning of the year, Clinical Supplies underspends due to lower than planned activity (£2.2m).

Women & Children (£0.05)m overspend in 2022/23

Pay overspent by £(1.67)m due to unidentified CIP of £(0.94)m, Medical Locum Staff of pressure of £(0.41)m, £(0.42)m Obstetric Pay overspend offset by Income. Non Pay is overspent by £(0.04)m primarily due to Drugs shortage replacements £(0.15)m overspent. Income over-performed by £1.66m the largest contributory factor being additional Healthy Child Programme income.

Specialist Services £(0.70)m overspend in 2022/23

Pay £(1.28)m overspent in 2022/23, predominantly driven by £(0.77)m unmet savings target, Prof & Tech £(0.34)m overspend due to Bank & Agency & Medical Staffing £(0.39)m overspend due to Agency & Locum usage. Non Pay overspent in 2022/23 by £(3.0)m, due to Clinical Supplies overspent by £(2.0)m (Mobile MRI £(0.27)m, Outsourcing £(0.93)m and Lab Reagents £(0.63)m), Unmet Non Pay savings target of £(0.50)m and Consultancy/Sendaway costs of £(0.35)m. Income overperformed against target by £2.60m due to CDC, TVCA and NHSE Income above plan, Mortuary Income and Pathology Services to Circle Group.

Property Services £(2.85)m overspend 2022/23

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 £0.96m underspend in 2022/23

Significant underspend on pay, offset by consultancy & additional non pay expenditure. There was a pick in Pay costs in M12 due to the EPR Programme and an increase in Non Pay costs in M12.

Chief Operating Officer £(1.61)m overspend 2022/23

Pay costs of senior bank and agency staffing and consultancy costs from drive the 2022/23 overspend in Pay of £(0.87)m and Non Pay Overspend of £(1.1)m driven by H1 2022/23 Consultancy costs.

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	345.2	361.6	(16.4)	(13.6)
Cash and cash equivalents	9.6	16.9	(7.3)	0.0
Trade and other current assets	37.5	45.1	(7.6)	(13.9)
Total Assets	392.3	423.6	(31.3)	(27.4)
Current Borrowing	(3.3)	(5.7)	2.3	5.1
Other Current liabilities	(67.1)	(77.1)	10.0	11.6
Non Current Borrowing	(40.5)	(38.5)	(2.1)	(5.7)
Other Non-current liabilities	(1.5)	(1.4)	(0.1)	(0.1)
Total Liabilities	(112.4)	(122.6)	10.2	10.9
TOTAL NET ASSETS	279.9	301.0	(21.1)	(16.6)
PDC and Revaluation reserve	410.0	424.4	(14.4)	(14.4)
Income and Expenditure Reserve	(130.1)	(123.4)	(6.7)	(2.9)
TOTAL EQUITY	279.9	301.0	(21.1)	(17.4)

- Non Current assets have increased by £13.6m from the prior month. This is due to in month capital expenditure of £7.9m, revaluation increases amounting to £7.8m offset by in month depreciation of £2m.
- The closing cash balance is higher by £7.3m compared to plan due to PDC draw down of £9.5m in month 12.
- Trade and other current assets are higher by £13.9m compared to prior month due to accruing pay award income of £11.2m, decrease in provision for bad debt £1.5m, reduction in debtors as analysed below of £0.8m and reduction in PFI lifecycle prepayments of £1m.
- The significant increase in other current liabilities of £11.6m compared to prior month is due to accruing the pay award costs of £11.5m.
- The significant increase in PDC and Revaluation reserve of £14.4m compared to prior month is due the revaluation of Land & Building of £5m and PDC draws of £9.5m.
- Remaining changes in the statement of financial position are consistent with the reported £10.9m (£13.9m in month 11) deficit prior to technical adjustments.

Accounts Receivable

Table 10 - Accounts Receivable

Month 12

(£m)	Current	31-60 days	61-180 days	6 mths - 1 year	1 year - 2 years	More than 2 years	Total
NHS	1.4	0.7	1.7	0.4	0.1	0.1	4.4
Non-NHS	1.7	0.2	1.7	0.3	0.2	0.7	4.7
Total	3.1	0.9	3.4	0.7	0.3	0.8	9.2
% of total	34%	10%	37%	7%	4%	9%	100%

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%

- Debtors have decreased by £0.8m from £10m in month 11 to £9.2m in month 12.
- The majority of this decrease is due to collections during March from NHS England £0.6m, Oxford University Hospitals NHS FT £0.7m alongwith a credit note to clear an old Buckinghamshire CCG balance of £700k respectively.
- Overdue has decreased by £2.5m from £8.6m in month 11 to £6.1m in month 12.
- Top 5 overdue debts at month 12 are:
 - 1 - Oxford University Hospitals NHS FT £1.0m
 - 2 - Buckinghamshire Council £0.9m
 - 3 - Oxford Health Nhs Foundation Trust £0.7m
 - 4 - NHS England £0.4m
 - 5 - University of Buckingham £0.3m
- 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	1.1	0.1	0.1	0.0	0.0	1.3
Non-NHS	1.2	0.0	0.1	-0.1	-0.1	1.1

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	
	£	Qty	£	Qty	£	Qty	£	Qty	£	Qty	£	Qty	£	Qty
NHS														
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
Month 12	2.8	432	1.6	107	0.1	38	0.7	118	0.2	60	0.2	73	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
Month 12	11.2	3,006	5.7	937	2.0	381	1.6	621	0.7	524	0.5	338	0.2	206
Total M12	14.0	3,438	7.3	1,044	2.0	419	2.3	739	0.9	584	0.7	411	0.3	242

Non NHS register - We continue to see a reduction in the flow of invoices lacking POs owing to the continued efforts by AP to enforce compliance. AP continue to work with groups on multiple work streams to clear the difficult older invoices and to arrange purchase orders for a number of high value/high count invoice suppliers.

NHS register - We have seen some successes with older invoices with Oxford University which reducing our debt with them. The main drivers in the increase in value at the end of month 12 for NHS are NHS Supply chain and NHS Professional both received in the last working days of the year end.

Better Payment Practice Code

Table 12 - Better Payment Practice Code

	Count Total	Count Pass	% Pass	Total (£m)	Pass (£m)	% Pass
NHS	2,674	2,031	76%	69.6	63.7	92%
Non-NHS	67,541	60,747	90%	323.4	288.2	89%
Total	70,215	62,778	89%	393.0	351.9	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 months before a reversal in the trend starts to show.

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	Actual Feb-23	Actual 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	44,424	520,608
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	3,330	17,838
HMRC vat reclaim	2,144	3,693	0	1,198	2,029	160	1,678	2,974	0	2,418	2,380	0	18,674
Payroll Support						2,850	1,014	492	0	1,566	552		7,026
PDC capital	0	0	0	0	0	0	0	0	0	0	0	4,200	4,200
Revenue PDC												5,302	5,302
Other Receipts	630	2,759	781	444	1,331	847	460	756	616	545	666	2,099	11,934
TOTAL RECEIPTS	46,232	53,612	46,622	45,793	50,137	50,518	46,296	58,228	44,846	49,687	52,389	59,907	604,267
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)	(26,217)	(305,043)
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)	(7,012)	(51,052)
Creditors	(17,421)	(15,791)	(14,221)	(15,501)	(9,656)	(14,934)	(13,252)	(12,390)	(13,114)	(12,308)	(19,568)	(17,762)	(175,917)
Creditors - Capital Spend	(9,274)	(2,785)	(1,901)	(2,229)	(577)	(2,321)	(1,061)	(1,322)	(7,237)	(1,593)	(598)	(3,632)	(34,530)
NHSLA	(1,324)	(1,324)	(1,324)	(1,324)	(1,324)	(1,324)	(1,324)	(1,324)	(1,324)	(1,315)	0	280	(12,950)
PDC Dividends	0	0	0	0	0	(2,566)	0	0	0	0	0	(3,728)	(6,294)
PFI CHARGE	(5,097)	(4,426)	(4,451)	(4,473)	(4,728)	(4,230)	(4,461)	(4,466)	(4,573)	(2,955)	(6,929)	(1,858)	(52,648)
TOTAL PAYMENTS	(63,164)	(52,239)	(50,460)	(50,926)	(44,327)	(53,606)	(53,247)	(52,360)	(53,062)	(49,775)	(55,339)	(59,930)	(638,435)
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)	(23)	(34,168)
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	16,878	16,878

- Clinical Income receipts forecast has been aligned to the Income and expenditure assumptions as per the operating plan.
- Total Receipts in month 12 increased from £52.4m to £59.9m. This is mainly due to receipts of PDC capital and Revenue PDC. There were moderate movements in "Other Income" and "Other Receipts" relating to large NHS receipts from Oxford Univ and Oxford Health £400k. Other large receipts accounting for the movement are Florence House £274k and £1.4m reimbursement for robot purchase received from Charity.
- There were no VAT reclaim receipts in Mar 23.
- No material movements in substantive pay costs between Feb 23 and Mar 23.
- Temporary staffing pay costs were lower in month 11 due the timing of invoices payments, thus resulting in the jump in payments in Mar 23. Substantial payments were made on the 1st in March 2023. Additionally the trend in temp pay is showing a rise from average of £1m a week to £2.1m in M11. The year-end push to settle payables also accounts for the movement.
- 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.
- The forecast PDC receipts in March 2023 for £4.2m for ringfenced capital scheme and £5.3m for system capital support were received.

Capital Position

Table 14: Capital Overview - M12 2022-23 YTD

Capital Expenditure (£M)	YTD Actual (£m)	Prior Month YTD Actual (£m)	Movement In Spend
Medical Equipment	3.8	2.8	1.0
Property Services	16.6	15.1	1.5
Information Technology	6.5	1.9	4.6
General	1.6	0.8	0.8
Total Capital Expenditure	28.5	20.6	7.9

Table 15: Capital Overview - M12 2022-23 Full Year

Capital (£m)	Full Year
Funding Streams	
Funded By Trust	20.7
Funded By PDC	4.2
PFI	1.6
ERF	0.0
Funded by Donations / Grants	2.1
Total Capital Funding	28.6
Expenditure	
Medical Equipment	3.8
Property Services	16.6
Information Technology	6.5
General	1.6
Total Capital Expenditure	28.5
Total	0.1

Table 16: Capital Detail

Capital Expenditure Plan	£000's							£000's	
	BOB/ICS	Lifecycle	PDC Plan	Donated	Salix	Grant Pathlake	2022/23 Total	YTD Expend	Full Year Variance
Medical Equipment	1,280		937	1,532			3,749	3,836	(87)
Property Services	11,272		941		498		12,711	16,634	(3,923)
Information Technology	8,170		2,321			117	10,608	6,461	4,147
General	(22)	1,536					1,514	1,572	(58)
Total	20,700	1,536	4,199	1,532	498	117	28,582	28,503	79

M12 Position - The organisation is reporting a spend of £28.5m against an allocation of £28.6m. The Trust has therefore underspent against its capital resource limit by £0.1m

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.

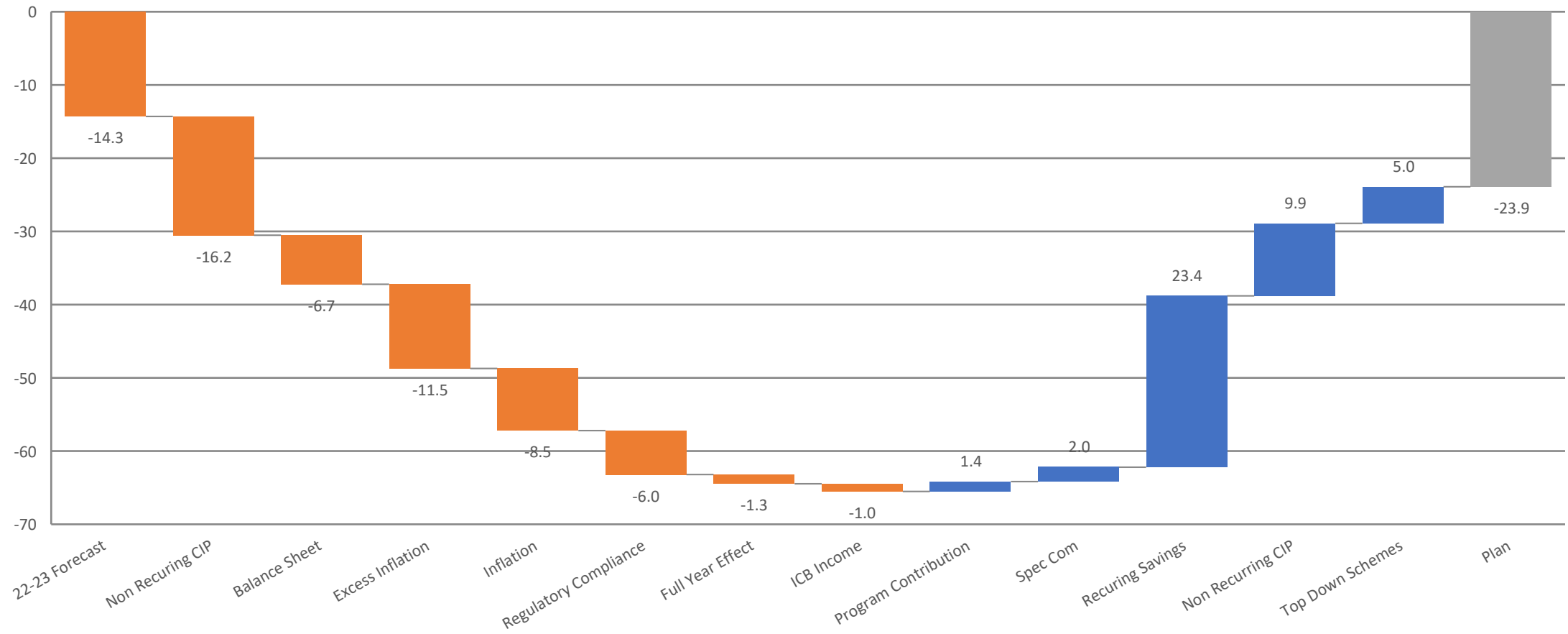
Glossary and Definitions

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

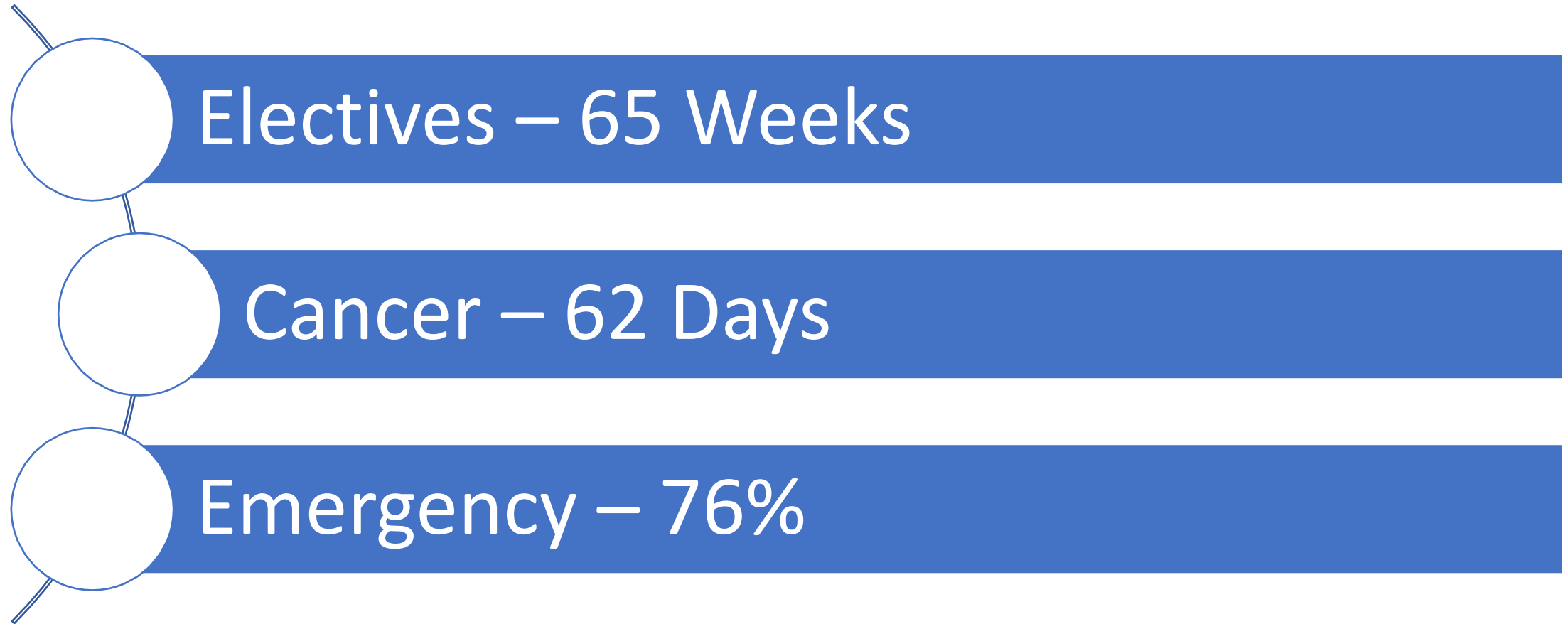
Budget 23-24

May Submission

Principal Plan Movement 23-24



Key activity assumptions



Key Budget Assumptions 23- 24

Patient Care Income	Based on agreed income numbers for the ICB and contracts where available. Specific issues are highlighted in the income part of the papers.
ERF Income	This is assumed in the baseline and it is highly likely negotiation will be required to retain this income across contracts as current activity plans will not achieve 109% of 19/20 elective activity.
COVID 19 funding	This is non recurring income which is included in contracts with a value of £13.5m.
Pay Costs	Recurrent full year pay budgets based on 22-23 funded establishment (i.e. no establishment drift funded), and staff in post as at October 2021, adjusted for historical incremental drift and full year effects and other smaller changes. Pay inflation based on national assumptions held centrally, along with the medical CEA award.
Non Pay	Recurrent full year budgets based on 22-23 adjusted for national non pay inflation assumptions and specific cost areas such as PFI and CNST. The energy excess inflation number will be held centrally.
PDC and depreciation	Based on recurrent 22-23 budget plus the impact of the capital program.
Efficiency Target	This is based on a target of £23.4m recurrent and £9.9m non recurrent savings
Budget Requests	Budget have been requested for specific projects, that will be held centrally, and released when spend occurs only for those projects. Slippage will be used to cover contingency requirements.

Pay / Non Pay and Income Budgets Split 23- 24

Row Labels	Pay - Total	Non Pay - Total	Total Income	Grand Total
Contract Income			-529,557	-529,557
	0	0	-529,557	-529,557
Integrated Elderly Care	47,229	2,643	-1,605	48,267
Integrated Medicine	65,833	29,983	-2,874	92,942
Surgery And Critical Care	78,244	32,851	-2,891	108,203
Women & Children	43,928	6,163	-498	49,593
Specialist Services	54,976	33,654	-1,728	86,902
	290,210	105,294	-9,597	385,908
Chief Executive	2,263	1,537	-2	3,798
Chief Operating Off-Management	3,195	137	-4	3,328
Commercial Director Division	5,246	58,095	-3,814	59,527
Strategy And Business Dev.	8,767	7,308	-87	15,988
Finance Directorate	5,151	1,932	-99	6,985
Human Resources	12,225	2,669	-12,895	1,998
Medical Director	2,099	120	-1,713	506
Nursing Director	3,060	16,197	0	19,256
	42,005	87,995	-18,614	111,385
Corporate Services	14,229	13,132	-3,224	24,138
Provisions	3,590	0		3,590
	17,819	13,132	-3,224	27,728
Pdc And Depreciation		29,616	-1,142	28,475
	0	29,616	-1,142	28,475
	350,034	236,038	-562,134	23,938

Key Issues

- Associates need to be managed to block same as 22-23
- ERF Assumed and includes COVID income
- Minimal CQUIN included in baseline (opportunity / risk)

Cost Improvement Plan (£35.1m)

- Total Plan £30.1m
 - £23.4m Recurrent
 - £9.9m Non recurrent
 - £5.0m Top down Scheme
- Significant change in focus given only £3.9m recurrent in 22-23

Capital Plan 23-24

- This is largely for regulatory / legislative spend
- Should expect more latter in year but not yet known
- Does not include potential asset sales

	Projects	ICB allocation	Known Other	Total
Property Services	CEF	3.0		
	Lifts & Spinal Water	1.0		
	Other	2.5		
IT	Cyber	2.0		2.0
	EPR	2.25	5.7	7.95
	Contingency	0.75		0.75
Equipment		2.0		2.0
Urgent Patient related		2.0		2.0
Anesthetic machines		2.9		2.9
Pre-committed 22-23		3.6		3.6
PFI Lifecycle			1.7	1.7
Donated Assets			1.0	1.0
Total		20.0	8.4	28.4

Summary

- The organizational financial plan for 23-24 is a deficit of 23.9m.
- The financial plan and resulting budgets entail a savings program of £23.4m through divisions, £5.0m top down initiatives and £9.9m of non-recurring savings.
- There are risks arising from the income positions which will need managing.
- The expenditure budgets will need to be managed to remain within allocated resources, which are aimed at achieving the 3 key activity targets, efficiently.
- It is proposed the Board approves the budget of £23.9m deficit and the capital plan at £28.4m.

Meeting: Trust Board Meeting in Public

26 April 2023

Agenda item	Private Board Summary Report 29 March 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 29 March 2023.

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

- Standards of Behaviour and Conduct Report.
- Commercial Plan for Keyworker Accommodation at Wycombe.
- Buckinghamshire Healthcare Projects Limited (BHPL) Pharmacy Contract.
- Contracts for Approval: Sexual Health Services and Healthy Child Programme.

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 ☒
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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

Acronym 'Buster'

- A&E - Accident and Emergency
- AD - Associate Director
- ADT - Admission, Discharge and Transfer
- AfC - Agenda for Change
- AGM - Annual General Meeting
- AHP - Allied Health Professional
- AIS – Accessible Information Standard
- AKI - Acute Kidney Injury
- AMR - Antimicrobial Resistance
- ANP - Advanced Nurse Practitioner

B

- BBE - Bare Below Elbow
- BHT – Buckinghamshire Healthcare Trust
- BME - Black and Minority Ethnic
- BMA - British Medical Association
- BMI - Body Mass Index
- BOB – Buckinghamshire, Oxfordshire, Berkshire West
- BPPC – Better Payment Practice Code

C

- CAMHS - Child and Adolescent Mental Health Services
- CAS - Central Alert System
- CCG - Clinical Commissioning Group
- CCU - Coronary Care Unit
- Cdif / C.Diff - Clostridium Difficile
- CEA - Clinical Excellence Awards
- CEO - Chief Executive Officer
- CHD - Coronary Heart Disease
- CIO - Chief Information Officer
- CIP - Cost Improvement Plan
- CQC - Care Quality Commission
- CQUIN - Commissioning for Quality and Innovation
- CRL – Capital Resource Limit
- CSU - Commissioning Support Unit
- CT - Computerised Tomography
- CTG - Cardiotocography

D

- DBS - Disclosure Barring Service
- DGH - District General Hospital
- DH / DoH - Department of Health
- DIPC - Director of Infection Prevention and Control
- DNA - Did Not Attend
- DNACPR - Do Not Attempt Cardiopulmonary Resuscitation
- DNAR - Do Not Attempt Resuscitation
- DNR - Do Not Resuscitate
- DOH – Department of Health
- DoLS - Deprivation of Liberty Safeguards
- DPA - Data Protection Act
- DSU - Day Surgery Unit
- DVT - Deep Vein Thrombosis

E

- E&D - Equality and Diversity
- EBITDA - Earnings Before Interest, Taxes, Depreciation and Amortization
- ECG - Electrocardiogram
- ED - Emergency Department
- EDD - Estimated Date of Discharge
- EIA - Equality Impact Assessment
- EIS – Elective Incentive Scheme
- ENT - Ear, Nose and Throat
- EOLC - End of Life Care
- EPR - Electronic Patient Record
- EPRR - Emergency Preparedness, Resilience and Response
- ESD - Early Supported Discharge
- ESR - Electronic Staff Record

F

- FBC - Full Business Case
- FFT - Friends and Family Test
- FOI - Freedom of Information
- FTE - Full Time Equivalent

G

- GI - Gastrointestinal
- GMC - General Medical Council
- GP - General Practitioner
- GRE – Glycopeptide Resistant Enterococci

H

- HAI - Hospital Acquired Infection
- HASU - Hyper Acute Stroke Unit
- HCA - Health Care Assistant
- HCAI - Healthcare-Associated Infection
- HDU - High Dependency Unit
- HEE – Health Education England
- HETV - Health Education Thames Valley
- HMRC – Her Majesty's Revenue and Customs

- HSE - Health and Safety Executive
- HSLI – Health System Led Investment
- HSMR – Hospital-level Standardised Mortality Ratio
- HWB - Health and Wellbeing Board

I

- ICS – Integrated Care System

M

- I&E - Income and Expenditure
- IC - Information Commissioner
- ICP - Integrated Care Pathway
- ICU - Intensive Care Unit
- IG - Information Governance
- IGT / IGTK - Information Governance Toolkit
- IM&T - Information Management and Technology
- IPR - Individual Performance Review
- ITU - Intensive Therapy Unit / Critical Care Unit
- IV - Intravenous

J

- JAG - Joint Advisory Group

K

- KPI - Key Performance Indicator

L

- LA - Local Authority
- LCFS - Local Counter Fraud Specialist
- LD - Learning Disability
- LHRP - Local Health Resilience Partnership
- LiA - Listening into Action
- LOS / LoS - Length of Stay
- LUCADA - Lung Cancer Audit Data

M

- M&M - Morbidity and Mortality
- MDT - Multi-Disciplinary Team
- MIU - Minor Injuries Unit
- MRI - Magnetic Resonance Imaging
- MRSA - Meticillin-Resistant Staphylococcus Aureus

N

- NBOCAP - National Bowel Cancer Audit Programme
- NCASP - National Clinical Audit Support Programme
- NED - Non-Executive Director

- NHS – National Health Service
- NHSE – National Health Service England
- NHSE/I – National Health Service England & Improvement
- NHSI – National Health Service Improvement
- NHSLA - NHS Litigation Authority
- NICE - National Institute for Health and Care Excellence
- NICU - Neonatal Intensive Care Unit
- NMC - Nursing and Midwifery Council
- NNU - Neonatal Unit
- NOGCA - National Oesophago-Gastric Cancer Audit
- NRLS - National Reporting and Learning System / Service

O

- O&G - Obstetrics and Gynaecology
- OBC - Outline Business Case
- ODP - Operating Department Practitioner
- OHD - Occupational Health Department
- OOH - Out of Hours
- OP - Outpatient
- OPD - Outpatient Department
- OT - Occupational Therapist/Therapy
- OUH - Oxford University Hospital

P

- PACS - Picture Archiving and Communications System / Primary and Acute Care System
- PALS - Patient Advice and Liaison Service
- PAS - Patient Administration System
- PBR - Payment by Results
- PBR Excluded – Items not covered under the PBR tariff
- PDC - Public Dividend Capital
- PDD - Predicted Date of Discharge
- PE - Pulmonary Embolism
- PFI - Private Finance Initiative
- PHE - Public Health England
- PICC - Peripherally Inserted Central Catheters
- PID - Patient / Person Identifiable Data
- PID - Project Initiation Document
- PLACE - Patient-Led Assessments of the Care Environment
- PMO - Programme Management Office
- PPE - Personal Protective Equipment
- PP – Private Patients
- PPI - Patient and Public Involvement
- PSED - Public Sector Equality Duty

Q

- QA - Quality Assurance
- QI - Quality Indicator
- QIP - Quality Improvement Plan
- QIPP - Quality, Innovation, Productivity and Prevention
- QIA - Quality Impact Assessment
- QOF - Quality and Outcomes Framework

R

- RAG - Red Amber Green
- RCA - Root Cause Analysis

- RCN - Royal College of Nursing
- RCP - Royal College of Physicians
- RCS - Royal College of Surgeons
- RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
- RTT - Referral to Treatment

S

- SAU - Surgical Assessment Unit
- SCAS / SCAmb - South Central Ambulance Service
- SHMI - Summary Hospital-level Mortality Indicator
- SI - Serious Incident
- SIRI - Serious Incident Requiring Investigation
- SIRO – Senior Information Risk Owner
- SID - Senior Independent Director
- SLA - Service Level Agreement
- SLR - Service-Line Reporting
- SLT / SaLT - Speech and Language Therapy
- SMR - Standardised Mortality Ratio
- SoS - Secretary of State
- SSI(S) - Surgical Site Infections (Surveillance)
- SNAP - Sentinel Stroke National Audit Programme
- STF – Strategic Transformation Fund
- STP - Sustainability and Transformation Plan
- SUI - Serious Untoward Incident

T

- TIA - Transient Ischaemic Attack
- TNA - Training Needs Analysis
- TPN - Total Parenteral Nutrition
- TTA - To Take Away
- TTO - To Take Out
- TUPE - Transfer of Undertakings (Protection of Employment) Regulations 1981

U

- UGI - Upper Gastrointestinal
- UTI - Urinary Tract Infection

V

- VfM - Value for Money
- VSM - Very Senior Manager
- VTE - Venous Thromboembolism

W

- WHO - World Health Organization
- WTE - Whole Time Equivalent

Y

- YTD - Year to Date